



# **FY10 Quarter One Performance Report**

**July 1, 2009 - September 30, 2009**

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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:** 285,434.3

**Federal Funds:** 100,454.5

**Other State Funds:** 118,150.7

**Other Transfers:** 35,591.9

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# 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:

Increase use of technologies to improve health outcomes.

### OBJECTIVE 2:

Reduce health disparities in New Mexico.

### OBJECTIVE 3:

Improve accountability and responsiveness of our services within the Department of Health.

## FY09 OPERATING BUDGET:

**General Funds:** 12,989.2

**Federal Funds:** 5,347.4

**Other State Funds:** 370.0

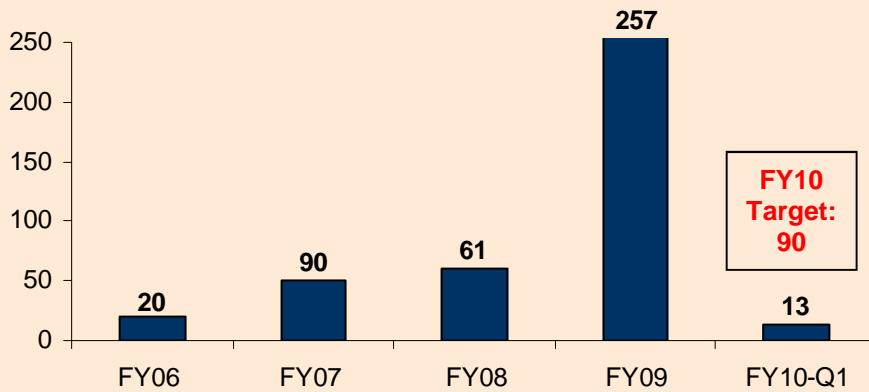
**Other Transfers:** 1,155.8

## RESULTS AT A GLANCE

Performance Measures	Reporting Frequency	10 Targets	FY10 Q1	FY10 Q2	FY10 Q3	FY10 Q4
Number of telehealth sites throughout the state used for patient services (GPAC 6.3)	Quarterly	90	13			
Number of patient encounters provided through telehealth sites statewide (GPAC 6.3)	Quarterly	4,000	108			
Number of community health improvement councils that address health disparities	Quarterly	38	37			
Percent capital project funds expended over a five-year period	Quarterly	11%	11%			
Percent of payment vouchers paid within thirty days of acceptance of goods and services	Quarterly	70%	68.9%			

## OBJECTIVE 1: INCREASE USE OF TECHNOLOGIES TO IMPROVE HEALTH OUTCOMES.

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



### Data Reported Quarterly

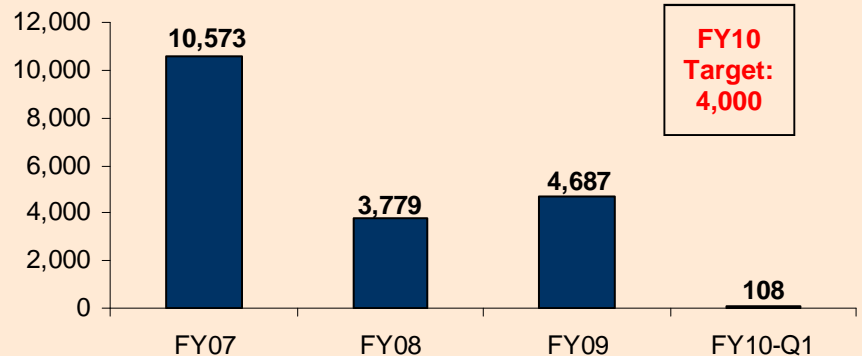
**Data Source:**  
Telehealth database

**Goal:**  
To increase the number of telehealth sites.

### 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).
- 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 Oñate 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.

**Number of Patient Encounters Provided Through Telehealth Sites Statewide**



### Data Reported Quarterly

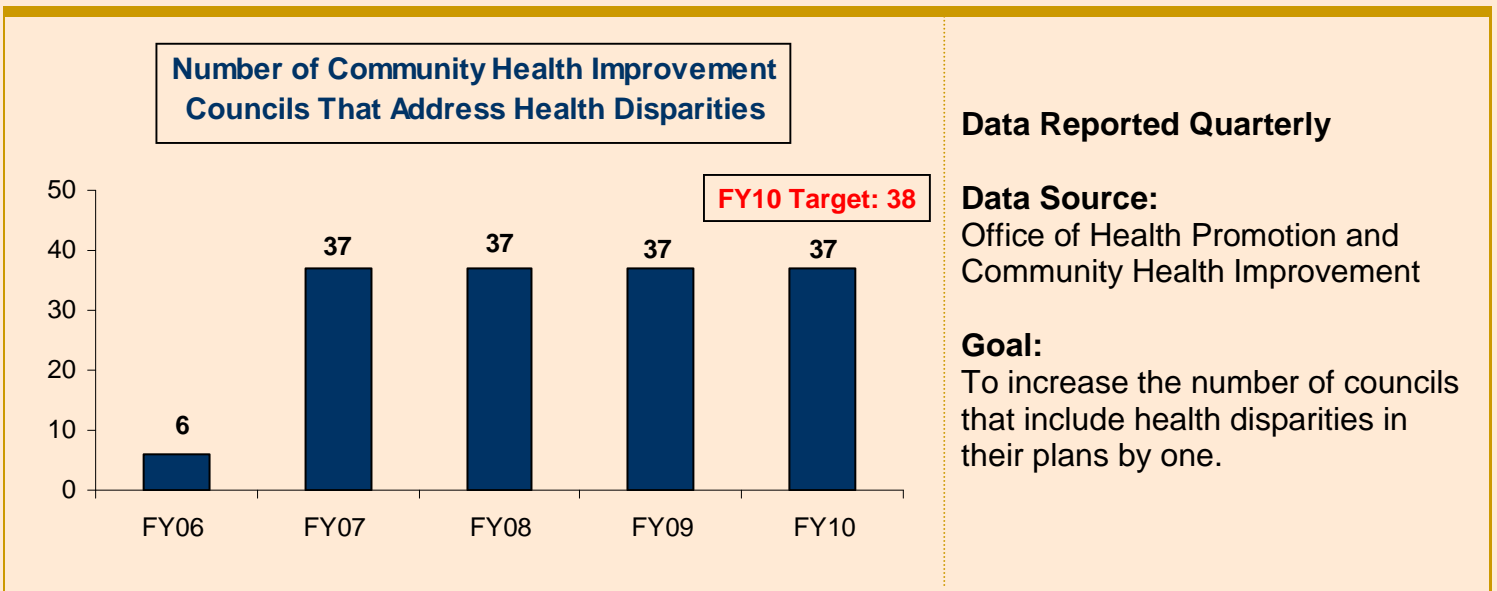
**Data Source:**  
Telehealth database

**Goal:**  
To increase the number of patient encounters.

## **ACTION PLAN:**

- The Office of School and Adolescent Health currently has contracts in place with the University of New Mexico (UNM) to implement telehealth services and technical assistance to remote areas of the state.
- UNM - Center for Developmental Disabilities activities focus on providing direct services to families and youth with disabilities, including speech and language, medical consultation and assistance with I.E.P development and implementation.
- UNM – Envision continues to coordinate and implement a pediatric case consultation model to provide guidance to medical and behavioral health providers. Envision also uses telehealth to support and train providers involved in four quality improvement initiatives, which include teen lifestyle changes, behavioral health, infrastructure, overweight prevention and community outreach. Specialty consults include endocrinology, nephrology, hepatology, cardiology, psychology, psychiatry, nutrition and adolescent medicine.
- 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.
- UNM – Psychiatry is providing case consultation, training, technical assistance, direct patient assessment and management services to a number of rural SBHCs and I.H.S. clinics throughout the state.
- REACH provides the communication forum for two committees of the NM Association of Infant Mental Health via telehealth equipment. These committees include members from Albuquerque, Santa Fe, Silver City, and Las Cruces.
- The REACH program connected to twenty-seven locations in the first quarter of this fiscal year. The Center for Development and Disability REACH program also estimates that a minimum of 24,422 miles were saved due to choosing to utilize telehealth technology instead of traveling.
- Specialty services offered through REACH via telehealth include speech language pathology, physical therapy, infant and child mental health, occupational therapy, specialized instruction and nutrition.

## OBJECTIVE 2: INCREASE AWARENESS ABOUT HEALTH DISPARITIES.



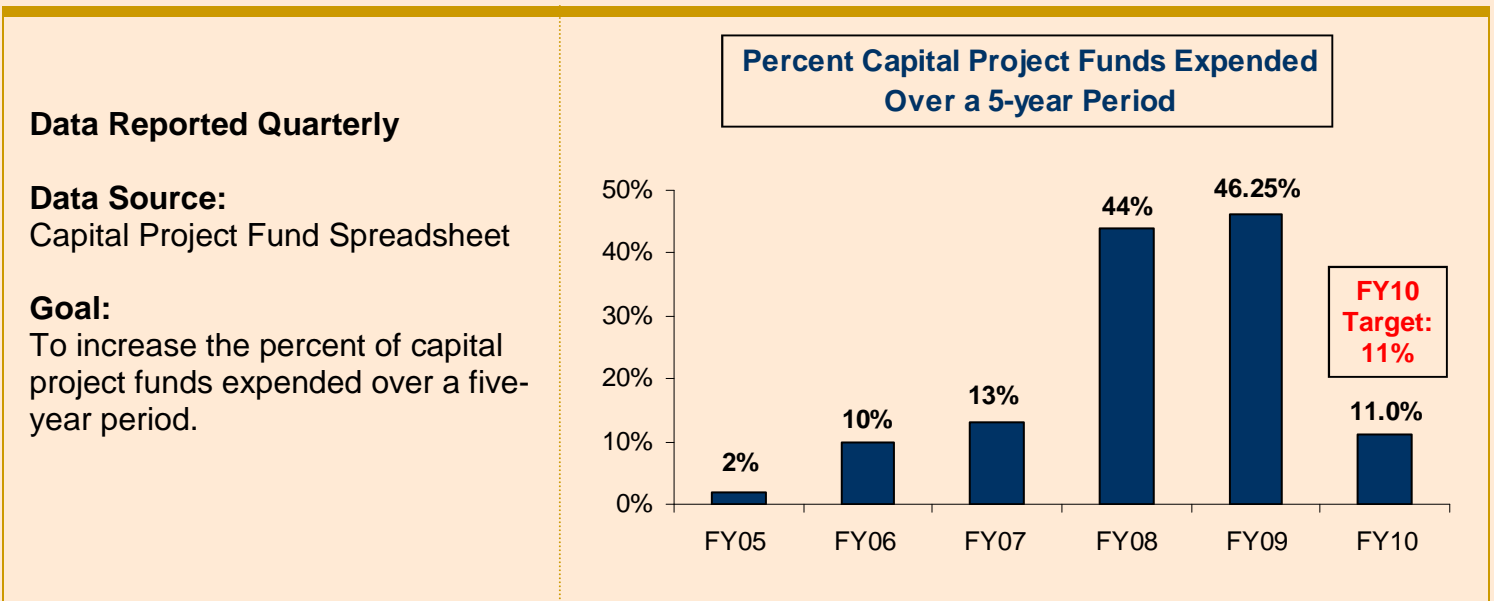
### ACTION PLAN:

- In Q1, the Office of Health Equity (OHE) and Office of Health Promotion and Community Health Improvement (OHPCHI) added language to the Request For Proposals (RFP) for the PHD Community Health Councils grant applications to highlight the importance of addressing health disparities. In addition, language was included to encourage health councils to use data from the Department's Indicator Based Information System (IBIS) system for public health data in developing their plans. The RFPs were sent to all 37 health councils.
- In Q1, OHE staff assisted the OHPCHI with the development of a strategic plan and identification of training needs for community health workers and promotoras from southern and northern NM.
- OHE sent out over 500 mini-grant announcements to agencies statewide with a total of \$20,000 funding available from the OMH State Partnership Grant. The key focus areas for the mini-grants are from the Awareness to Action Summit: diabetes in Native Americans; obesity in African Americans; hepatitis B in Asian/Pacific Islanders and drug induced deaths among Hispanics.
- OHE hosted the Region VI Conference for the Office of Minority Health in Albuquerque, New Mexico.
- The Division of Policy and Performance (DPP) maintained the ongoing initiative to implement the four mandated Culturally and Linguistically Appropriate Service (CLAS) Standards. Through this initiative, DPP is able to enhance infrastructure to improve the capacity for addressing minority health at the state, county, and local level, and to increase access to health care for minority populations by decreasing cultural and linguistic barriers to care.

## ACTION PLAN (CONTINUED):

- DPP/OHE launched an online CLAS and Cultural Competence Training and Resource Education and Information Center. The Center is available to anyone with internet access and provides free training. It is aimed at assisting community-based health care providers with learning and implementing the CLAS Standards and addressing language access issues.
- DPP/OHE has initiated other activities to increase awareness of staff and to promote the Department's services for Limited English Proficiency clients. DPP includes an article in the Department of Health's weekly newsletter, "Saludos" which is distributed statewide. It is entitled "Lost in Translation" and includes English to Spanish translations of health information and health phrases.
- In Q1, The Spanish Translator translated 66 documents with a total of 225 pages.

## OBJECTIVE 3: IMPROVE ACCOUNTABILITY AND RESPONSIVENESS OF OUR SERVICES WITHIN THE DEPARTMENT OF HEALTH.



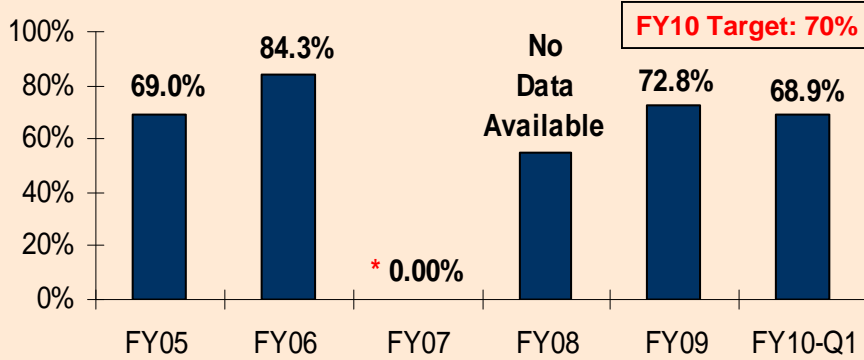
## ACTION PLAN:

- The expenditures reported throughout this quarter were reflected in earlier encumbrances. With the impending completion of the Tri-Services Laboratory structure scheduled for early 2010, two major construction projects will close by the end of December 2010, each with an 11-month warranty period post construction, at minimal, some of the appropriation will remain encumbered to be paid once all warranty issues have been resolved. To that end, almost 98 million dollars authorized in the 2003 legislative session has been expended to create a sustainable infrastructure to move the Department of Health forward into the 21st century.

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

- Tri-Services Laboratory Construction Project - Construction of the Tri-Services Building continues with an estimated completion date of late February 2010. DOH, OMI and VD are planning to occupy the building by March-April 2010. Proposals are being solicited for the coordination of the physical move from the current location due to the need for the Scientific Laboratory and OMI to be operational within 48 hours of dismantling of operations. Project continues to be on target and within the projected budget.
- Eastern New Mexico University-Roswell / New Mexico Rehabilitation Center Construction Project - (Studio Southwest Architects, Inc.) The Jaynes Corporation received the construction contract award and began construction in September 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.
- Behavioral Health Institute Nursing Home Construction Project (ASA Architects, Inc.) - ASA Architects, Inc. has prepared construction documents for phased implementation and the construction of the initial 32-beds and core segment of the 180-bed proposal. The project is scheduled to be advertised for construction in late November 2009. Additional funding has been requested in the Department's 2011-2015 ICIP (Infrastructure Capital Improvement Plan).
- 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. The erosion control project is approximately 95% complete. A current analysis is underway to determine if the project will successfully channel rainwater into ponds for absorption into the aquifer. Additional funding for a final ponding and water retention area was submitted to DOH senior management for consideration in the 2010 legislative session; however, do to the current economic climate this project did not move forward as a Department request in the 2010-ICIP Plan.

**Percent of Payment Vouchers Paid within 30 Days  
of Acceptance of Goods and Services**



**Data Reported Quarterly**

**Data Source:**  
Central Control System

**Goal:**  
To meet the target of 80% that was statutorily mandated in the FY07 Budget Appropriation.

**Note:**  
\* Unable to calculate due to SHARE implementation.

**ACTION PLAN:**

- Processing is monitored through the use of a monthly sample drawing from all areas of the Department. Senior management reviews the data and makes adjustments as necessary.
- 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:** 80,110.8

**Inter-Agency Funds:** 27,657.9

**Federal Funds:** 75,019.1

**Other Transfers:** 20,846.4

### PROGRAM AREA 2 OBJECTIVES:

#### OBJECTIVE 1:

Increase immunizations for all New Mexicans, especially for children and adolescents.

#### OBJECTIVE 2:

Reduce teen births.

#### OBJECTIVE 3:

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

#### OBJECTIVE 4:

Reduce obesity and diabetes.

#### OBJECTIVE 5:

Reduce suicide among all populations, specifically children and adolescents.

#### OBJECTIVE 6:

Reduce the abuse of alcohol, drugs and tobacco.

#### OBJECTIVE 7:

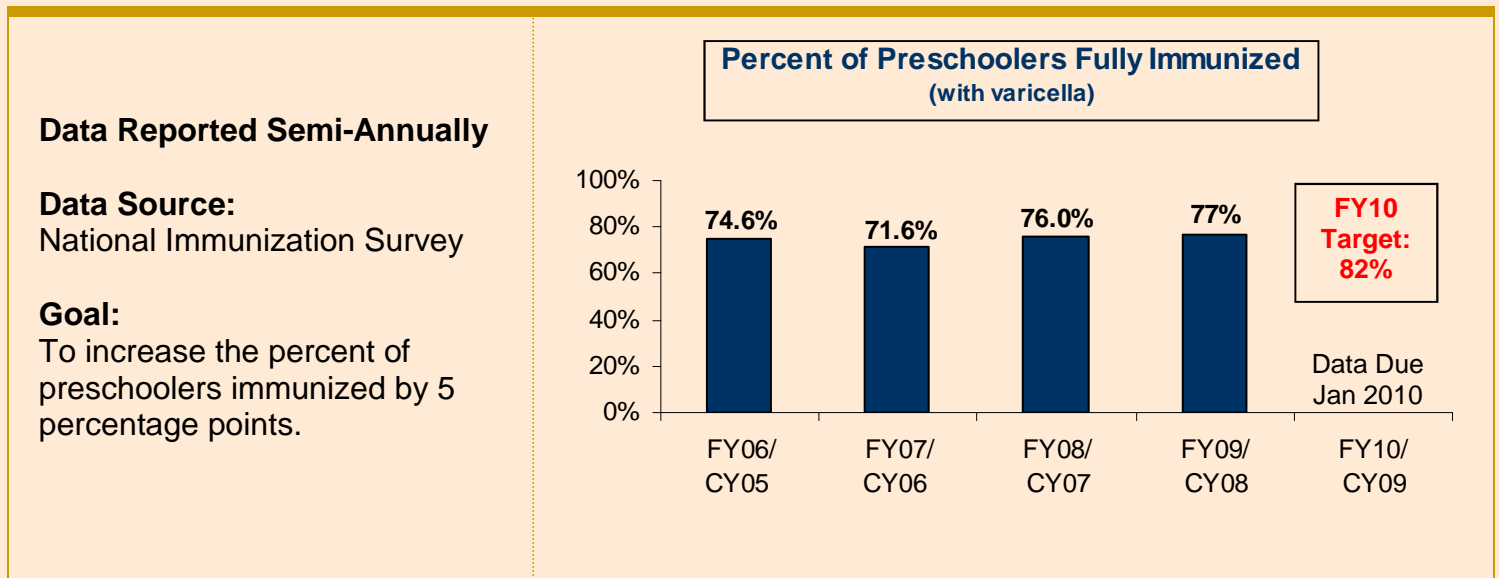
Expand healthcare for school-age children and youth through school-based health centers.

## RESULTS AT A GLANCE

Performance Measures	Reporting Frequency	10 Targets	FY10 Q1	FY10 Q2	FY10 Q3	FY10 Q4
Percent of preschoolers fully immunized (GPAC 2.1)	Semi-Annual	82%				
Number of providers utilizing the statewide immunization registry	Quarterly	360	325			
National ranking of New Mexico children who are fully immunized (GPAC 2.1)	Annual	30				
Annual teen birth rate for females ages 15 to 17 (GPAC 2.2)	Annual	33.5				
Annual number of births registered at vital records for females ages fifteen to seventeen (GPAC 2.2)	Quarterly	1,515	345			
Number of teens ages fifteen to seventeen receiving family planning services in agency-funded family planning clinics (GPAC 2.2)	Quarterly	7,200	2,021			
National ranking of New Mexico teen birth rate per 1,000 females ages 15 to 17 (GPAC 2.2)	Annual	48th				
Number of HIV/AIDS prevention interventions (GPAC 2.3)	Quarterly	18,000	7,882			
Number of hepatitis C clients enrolled in a disease management service through project ECHO's community-based providers (GPAC 2.3)	Quarterly	3,350	1,565			
Number of new enrollees in syringe exchange programs (GPAC 2.3)	Quarterly	1,100	751			
Percent of partners of individuals with syphilis who are identified and treated (GPAC 2.3)	Quarterly	80%	Due Q2			
Percent of partners of individuals with gonorrhea who are identified and treated (GPAC 2.3)	Quarterly	82%	Due Q2			
Percent of women, infants, and children program participants ages two to five who are not overweight (GPAC 3.2)	Quarterly	85%	84.7%			
Number of calls to the agency-funded crisis lines (GPAC 4.1)	Quarterly	20,000	4,833			
Percent of adults that use tobacco (GPAC 2.5)	Annual	19.2%				
Number of packs of cigarettes sold per New Mexican (GPAC 2.5)	Annual	28				

Performance Measures	Reporting Frequency	10 Targets	FY10 Q1	FY10 Q2	FY10 Q3	FY10 Q4
Number of operating school-based health centers (GPAC 2.6)	Quarterly	84	79			
Number of youth served at school-based health centers	Quarterly	20,000	5,815			
Number of students receiving behavioral health services in school-based health centers	Quarterly	4,000	1,096			
Number of visits to school-based health centers (GPAC 2.6)	Quarterly	43,500	8,952			

**OBJECTIVE 1: INCREASE IMMUNIZATIONS FOR ALL NEW MEXICANS, ESPECIALLY FOR CHILDREN AND ADOLESCENTS.**

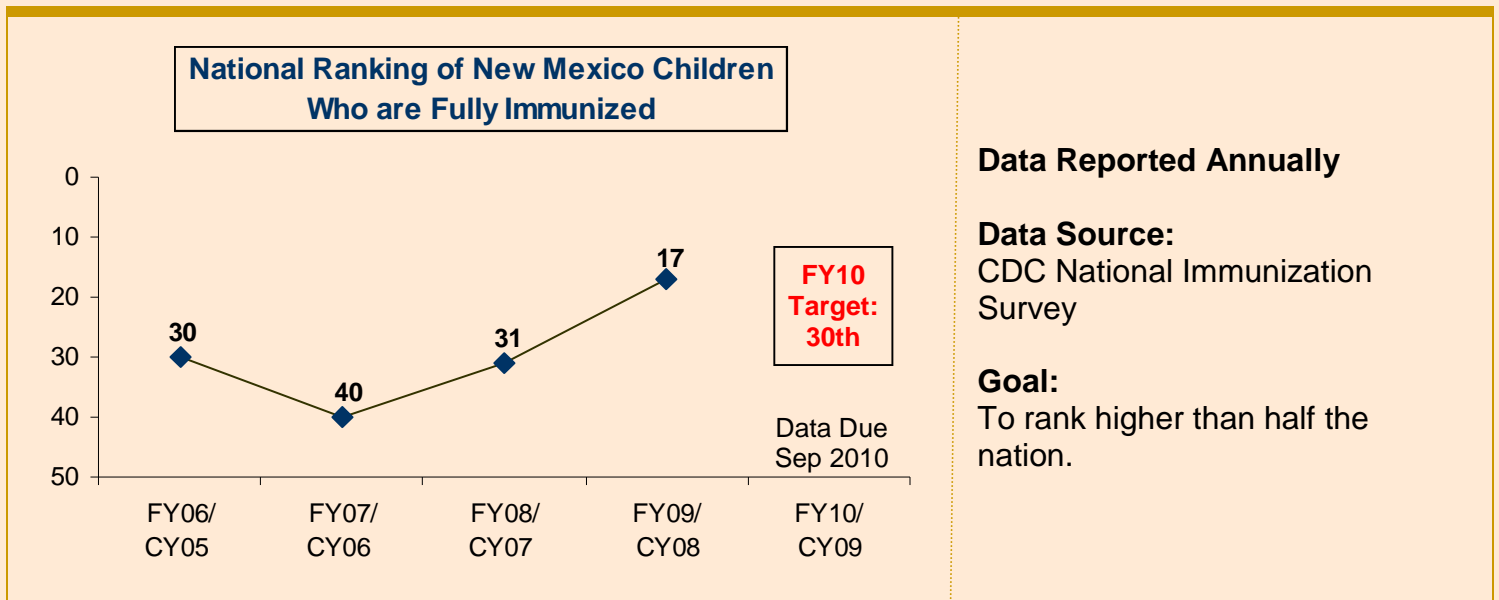


**ACTION PLAN:**

- Projects are underway to increase outreach to children statewide with ARRA funding award. In particular, activities are planned to protect newborns from pertussis by immunizing new parents/grandparents/caretakers in a pilot project. The tetanus/diphtheria/pertussis (Tdap) vaccine will be used for this project.
- A multi-phase immunization awareness and promotion media campaign using television, radio and “bus wrap” ads and collaboration with UNM athletic events which ran 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.

## ACTION PLAN (CONTINUED):

- 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.

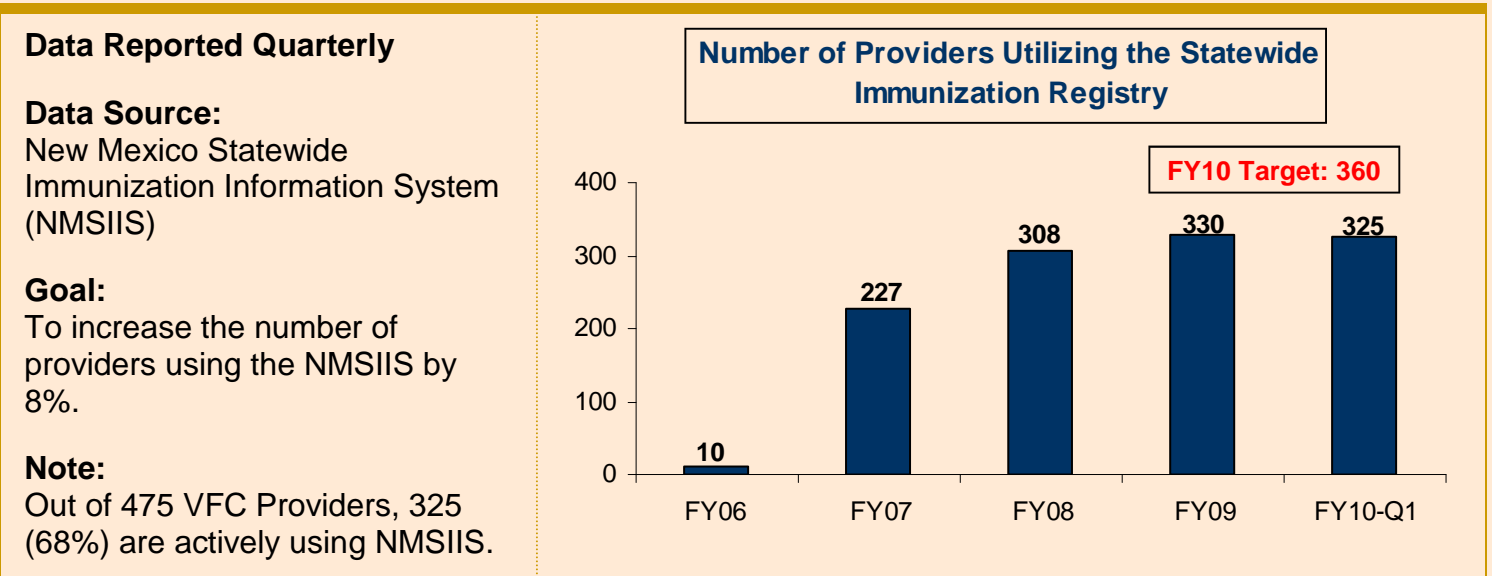


## ACTION PLAN:

- Promote and encourage immunization participation through an Awareness Media that includes the use of radio.
- Assist with quarterly statewide immunization events, coordinated by the NM Immunization Coalition.
- Minimize missed immunization opportunities and increase rates of completed childhood immunizations statewide by involving as many VFC Providers as possible who offer free, easy-to-access immunization opportunities statewide.

## ACTION PLAN (CONTINUED):

- Use statewide immunization consultants to work closely with VFC Providers to improve immunization recall procedures and train staff for direct registry data input.

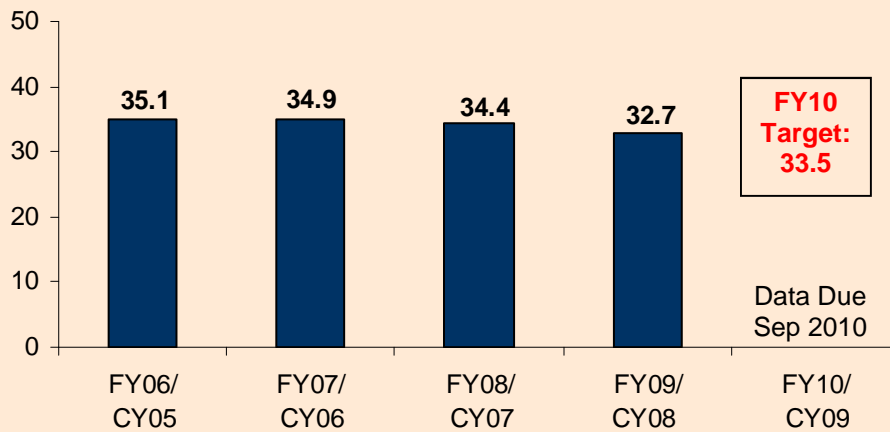


## ACTION PLAN:

- Use ARRA award funding to enhance NMSIIS capabilities for increased immunization tracking and improved end-user functionality.
- NMSIIS was recently upgraded to the newest system version, stabilizing and enhancing user functionality and capabilities. Update trainings statewide are in process.
- Test and implement an electronic interface (both HL7 and flat file formats) for immunization data exchange between providers and NMSIIS. 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.
- Increase provider awareness and use of the NMSIIS by providing training and technical support through immunization consultants and region staff.
- Identify providers not actively utilizing NMSIIS for both vaccine inventory and administered immunizations and target training & interventions.

## OBJECTIVE 2: REDUCE TEEN BIRTHS.

Annual Teen Birth Rate for Females Ages 15 to 17



### Data Reported Annually

#### Data Source:

NM Bureau of Vital Records & Health Statistics

#### Goal:

To decrease the annual teen birth rate for females ages 15 to 17.

### ACTION PLAN:

- Increase youth involvement in the community and provide education, to reduce teen births by funding and providing technical assistance for community education with the Teen Outreach Program (TOP). TOP promotes positive youth development with community-based volunteer service and curriculum-based activities in a program to decrease teen pregnancy and increase school success.
- Provide parents with the skills to talk with teens to help reduce teen births by partnering with the New Mexico Teen Pregnancy Coalition and other private foundations for delivery of the Plain Talk Program.

### Data Reported Quarterly

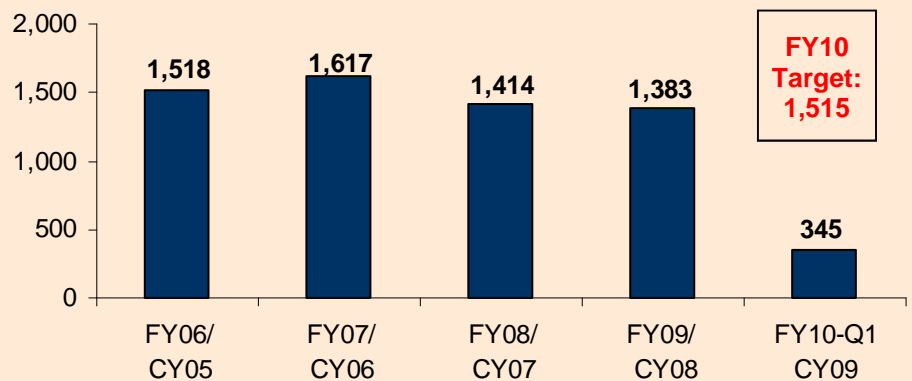
#### Data Source:

NM Bureau of Vital Records & Health Statistics

#### Goal:

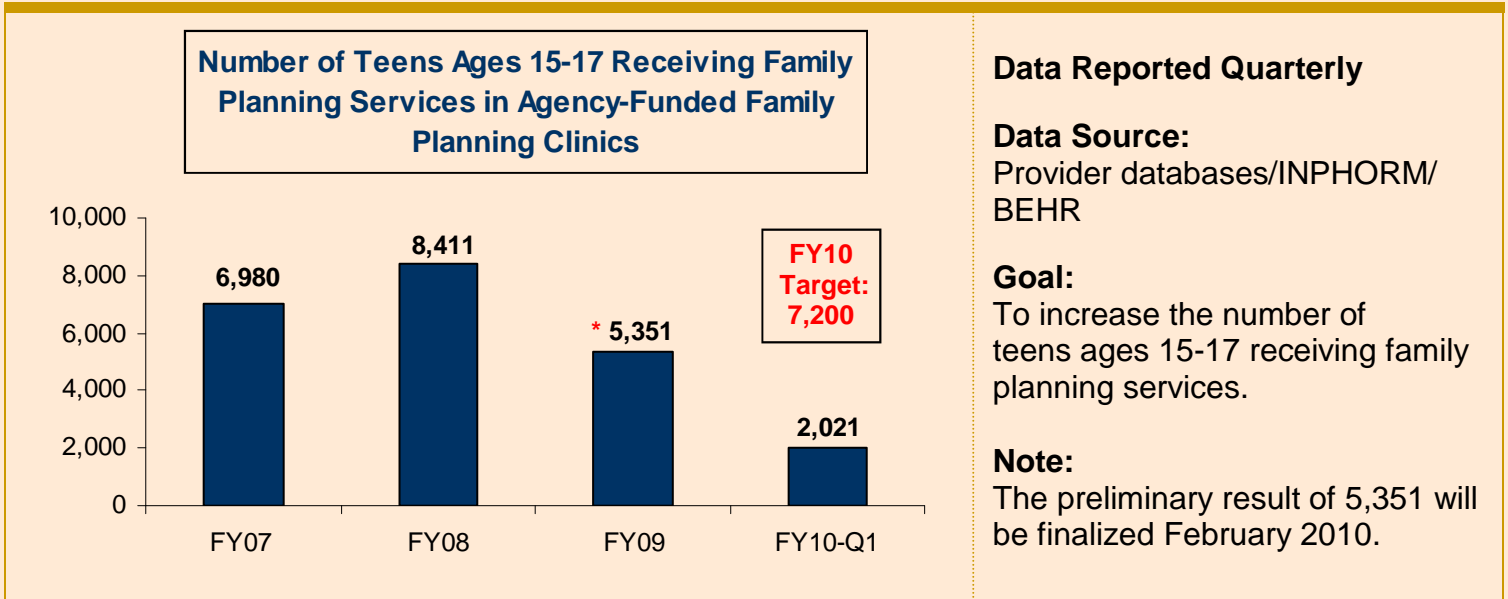
To decrease the number of births for females age 15 to 17 by 132.

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



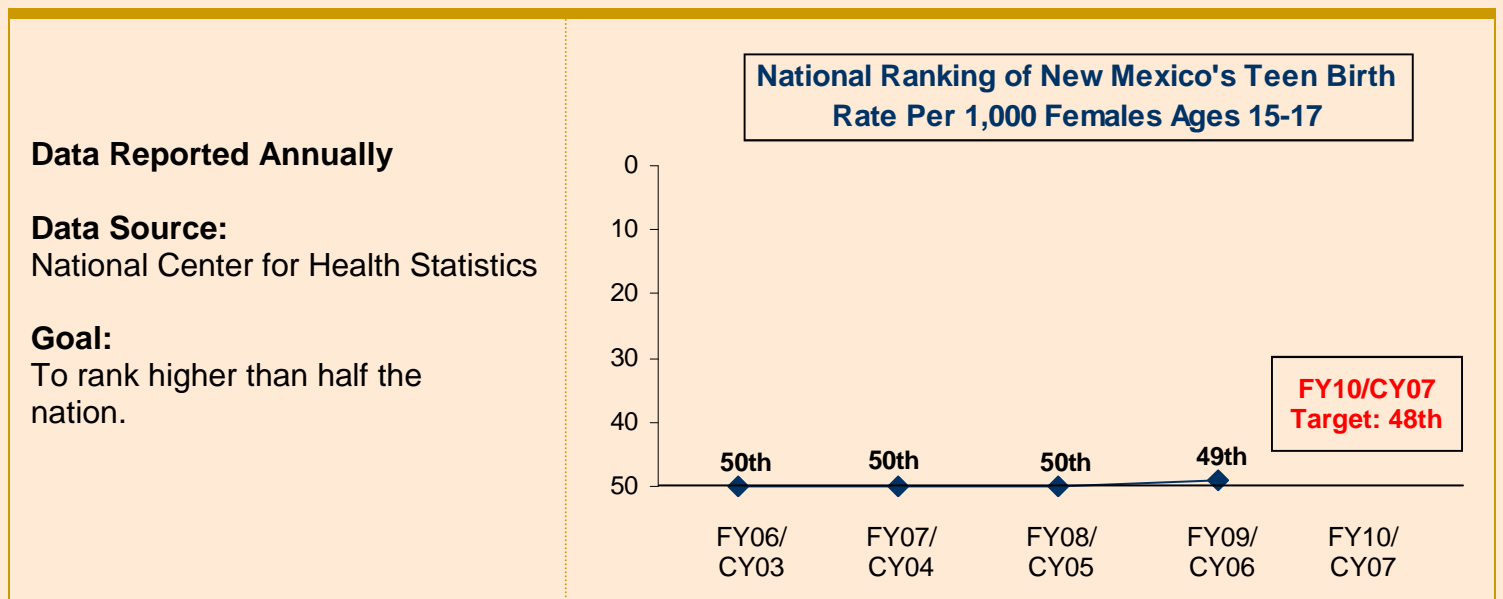
**ACTION PLAN:**

- Promote increased awareness of Medicaid Family Planning services and educate Medicaid recipients about available services.
- Partner with the Human Services Department in a media campaign for emergency contraception (Plan B).



**ACTION PLAN:**

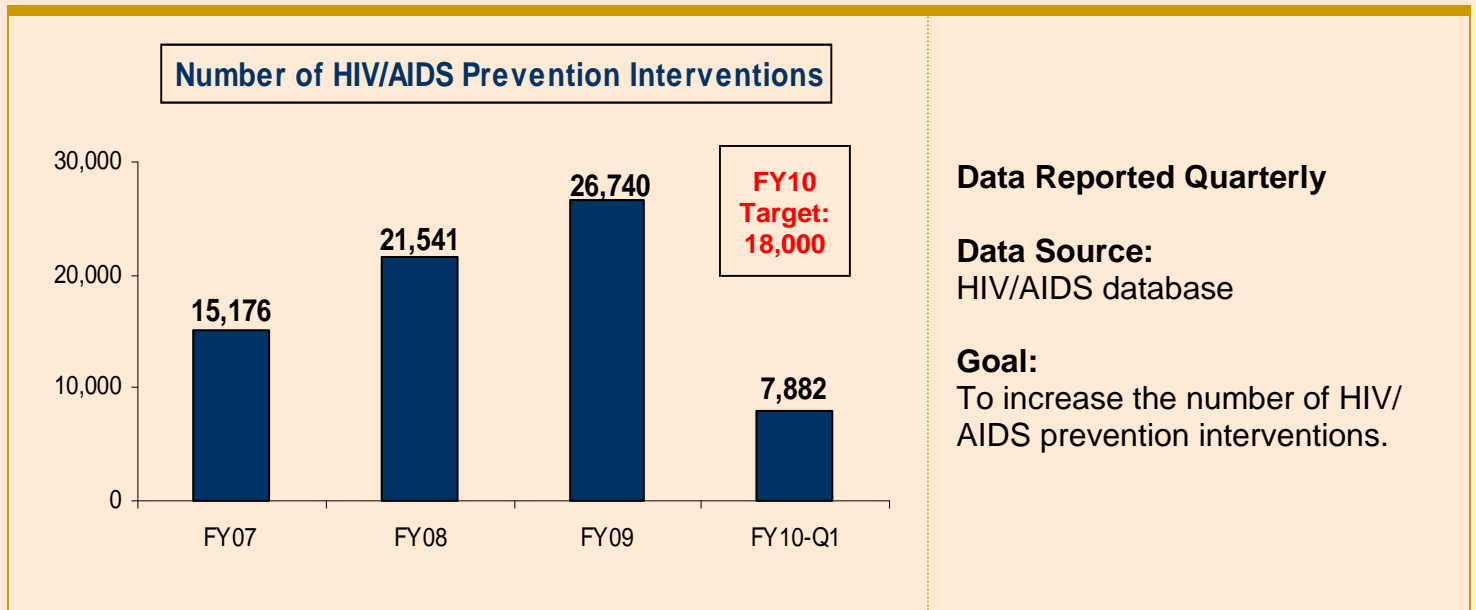
- Provide for a broad range of quality clinical family planning and related preventive health services at Public Health Offices statewide and over 70 clinic sites.
- Provide health education sessions through schools, community and faith based organizations.



## ACTION PLAN:

- The South Valley Male Involvement Project will provide education using the Wise Guys curriculum at middle and high school sites in the South Valley of Albuquerque.
- The South Valley Male Involvement Project will promote services and refer clients to the reproductive health male clinical services offered at the Alamosa Public Health Office and the Southwest Valley Public Health Office.

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



## ACTION PLAN:

- Collect data on the newly revised (1/09) Aggregate Form, which better matches the Federal PEMS system required by the Centers for Disease Control and Prevention (CDC).
- Use the HIV Prevention Program's database to record all HIV prevention interventions delivered by contractors or DOH Regional Disease Prevention Teams.
- Continue training statewide with the Disease Prevention Team members regarding proper and accurate use of data forms, database, etc.

### Data Reported Quarterly

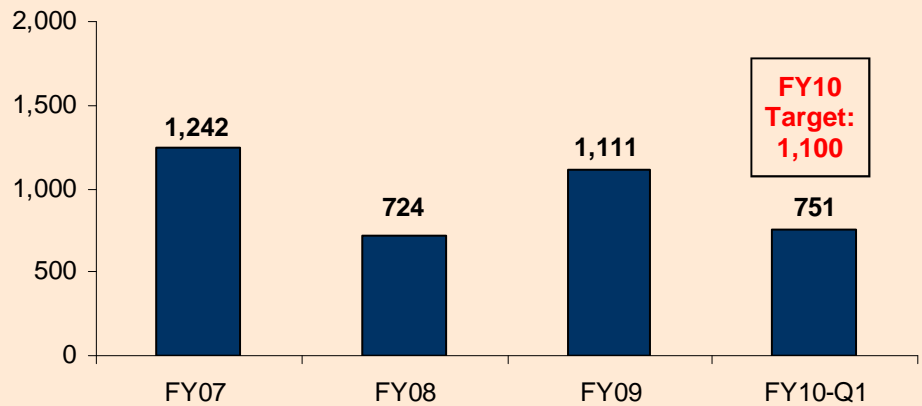
#### Data Source:

Syringe exchange database

#### Goal:

To increase the number of participants enrolled in the syringe exchange program by 2,776.

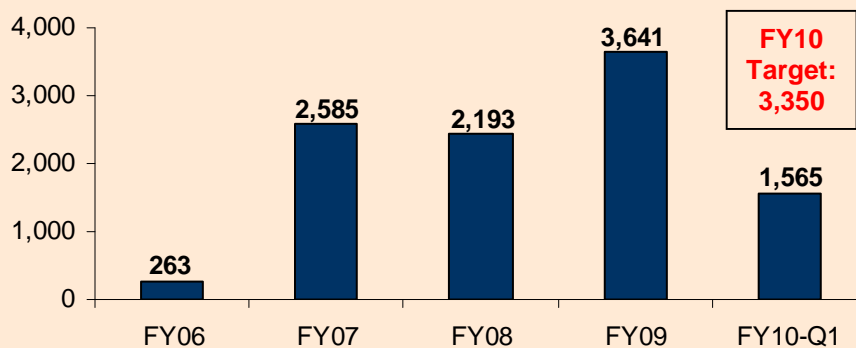
Number of New Enrollees in Syringe Exchange Programs



### ACTION PLAN:

- Continue to train staff and volunteers at Public Health Offices (PHO) and Community Based Offices (CBO) in order to engage participants in their programs in harm reduction principles. This activity will help to inform staff and volunteers about the services offered within syringe exchange and refer appropriate participants to the program.
- To train staff at PHO's and CBO's in interviewing techniques for marginalized populations. To increase staff and volunteer ability to properly interview injection drug users.
- To continue training staff and volunteers at PHO's and CBO's on correct outreach methodologies and practices. To reach out to populations that may not be able to make it to clinics and other fixed site locations, such as those experiencing homelessness, or without transportation.

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



### Data Reported Quarterly

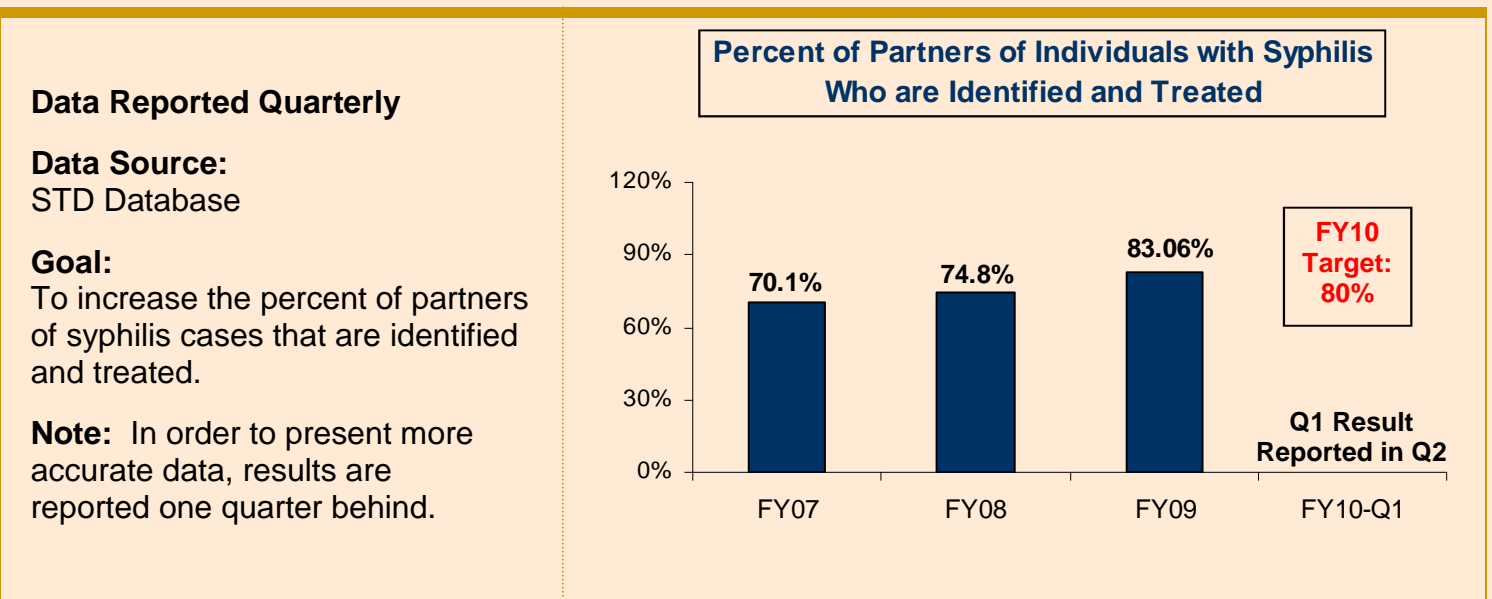
Data Source: UNM Project ECHO Database

#### Goal:

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

## ACTION PLAN:

- Assignment of public health and contracted surveillance investigators in Regions 1, 2, 4, and 5 to provide field follow up and individual counseling for persons living with hepatitis C virus (HCV) whose labs are reported to DOH Epidemiology Response Division surveillance unit. This provides increased numbers of persons previously unaware of their HCV status or availability of medical care for chronic HCV with the knowledge and referral to medical care with ECHO providers.
- Engage in collaborative planning, on a quarterly basis, with the HCV Re-entry Collaborative, which includes representation from New Mexico Corrections Department Re-Entry, Probation and Parole, Mental Health and Addictions Bureaus, as well as DOH, Project ECHO, and CMS, the contracted medical provider for NMCD facilities. This establishes a network of communication and active, facilitated referrals for HCV positive prisoners (approximately 40% of New Mexico's prison population have HCV) upon their release from incarceration and increases access to medical care for their hepatitis C upon re-entry to their home community.
- Facilitate monthly ECHO Partner meetings, including colleagues from Project ECHO, DOH Public Health and Epidemiology Response Divisions, New Mexico Corrections Department and CMS, the contracted medical provider for Corrections. This assures timely and critical review of activity data from ECHO, Corrections and DOH to inform continued collaboration directed to increasing numbers of persons living with HCV seeking medical care from ECHO providers.

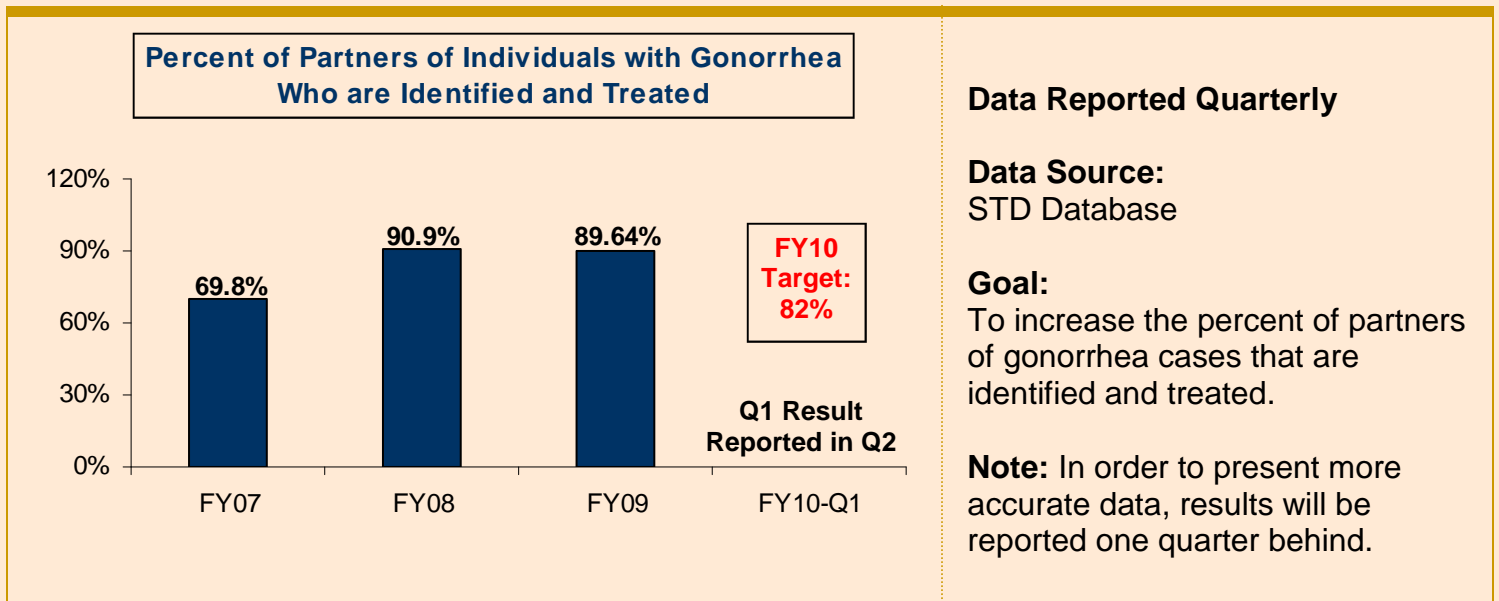


## ACTION PLAN:

- The STD Program will establish a Quality Assurance team made up of representatives of each Region and Central office – the first meeting is scheduled for November 3, 2009. This team will meet on a quarterly basis to review data on all performance measures. Establishing targets for each Region for improving the percentage of partners for syphilis patients identified and treated will be a priority.

## ACTION PLAN (CONTINUED):

- Assure that staff are properly trained on partner notification methods, including the new CDC guidelines on partner services, and provide all new and experienced Disease Prevention Specialists and managers with the necessary training modules.
- Adopt standards for all Disease Prevention Specialists that include partner service guidelines, such as the following: “Pursues detailed description and locating information on all sex partners and clusters. Effectively elicits social and sexual network information.”
- See *gonorrhea* action plan on this page.

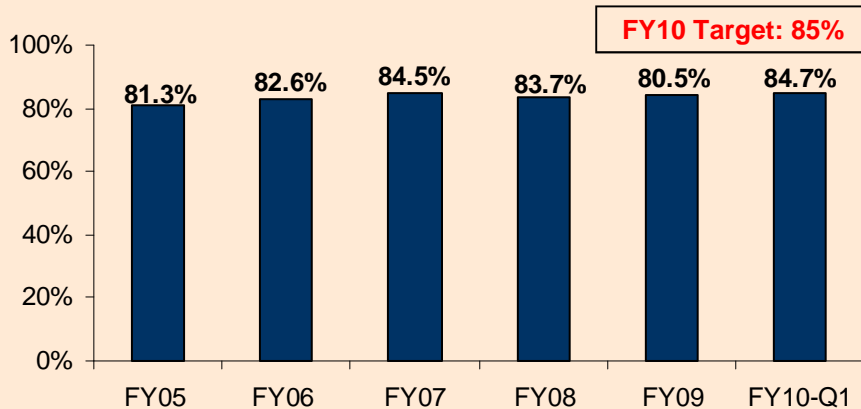


## ACTION PLAN:

- The STD Program will establish a Quality Assurance team made up of representatives of each Region and Central office – the first meeting is scheduled for November 3, 2009. This team will meet on a quarterly basis to review data on all performance measures. Establishing targets for each Region for improving the percentage of partners of gonorrhea patients identified and treated will be a priority.
- Introduce and implement the “lot” system, which is a “best practice” in STD investigation that helps organize related cases in the same folder.
- See *sypilis* action plan on previous page.

## OBJECTIVE 4: REDUCE OBESITY AND DIABETES.

Percent of WIC Program Participants Ages 2-5 Who are Not Overweight



Data Reported Quarterly

Data Source:  
WIC database

**Goal:**

To increase the percent of WIC participants ages 2-5 who are not overweight by 4.5 percentage points.

**Note:**

The total # of children ages 2-5 are 18,051. The # of children overweight for this period is 2,758.

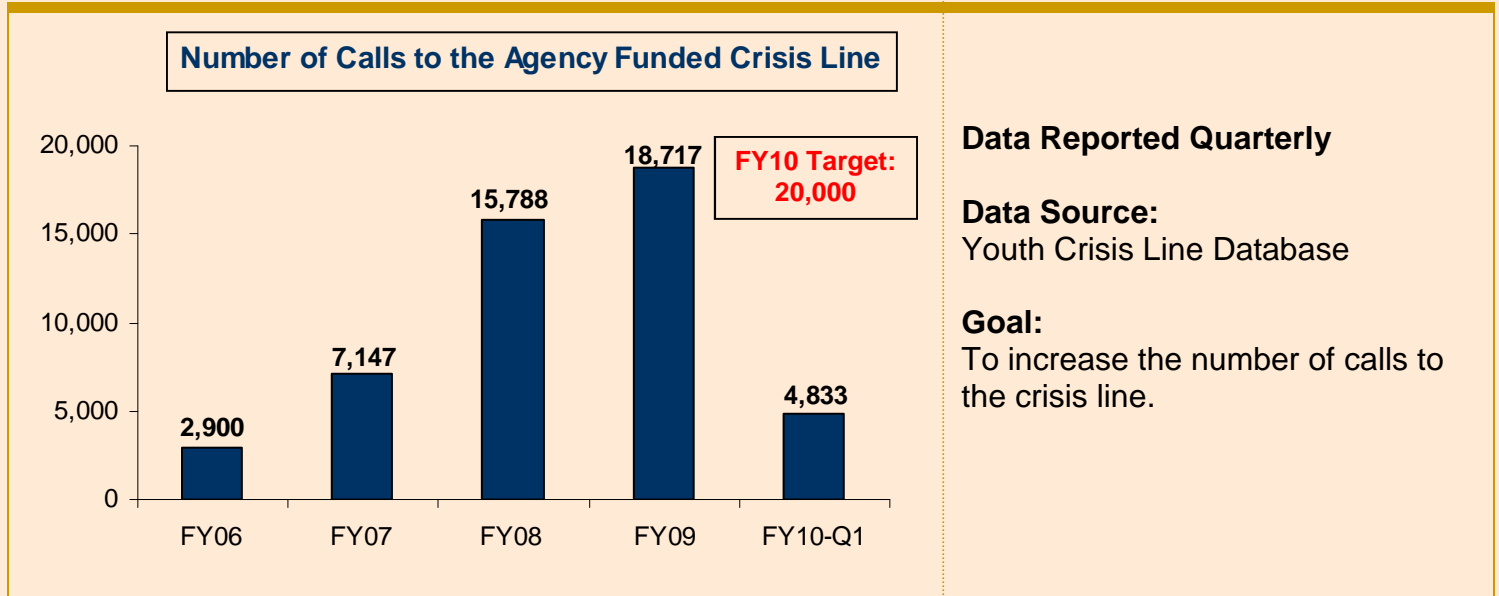
### ACTION PLAN:

- 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 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.
- The New Mexico WIC Program received a \$390,000 grant from the United States Department of Agriculture 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 this 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. This project will implement obesity management skill trainings to WIC staff in order to provide pediatric overweight prevention and behavior management counseling.

## ACTION PLAN (CONTINUED):

- WIC Fit Kids is to help prevent childhood overweight and obesity, NM WIC Program, in collaboration with USDA, has developed and uses an educational tool kit called “Fit Kids = Happy Kids.” 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.

## OBJECTIVE 5: REDUCE SUICIDE AMONG ALL POPULATIONS, SPECIFICALLY CHILDREN AND ADOLESCENTS.



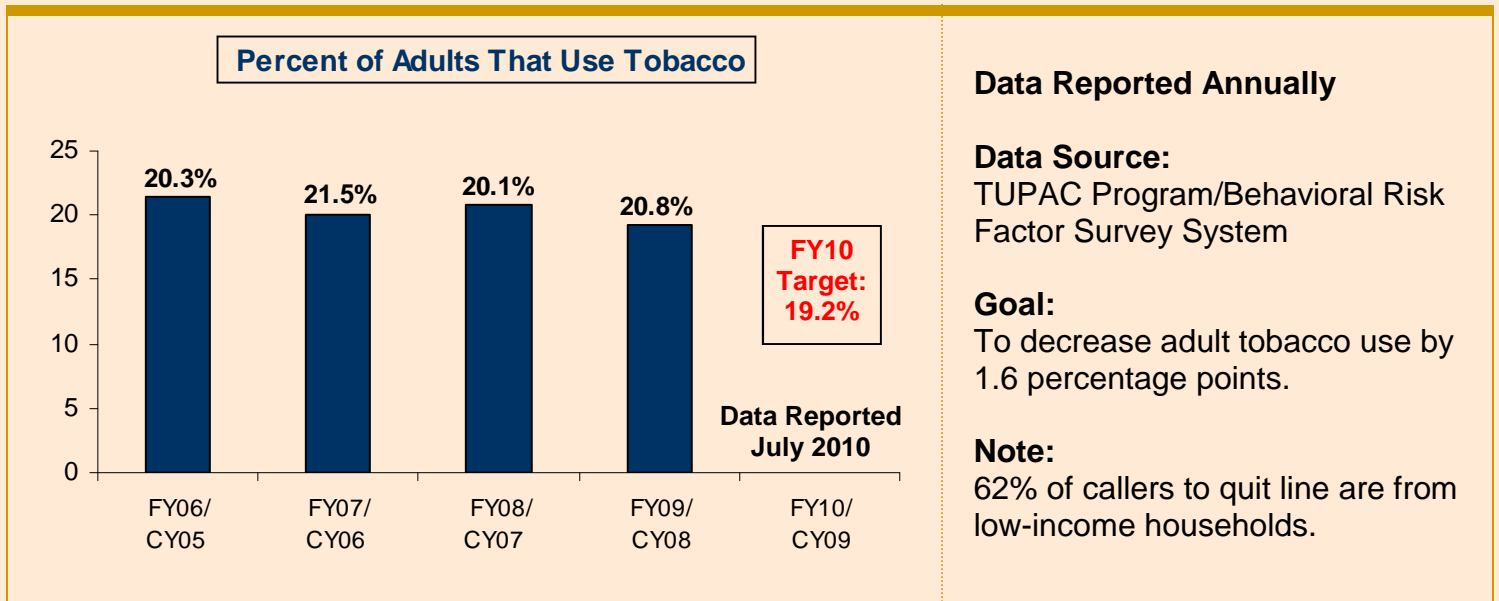
## ACTION PLAN:

- OSAH continues to coordinate the NM Crisis Line Network – a collaboration that consists of three statewide crisis line operators and the National Suicide Prevention Lifeline. The services provided through this network includes 24/7, toll-free crisis line availability. Providers currently working to coordinate the statewide service includes: National Talk-Line, UNM – Agora, NMSU – The Wave, and PMS - Santa Fe Crisis Line. In addition to providing crisis response, Agora, The Wave and Santa Fe conduct ongoing suicide awareness and crisis response training in the community. Activities during Q1 included the following three activities:
- NMSU – Presentations to 60 middle school students throughout the city, and orientation to incoming NMSU freshmen, workshop presentation to 100 Native American students participating in the Indigenous Soccer Cup and to 500 NMSU first generation students attending NMSU. They also marketed their services during several events, including gay pride, on-campus informational booth, and an ad in the college newspaper. They currently have 47 volunteer responders providing 24 hour coverage. A total of 183 calls were answered during Q1, with steady increasing utilization and greatest use during the month of September.

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

- PMS Santa Fe Crisis Line answered a total of 766 calls in Q1. They continued their relationship with the Santa Fe School District to provide expedited assessment for students and adults identified as at risk for suicide.
- UNM – Agora continues its active outreach efforts, offering eight table presentations, reaching over 800 people. They also conducted 69 presentations to over 4,000 participants. Agora also sponsored three weeks of a Spanish line recruitment commercial on Telemundo, two ads ran in the Daily Alibi, and two interviews on KOAT and KRQE. Of the 2,374 calls received, 818 callers specifically discussed suicide as a concern.
- During FY10 Q1, OSAH is moving toward developing a comprehensive framework for youth suicide prevention that is evidence-based, coordinated and culturally relevant. This framework will guide funded partners in their activities throughout FY10. Steps taken toward developing the framework include the following three activities:
  - Posting and scoring a Youth Suicide Prevention Request for Proposals, requesting that stakeholders submit proposals with evidence-based youth suicide prevention activities and a strong emphasis on evaluation. Nine proposals were funded describing capacity development, crisis response, and coalition building.
  - Convening a Youth Suicide Strategic Prevention Workgroup, comprised of members from OSAH, DOH Epidemiology and Injury Prevention, as well as statewide stakeholders. The workgroup has met three times during Q1.
  - Developing a Crosswalk of Strategies for Preventing Youth Suicide based on a decade of statewide and national strategic plans. This Crosswalk will act as the basis for statewide funded activities.
- 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.

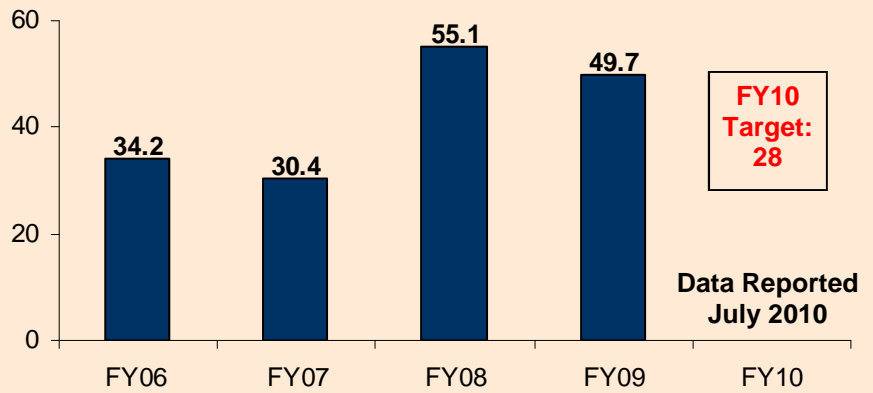
## OBJECTIVE 6: REDUCE THE ABUSE OF ALCOHOL, DRUGS AND TOBACCO.



### 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. The FY10 goal is to reach 15,000 tobacco users.
- Provide community-based cessation services (e.g. cessation classes, pharmacotherapy) to New Mexicans, including screening and brief intervention counseling. New Mexicans who are uninsured and 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 brief interventions, a brief and effective counseling protocol for motivating patients to quit smoking, and referrals to cessation services.
- Conduct a media campaign to promote availability of free cessation services through 1-800-QUIT NOW, the free tobacco cessation helpline.
- 1-800-QUIT NOW, New Mexico's free tobacco help line will provide free nicotine patch, gum, and lozenge therapy (NRT) to every caller that registers in the program and is ready to quit in the next 30 days.
- See *packs of cigarettes* action plan on next page.

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



**Data Reported Annually**

**Data Source:**  
TUPAC Program

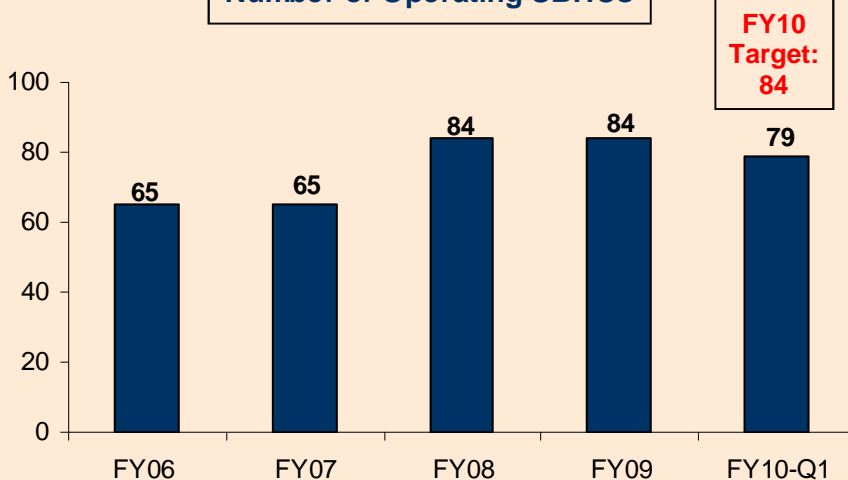
**Goal:**  
To decrease the number of packs of cigarettes sold by 21.7.

**ACTION PLAN:**

- In FY07 the Tobacco Use Prevention and Control program developed a comprehensive strategic plan to reduce youth smoking. The first phase of implementation began in FY08. In FY10, an extensive, multi-media social marketing campaign to reduce the social acceptability of tobacco use that incorporates the latest evidence-based strategies to reduce youth tobacco use will be implemented.
- Provide school- and community-based youth tobacco prevention services, focusing on youth at highest risk for smoking. Services and activities include enforcement of school policy, implementing prevention curricula, and promoting youth empowerment to youth statewide.
- See *adults that use tobacco* action plan on previous page.

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

**Number of Operating SBHCs**



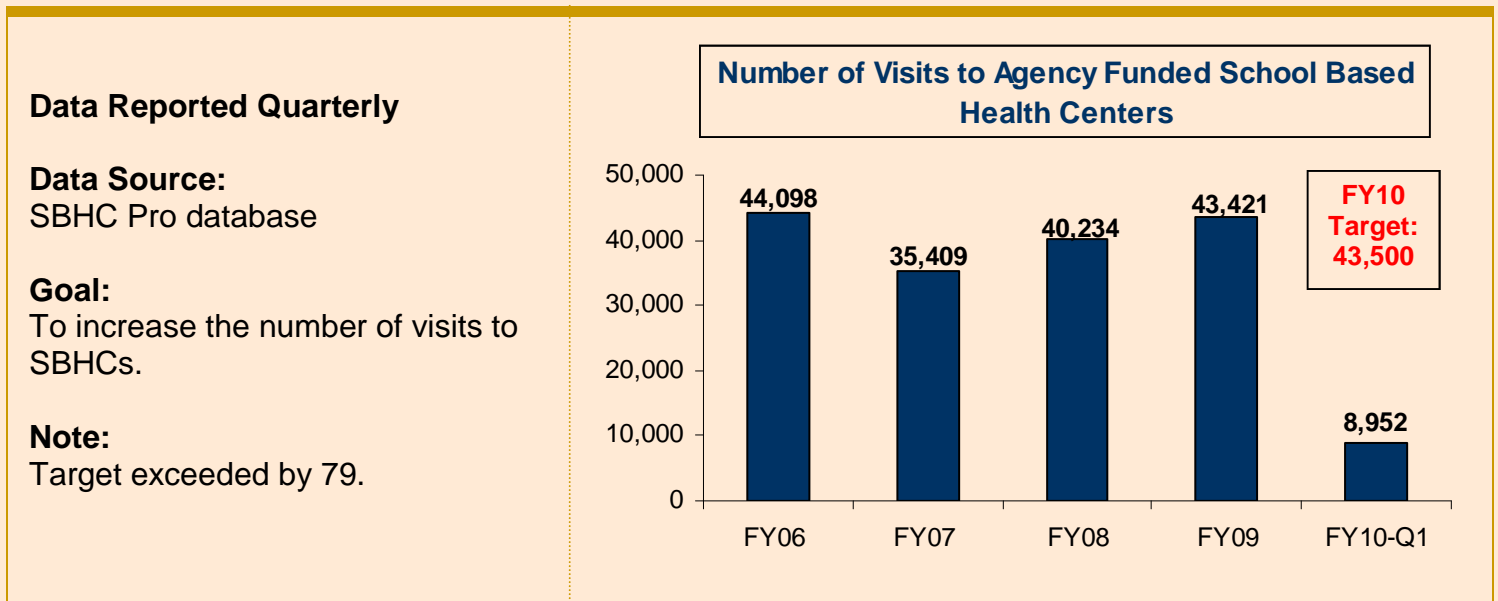
**Data Reported Quarterly**

**Data Source:**  
SBHC database

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

## ACTION PLAN:

- A total of 79 SBHCs are operating throughout the state. The 79 sites include 57 DOH funded sites and 22 sites funded through other resources, including Indian Health Service, private funding and federal funding. This number is lower than the total number operating last year. A total of five SBHCs closed and do not plan to reopen. The sites that are no longer operating include, two sites managed by Peanut Butter and Jelly Pre-School (PB&J). PB&J could not justify the cost for a full-time primary care provider for their pre-school population. They are, however, continuing their focus on parenting and will be providing behavioral health services. Funding for these services is provided through CYFD. Another SBHC that closed was located in Las Cruces at the San Andres Alternative School. The school did not have enough students to justify the cost for primary and behavioral health providers. Students from this school will receive services through two local high schools and the public health office. Two sites located in Chaves County, Dexter and Hagerman, are reorganizing and have plans to work with a local provider to operate a primary care clinic that is open to the public.
- The SBHC Quality Improvement Initiative is in its 3rd year of activity. Partnership with UNM – Pediatrics, Envision New Mexico, will focus be providing a series of webinars covering a variety of adolescent health topics, including clinic operations, screening and assessment, substance abuse, teen pregnancy, youth suicide prevention, healthier weight and community/school engagement. A comprehensive report of SBHC improvements will be prepared for the Human Services Division – Medicaid in Schools program.

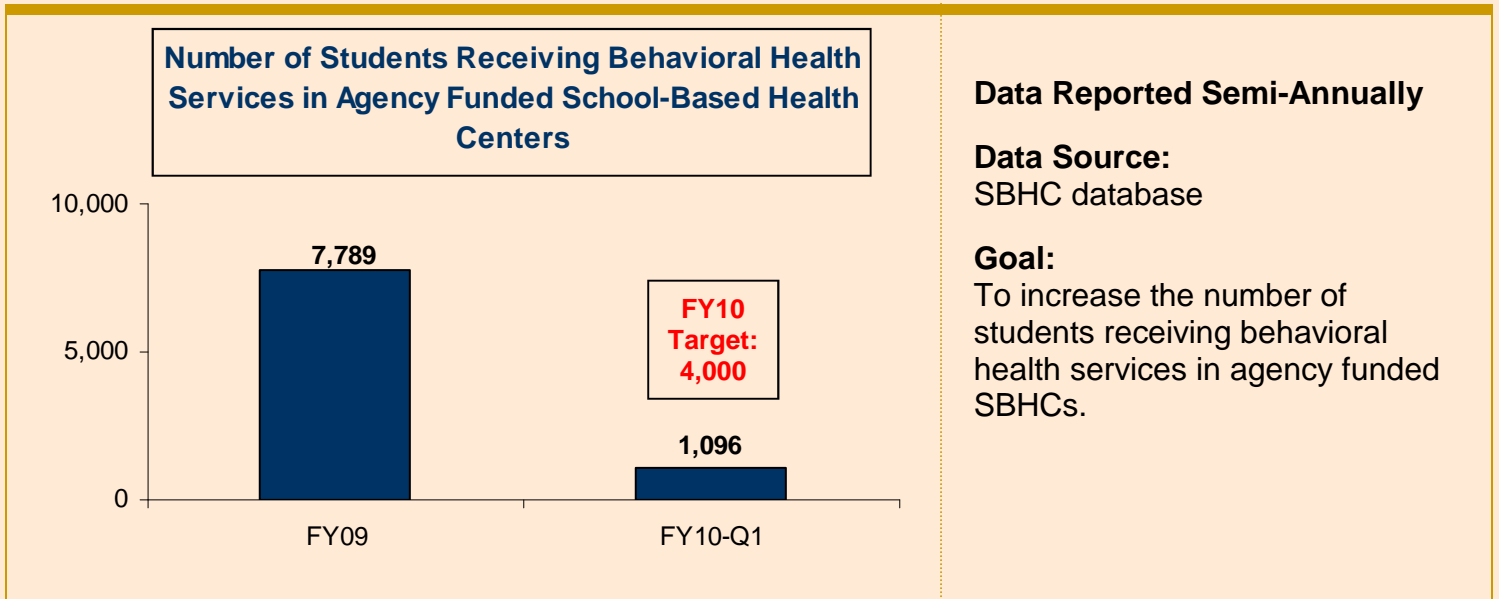


## ACTION PLAN:

- 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.

## 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 healthcare, 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.

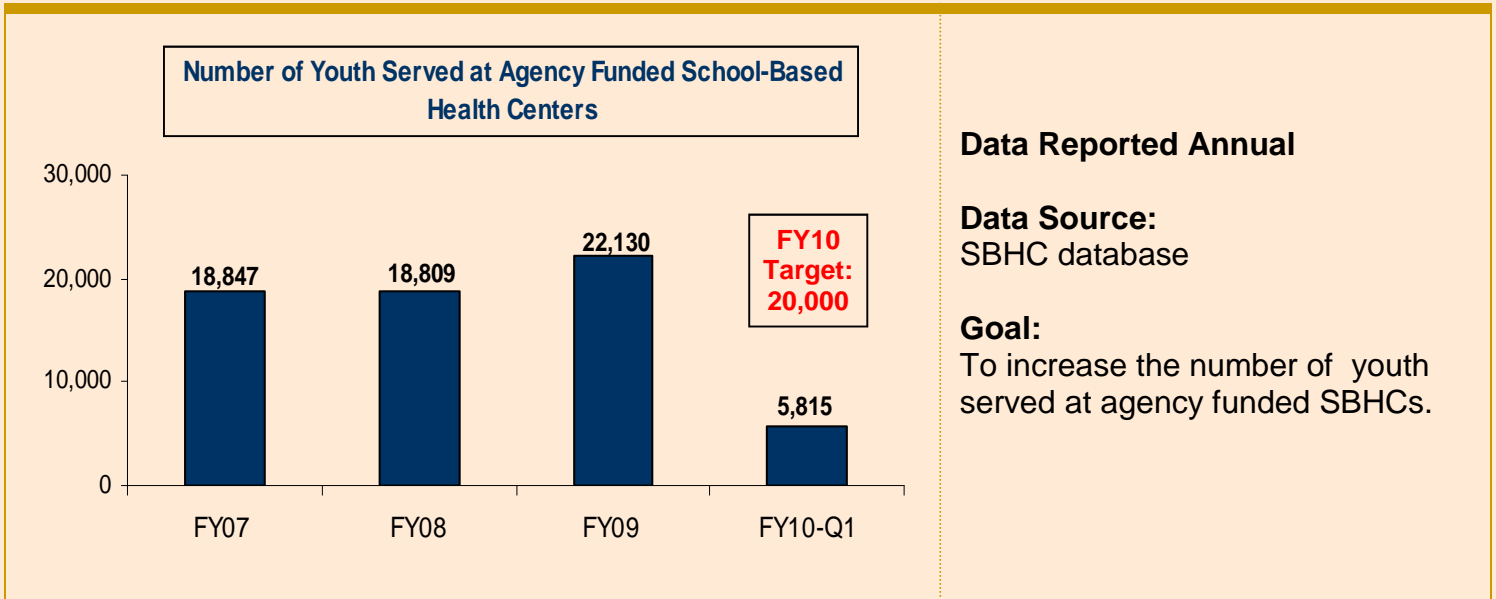


## ACTION PLAN:

- 1,912 visits were recorded for Q1, an average of two visits per student. OSAH is working with Optum Health to increase productivity and behavioral health quality through a partnership with Envision NM. This initiative will focus on increasing provider confidence and utilization of screening tools, assessment and brief intervention, and improved provider practice in team conferencing and coordination with school and community resources. SBHC recruitment is underway and activities are scheduled to begin in Q2.
- Telepsychiatry services will continue through the school year. Problem solving is underway to determine funding strategies to sustain telehealth connectivity and to increase the number of hours of available psychiatry services.
- During Q1, the OSAH Behavioral Health Staff, consisting of one program manager and five regional school mental health advocates logged 934 hours of technical assistance to school districts and school-based health center programs. Technical assistance included crisis planning and emergency response, presentations and workshop on a variety of behavioral health topics including Governor priority areas such as youth suicide, teen pregnancy and healthier weight. In addition the staff participated in local community partnerships to share information on best practices on screening, assessment, brief intervention, crisis planning/emergency response, teen dating violence, and youth partnership/development.

## ACTION PLAN:

- OSAH and PED jointly convened a workgroup that met six times during FY10 Q1, producing a report that was submitted October 1, 2009, with strategies for educating parents, increasing public awareness and utilizing and integrating existing resources regarding [date](#) violence prevention. The workgroup used a public health strategic prevention framework to study the impact of teen dating violence on adolescents ages 12-19. The YRRS 2007 was used as data to understand the effects of teen dating violence (TDV) on mental health, where victims of TDV were at risk for suicide attempts at a rate more than double other students. To ensure youth voice, four focus groups were held statewide with 125 youth participants. Based on the findings of a literature review and logic model, a set of recommendations were developed. Department of Health was asked to consider: Developing a set of questions for the school based health center Student Health Questionnaires, given to all students receiving services, which measure peer and individual attitudes toward dating violence as a targeted area for prevention. Posting a comprehensive menu of resources for TDV prevention on the YouthHealthLink.org. Including TDV awareness and prevention messages into existing teen programs funded through DOH, including teen pregnancy, alcohol, substance and tobacco use, and youth suicide prevention programs.
- OSAH staff created a plan for expanding its awareness and prevention training during FY10 using existing training opportunities, including regional school health updates, School Education and Training Institute, School Administrator's Conference, and the Head to Toe Conference to reach school and behavioral health personnel statewide.



## ACTION PLAN:

- 62 school-based health centers are currently tracking and reporting student data via a data collection system and strategy defined by OSAH. SBHCs are able to connect to an on-line patient management system to enter student data or are downloading information from existing patient management systems.

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

- A primary goal of the SBHC Program is to assure access to comprehensive, high quality care for children and youth, particularly those at risk for health problems and with poor access to or utilization of primary health care. SBHCs address this goal in part by serving students regardless of their insurance status. The goal of assuring access to health care stems from a fundamental understanding of the connection between physical and behavioral health needs of children and their ability to learn and succeed at school. Data reports from FY09 indicate the most frequent diagnoses for primary care included: routine child health exams, comprehensive reproductive health, vaccines, obesity or overweight issues, upper respiratory infections. The most frequent diagnoses for behavioral health included adjustment disorder, counseling, depression, attention deficit/hyperactivity disorder, and conduct disturbances.
- SBHCs offer important services and supports to students. The following stories are examples of the types of issues faced on a daily basis, as well as the dedication and creativity that can be found in SBHCs as they provide much needed care to students and their families:
- Cuba schools coordinated school-wide wellness screenings for K, 1st, 3rd and 5th grade students. Students who participated in the event were screened for vision, height/weight, hearing and immunizations. Students needing follow-up were flagged and followed up by SBHC staff. Plans include conducting wellness screening for 2nd, 4th and 7th and 10th grade students.
- Grant Middle School SBHC met with a family who had just moved to Albuquerque from another state to live with relatives due to financial hardship. They had five children ranging in age from 5 to 14 who were enrolled in three different schools in the community. The children were all given a well exam and were referred to the SBHC hygienist for cleanings. The family was very pleased with the services, noting they could not believe this was part of the school program.
- The Mesa Vista SBHCs took the opportunity to have staff from Envision New Mexico do some in-depth training on depression assessments (PHQ-9) during the month of July when school was not in session. This led to some relationship-building between two providers in the SBHC who were working at cross-purposes, resulting in some problem-solving regarding implementation of the depression assessment and a plan to improve their team conferencing with school personnel.
- The To'Hajiilee SBHC celebrated the opening of their new facility. Over 100 youth and community members completed the Envision NM nutrition and physical activity surveys. In return, they chose to receive either a flying disc or hacky sack.
- Silver City and Cobre SBHCs were awarded a Border Area health grant known as "small steps," that includes Envision NM's Teen Lifestyle Change (TLC) Program as a main component for supporting the health of youth in their school districts. Staff began training on the TLC model in September.

## 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:** 9,850.3

**Federal Funds:** 14,118.1

**Other State Funds:** 1,009.6

**Other Transfers:** 311.7

## RESULTS AT A GLANCE

Performance Measures	Reporting Frequency	10 Targets	FY10 Q1	FY10 Q2	FY10 Q3	FY10 Q4
Number of health emergency exercises conducted to assess and improve local and international capability (GPAC 2.4)	Quarterly	85	14			
Number of designated trauma centers in the state (GPAC 6.5)	Quarterly	9	6			
Number of hospitals reporting data in the state trauma registry (GPAC 6.5)	Quarterly	20	16			
Percent of birth certificates issued/searched for within seven days of receipt of an approved birth search application and fees	Quarterly	98%	97.5%			

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

### Data Reported Quarterly

#### Data Source:

Exercise Database

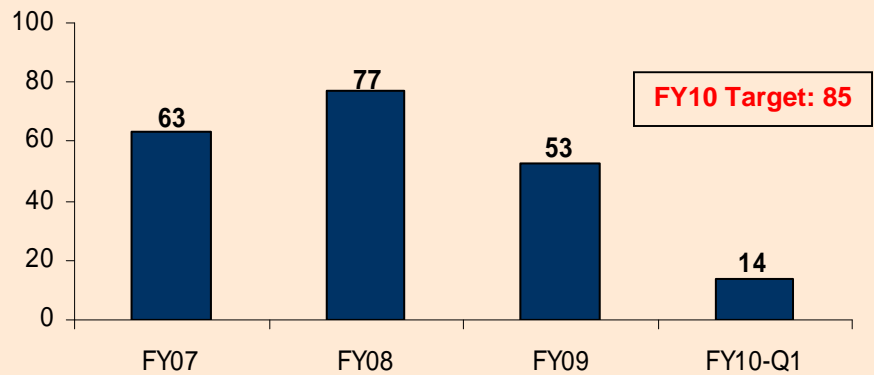
#### Goal:

To increase the number of pandemic influenza plan exercises by 27.

#### Note:

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

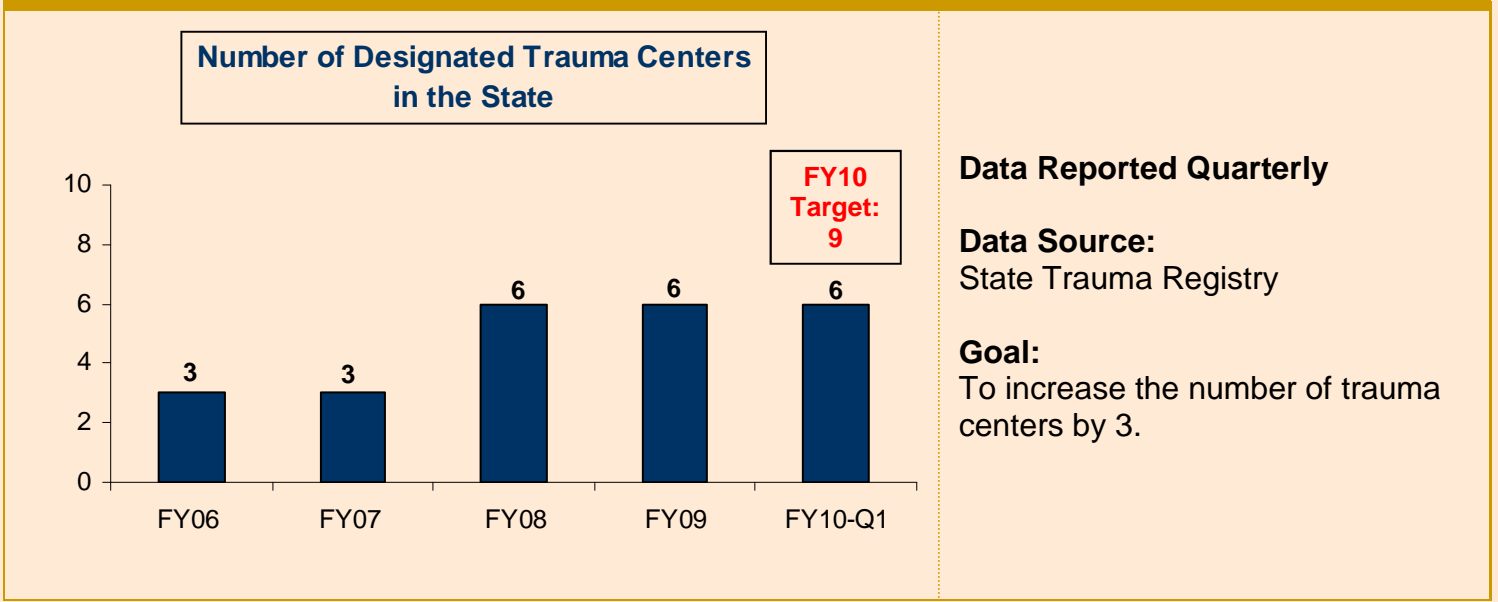
Number of Health Emergency Exercises Conducted to Assess and Improve Local Capability



### ACTION PLAN:

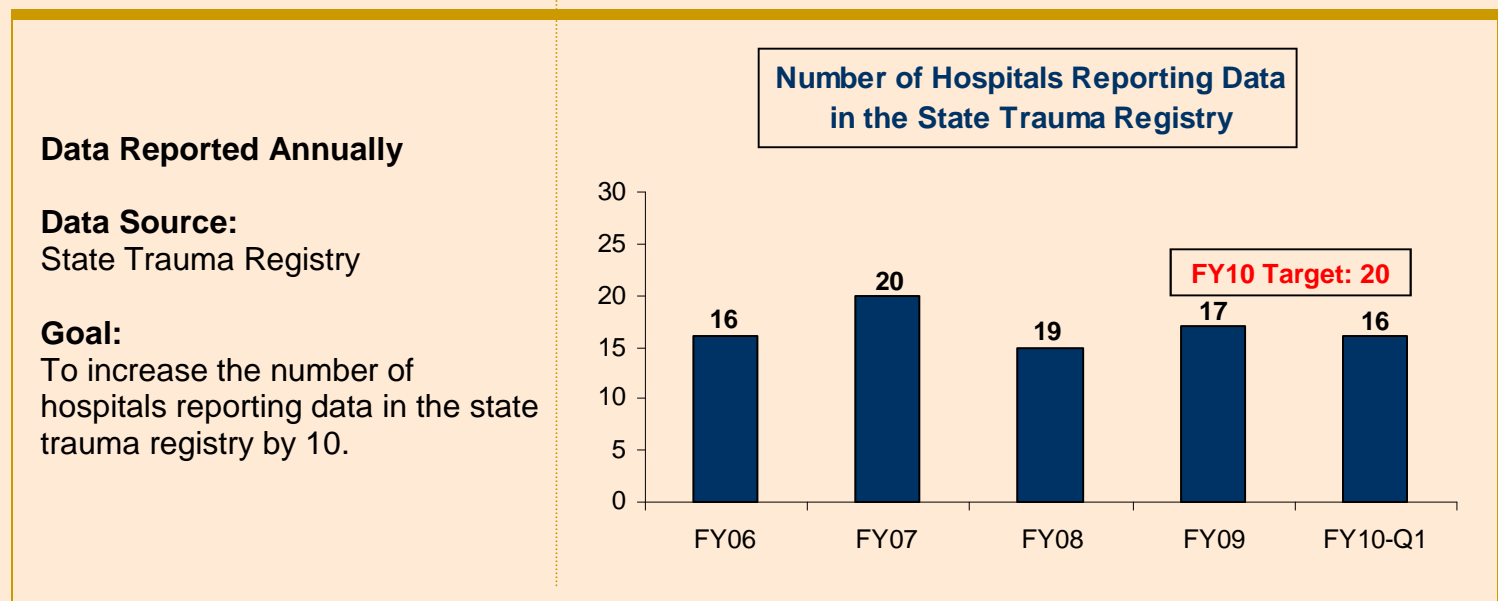
- Ongoing, real-life exercises will occur every day with the response to novel H1N1 flu.
- Three statewide multi-function drills for hospitals are scheduled. These drills will test interoperable communications, HavBed (polling), resource request procedures (ICS308), and Health Alert Network (HAN) communications capabilities.
- A full-scale regional exercise for the Strategic National Stockpile (SNS) Program and City Readiness Initiative (CRI) is scheduled for June 2010. This exercise will include testing the US Postal Service (USPS) Bio-Detection Equipment (BDE).
- Additionally, local and regional training and exercises will be conducted and our regional preparedness coordinators will be involved and reporting data on these events.

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



**ACTION PLAN:**

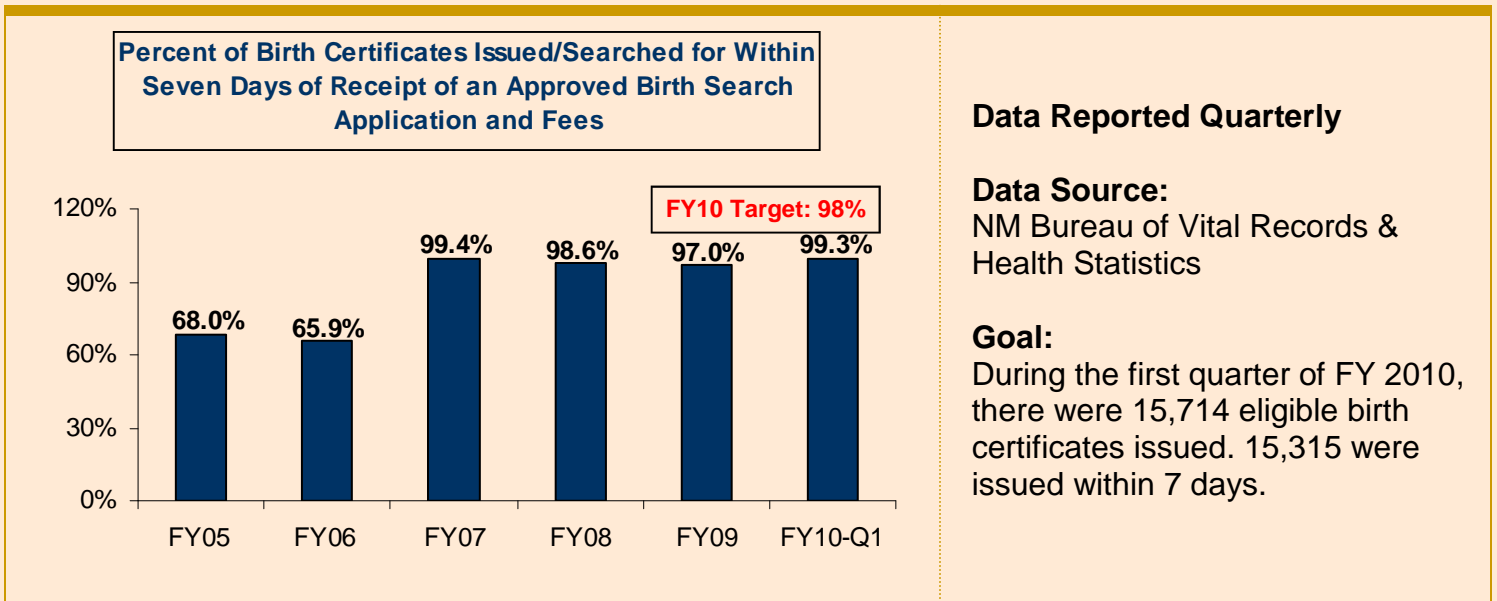
- Eastern New Mexico Medical Center had a positive verification site visit and designation is anticipated by November 2009.
- Ongoing technical site visits for Sierra Vista, Nor-Lea, and Artesia have occurred or will be occurring shortly to assess readiness to designate as a trauma center. University Medical Center of El Paso has submitted an application to become a New Mexico Level I trauma center. This is currently being reviewed by the Department.
- Assess ability to attain Level III Trauma Center Designation at Gallup Indian Medical Center.
- Assist San Juan Regional Medical Center, Christus - St. Vincent Regional Medical Center, and Artesia General Hospital in determining ability to attain Level II Trauma Designation.



## ACTION PLAN:

- Gallup Indian Medical Center is now providing trauma registry data. Holy Cross Hospital is no longer reporting due to decreased availability of funds. Memorial Medical Center is no longer reporting due to vacant registrar position that is not expected to be filled.
- Trauma Registry Workgroup Meetings will be held quarterly to educate Trauma Registrars and Coordinators regarding the trauma inclusion criteria; to review aggregated data submitted on a quarterly basis to State Trauma Registry; 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 State Trauma Registry; and to plan educational opportunities based on the needs of the facilities and the needs of the State Trauma Registry Pro.
- Artesia General Hospital will be visited to assist them with reporting to the trauma registry.

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



## ACTION PLAN:

- Birth certificates are being issued using two different registration systems: LifeSpan (for births that occurred before July 2007) and E-Vitals (for births that occurred from July 1, 2007 on).
- Vital Records is down 4 staff members in the records section from the previous year. This has resulted, on a few occasions, in short delays when staff is out sick or on leave. Staff reassignments are made as needed to fulfill issuance requests.
- Process is continuing to merge the LifeSpan system into E-Vitals, so that only one electronic system is needed to handle all issuances. This process is scheduled for completion near the end of calendar year 2010.

## 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:

Improve the Scientific Laboratory's ability to provide laboratory analytical services to state programs.

#### FY09 OPERATING BUDGET:

**General Funds:** 6,534.3

**Federal Funds:** 1,740.0

**Other State Funds:** 2,498.5

**Other Transfers:** 0.0

## RESULTS AT A GLANCE

Performance Measures	Reporting Frequency	10 Targets	FY10 Q1	FY10 Q2	FY10 Q3	FY10 Q4
Percent of public health threat samples for communicable diseases and other threatening illnesses that are analyzed within specified turnaround times	Quarterly	98%	94.9%			
Percent of blood alcohol tests from driving-while-intoxicated cases that are analyzed and reported within seven business days	Quarterly	90%	76.4%			
Number of laboratory tests performed each year	Quarterly	340,000	86,651			

## OBJECTIVE 1: IMPROVE THE SCIENTIFIC LABORATORY'S ABILITY TO PROVIDE LABORATORY ANALYTICAL SERVICES TO STATE PROGRAMS.

### Data Reported Quarterly

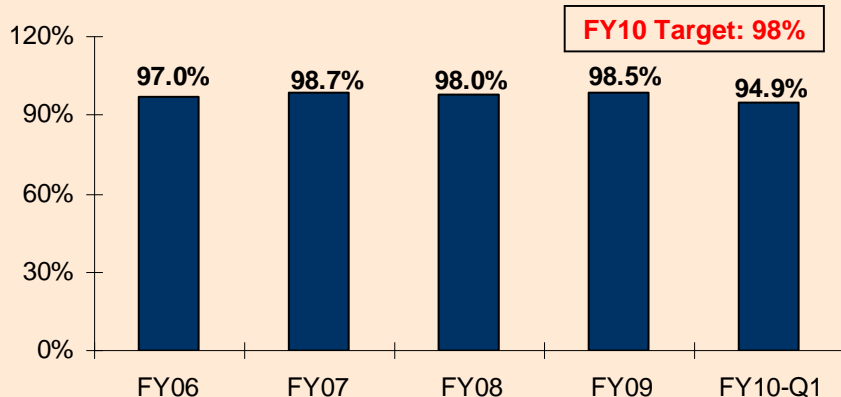
#### Data Source:

Laboratory Information Management System

#### Goal:

To increase the percent of samples analyzed.

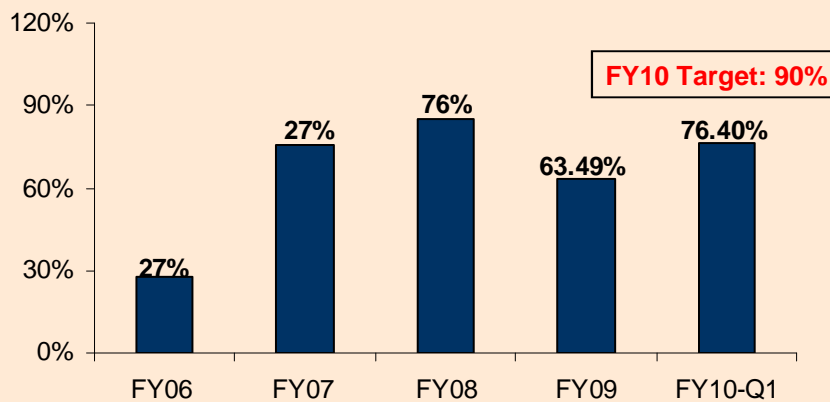
Percent of Public Health Threat Samples for Communicable Diseases and Other Threatening Illnesses that are Analyzed within Specified Turnaround Times



### ACTION PLAN:

- The percent of public health threat samples for communicable diseases did not meet the specified turnaround times for the following reasons:
  1. Staffing vacancies: General Microbiology section has a 50% vacancy and Virology/Serology has one vacancy.
  2. Virology/Serology testing (H1N1 samples) were up 732% from FY09 Q1 and a new test for tuberculosis was added to the testing offerings.
  3. The new Laboratory Information Management System was implemented in the Biological Services Bureau during this quarter. There has been a learning curve to learning the system and also a curve in developing efficiencies that the new system can afford.
  4. Staff were involved in the preparation and execution of the CDC Select Agent and Toxin certification site visit. (SLD successfully passed this certification.)
  5. Staff have been involved in the planning and preparation for the College of American Pathologists accreditation site visit. This visit will be occurring during the second quarter.
- Usage of the new LIMS will increase staff efficiency for routine testing and reduce turn-around time for test results for submitters.
- Due to the complex nature of the analyses conducted at SLD, all staff must have continuing education to meet the certification requirements of the regulatory agencies.
- The continual monitoring and maintenance of the laboratory equipment and instrumentation is vital in the maintenance of productivity of the laboratory staff.

**Percent of Blood Alcohol Tests From DWI Cases That are Analyzed and Reported Within 7 Business Days**



**Data Reported Quarterly**

**Data Source:**

Toxicology Bureau Database

**Goal:**

To increase the percent of blood alcohol tests analyzed by 15 percentage points.

**ACTION PLAN:**

- The percent of blood alcohol tests that were analyzed and reported within ten business days did not meet the target of 90% for the following reasons:
  1. The first reason was due to the recent US Supreme Court ruling of *Melendez-Diaz vs. Massachusetts*, there was a 21% increase in subpoenas for laboratory personnel to appear in court to provide expert witness testimony.
  2. The Drug Screening section that performs the alcohol testing has a vacant staff position frozen. (Note that an additional vacancy in this section will appear on October 22, 2009.)
  3. The laboratory staff that perform the alcohol testing have also been involved in the development of a new Laboratory Information Management System. This requires the staff to participate in the requirement gathering in order to develop the laboratory testing and reporting components of the IT system. This system should be on-line by March of 2010.
- Currently 25% of analysts are not trained on all Drug Screening analyses. With one position held vacant due to budget cuts and the increase in subpoenas due to the *Melendez-Diaz vs. Massachusetts* case, it is imperative to get the staff trained in all methods.
- The continual monitoring and maintenance of the laboratory equipment and instrumentation is vital in the maintenance of productivity of the laboratory staff.
- Implementation of the LIMS will help monitor overall laboratory productivity by streamlining laboratory processes through automation. The Toxicology Bureau staff have begun the requirements gathering process.

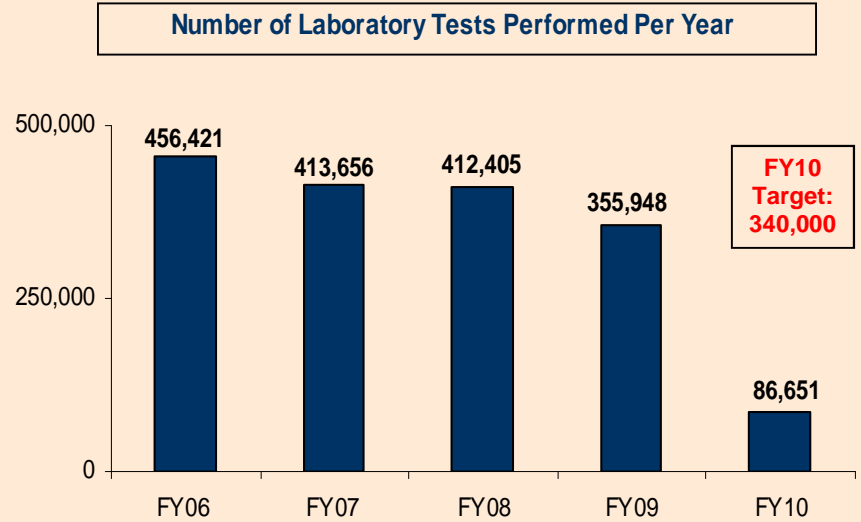
## Data Reported Quarterly

### Data Source:

Laboratory Information Management System

### Goal:

To increase the number of lab tests performed per year.



## ACTION PLAN:

- Implementation of the LIMS will help monitor overall laboratory productivity by streamlining laboratory processes through automation.
- The continual monitoring and maintenance of the laboratory equipment and instrumentation is vital in the maintenance of productivity of the laboratory staff
- Due to the complex nature of the analyses conducted at SLD, all staff must have continuing education to meet the certification requirements of the regulatory agencies.
- The current facility is stretched in capacity and unable to meet the continually evolving demands of new technology. The new facility will allow for greater efficiency in testing, thus reducing result turn-around time.

## SLD HIGHLIGHTS

**Biology Bureau:** The Virology/Serology (V/S) Section completed verification of the tuberculosis Quantiferon assay. This new rapid test for detecting latent tuberculosis will enable the Department of Health to better detect asymptomatic individuals who were exposed to an active case and will also enable the Department to more effectively screen foreign-born individuals (who were vaccinated against TB as children and are problematic for traditional skin tests).

The Molecular Biology Section successfully developed in-house and implemented a rapid molecular analytical method to detect pertussis (whooping cough), which is a recurring problem in NM. The new test is faster and more sensitive than traditional methods and will allow improved detection of cases, enabling Department of Health epidemiologists to better limit the extent of outbreaks through faster detection.

**Chemistry Bureau:** The Chemical Threat Analytical Response (CTAR) Section validated two new methods for the CDC, as part of the Public Health Emergency Preparedness grant program. Metabolites of the two chemicals, Lewisite and tetranitromethane, are analyzed for in human urine samples to detect exposure. Although Lewisite is no longer used industrially, there are still stockpiles of this material around the globe that could be used as a potential chemical warfare agent. Tetranitromethane is sometimes used as an additive to diesel fuel to increase the cetane number, and is highly toxic. The addition of these two new metabolites to the CTAR section's panel of toxic chemicals means the American public is better protected against potential chemical threat scenarios.

**Toxicology Bureau:** The Toxicology Bureau has made major strides in reducing the turn around time for completion of forensic drug testing for OMI. The national standard for turn around time for OMI forensic drug testing is 90% in 90 days. The Toxicology Bureau had a 98% turn around in 90 days, which more than meets the standard.

## 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:** 63,551.5

**Federal Funds:** 0.00

**Other State Funds:** 82,777.6

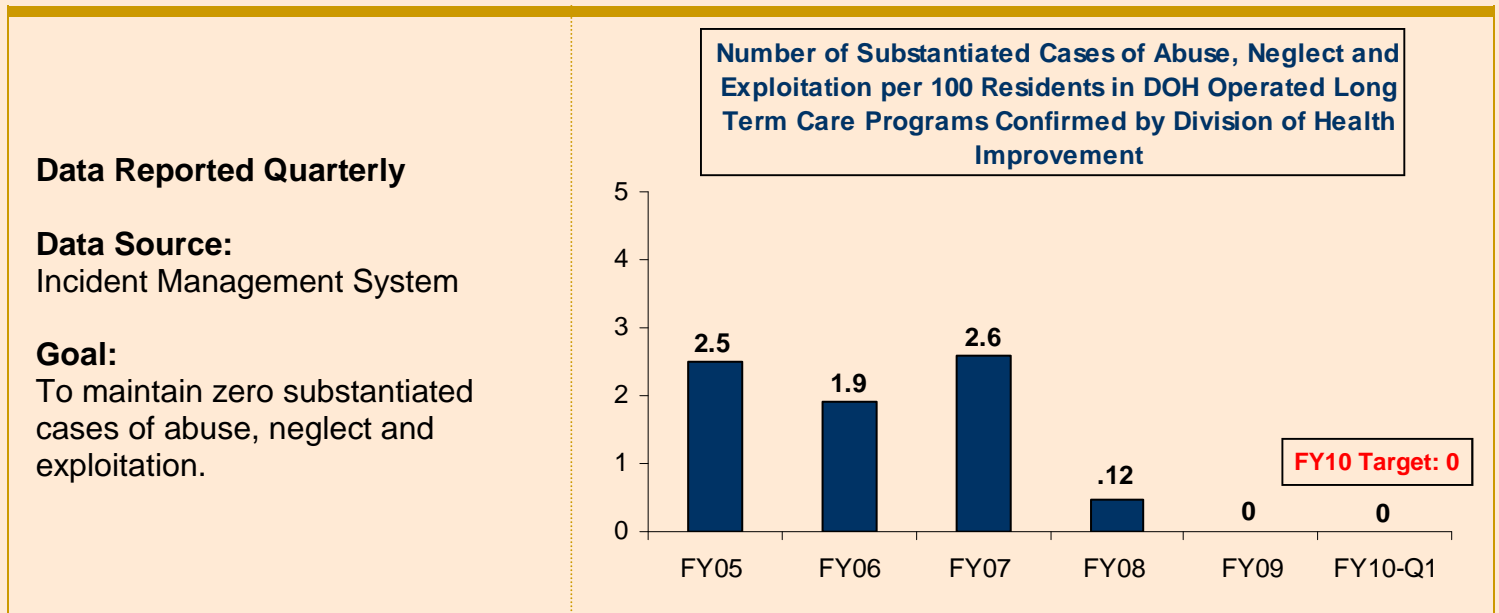
**Other Transfers:** 716.0

## RESULTS AT A GLANCE

Performance Measures	Reporting Frequency	10 Targets	FY10 Q1	FY10 Q2	FY10 Q3	FY10 Q4
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	Quarterly	0	0			
Percent of low risk residents at Fort Bayard who have pressure sores	Quarterly	2%	1.6%			
Percent of low risk residents at New Mexico Veterans Home who have pressure sores	Quarterly	2%	1.4%			
Percent of low risk residents at New Mexico Behavioral Health Institute's long-term care program who have pressure sores	Quarterly	2%	0%			

Performance Measures	Reporting Frequency	10 Targets	FY10 Q1	FY10 Q2	FY10 Q3	FY10 Q4
Percent of clients at New Mexico Rehabilitation Center with continued improvement on medical rehab goals three to six months post discharge	Annual	85%	NA			
Percent of clients at Sequoyah Adolescent Treatment Center without relapses at three to six months post discharge	Annual	92%	NA			
Percent of clients at Turquoise Lodge without relapses at three to six months post discharge	Annual	45%	NA			

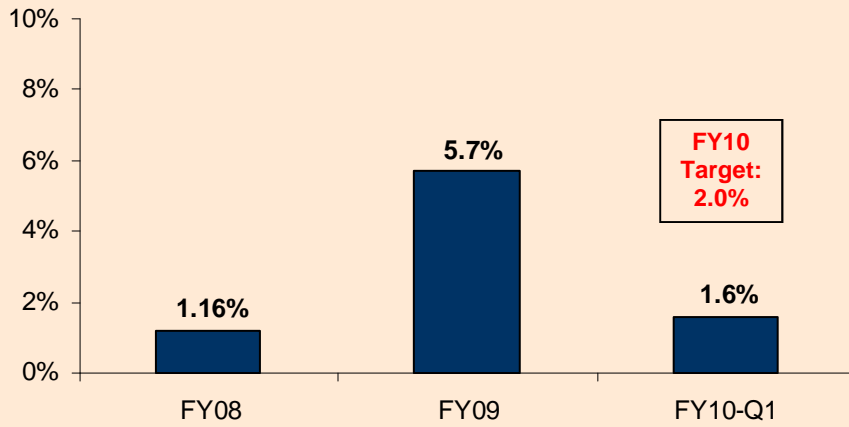
**OBJECTIVE 1: IMPROVE RESIDENT CARE AND SERVICES IN DOH FACILITIES.**



**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.

**Percent of Low Risk Residents at Fort Bayard Who Have Pressure Sores**



**Data Reported Annually**

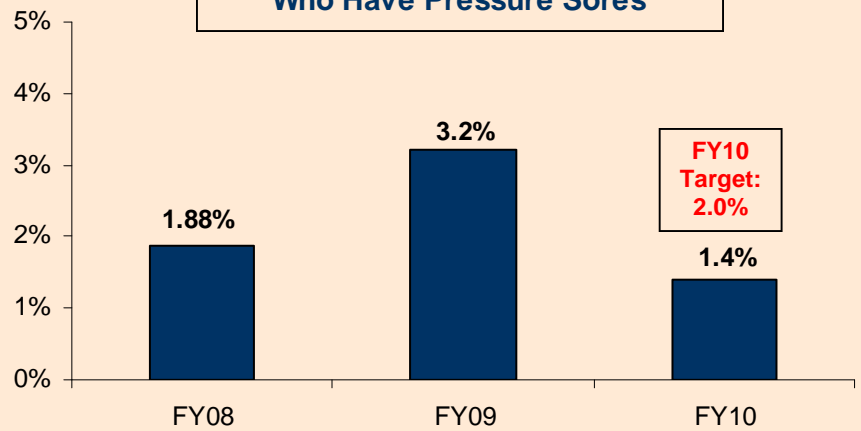
**Data Source:**  
Minimum Data Set

**Goal:**  
To decrease the percent of low risk residents at Fort Bayard who have pressure sores.

**Note:**

FBMC has been successful in reducing the number of pressure sores in the facility to 1.6% from the prior quarter of 6.0% and 5.6% for FY09. The 1.6% is lower than both the state (2.4%) and national (2.5%) rates for the same quarter.

**Percent of Low Risk Residents at New Mexico Veteran's Home Who Have Pressure Sores**



**Data Reported Annually**

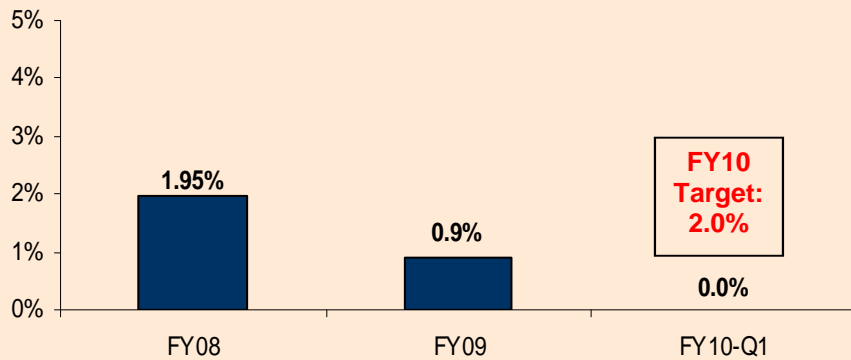
**Data Source:**  
Minimum Data Set

**Goal:**  
To decrease the percent of low risk residents at New Mexico Veteran's Home who have pressure sores.

**Note:**

This quarterly result for NMSVH is lower than both the state (2.4%) and national (2.5%) rates for the same quarter.

**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.

**Note:**

This result for NMBHI long-term care is lower than both the state (2.4%) and national (2.5%) rates for the same quarter.

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

- Facilities take every precaution to avoid the development of pressure ulcers. Residents are frequently admitted with them and the facilities must resolve them. Skin assessments are done at least quarterly to determine risk. Those residents that are determined to be high risk for pressure ulcers are monitored closely. All facilities require frequent repositioning of residents to improve pressure ulcer prevention. Overall skin integrity is monitored on a weekly and monthly basis. Facilities also continue to monitor nutritional status of all residents in order to prevent pressure ulcers.
- 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

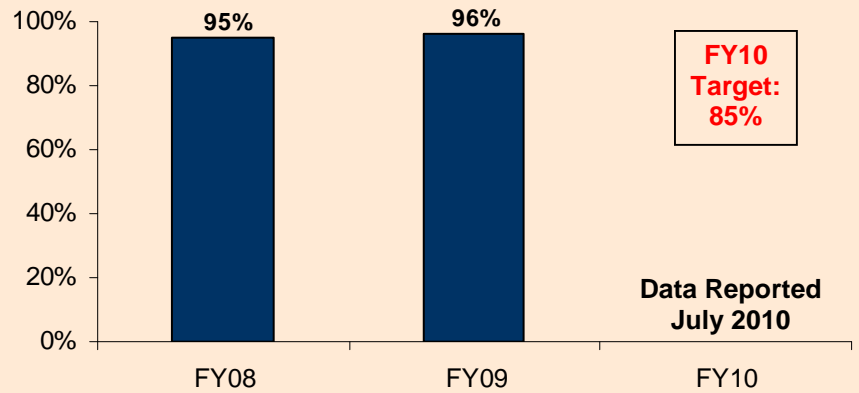
### Data Source:

Annual Performance Improvement Study

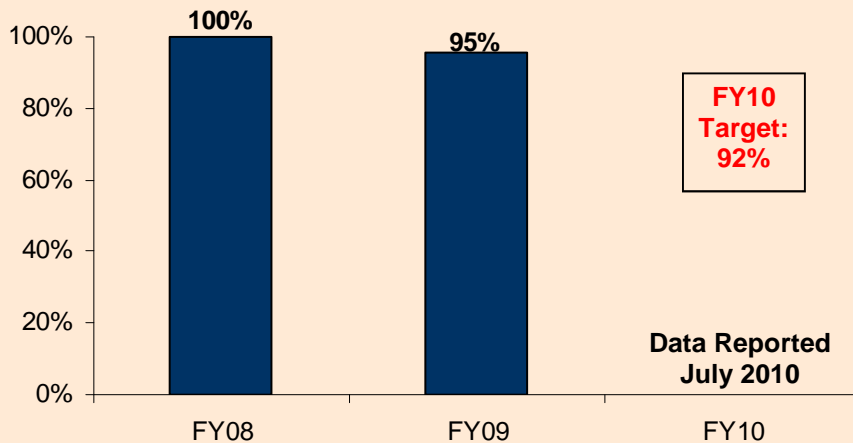
### Goal:

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 Without Relapses at Three to Six Months Post Discharge



## Data Reported Annually

### Data Source:

Annual Performance Improvement Study

### Goal:

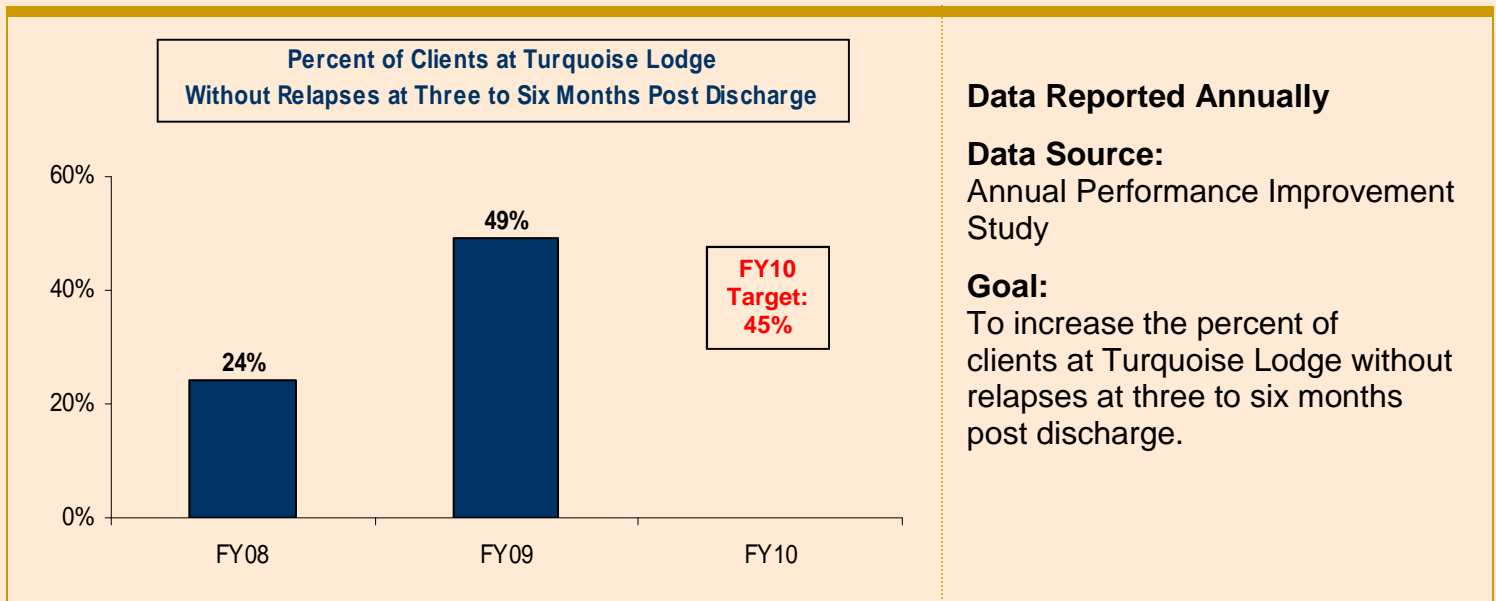
To increase the percent of clients with continued improvement on medical rehab goals three to six months post discharge.

## 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.



## 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 Mission of DDSD is to effectively administer a system of person-centered community supports and services that promotes positive outcomes for all stakeholders with a primary focus on assisting individuals with developmental disabilities and their families to exercise their right to make choices, grow and contribute to their community.

### 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:** 107,073.5

**Federal Funds:** 2,571.7

**Other State Funds:** 1,200.0

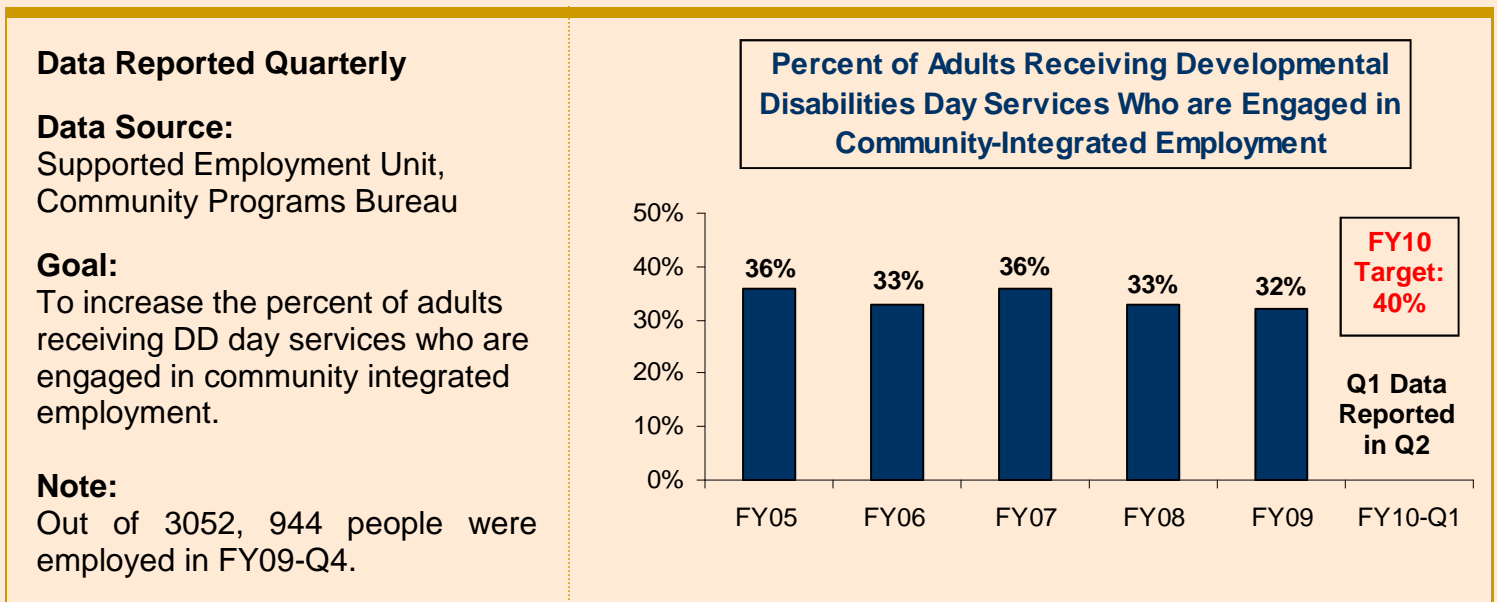
**Other Transfers:** 7,299.7

### RESULTS AT A GLANCE

Performance Measures	Reporting Frequency	10 Targets	FY10 Q1	FY10 Q2	FY10 Q3	FY10 Q4
Percent of adults receiving developmental disabilities day services who are engaged in community-integrated employment (GPAC 5.7)	Quarterly	40%	Due Q2			
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)	Annual	97%	Due Sept 2010			
Percent of infants and toddlers in the Family, Infant Toddler program who make progress in their development (GPAC 5.7)	Annual	97%	Due Sept 2010			
Percent of developmental disabilities waiver applicants determined to be both income eligible and clinically eligible within ninety days of allocation	Quarterly	95%	100%			
Percent of developmental disabilities waiver applicants who have a service plan in place within ninety days of income and clinical eligibility determination	Quarterly	98%	100%			

Performance Measures	Reporting Frequency	10 Targets	FY10 Q1	FY10 Q2	FY10 Q3	FY10 Q4
Percent of Jackson requirements from the plan of action and Appendix A to the joint stipulation completed	Quarterly	80%	76%			
Percent of individuals participating in developmental disabilities community service program who report that services helped them maintain or increase independence (GPAC 5.7)	Annual	91%	Due Sept 2010			
Number of children with autism spectrum disorder who receive legislative appropriation funded respite and/or adaptive skill building services (GPAC 5.7)	Semi-Annual	200	Due Jan 2010			
Number of individuals on the developmental disabilities wavier receiving services	Quarterly	NA	3,750			
Number of individuals on the developmental disabilities wavier waiting list	Quarterly	5,073	4,720			

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

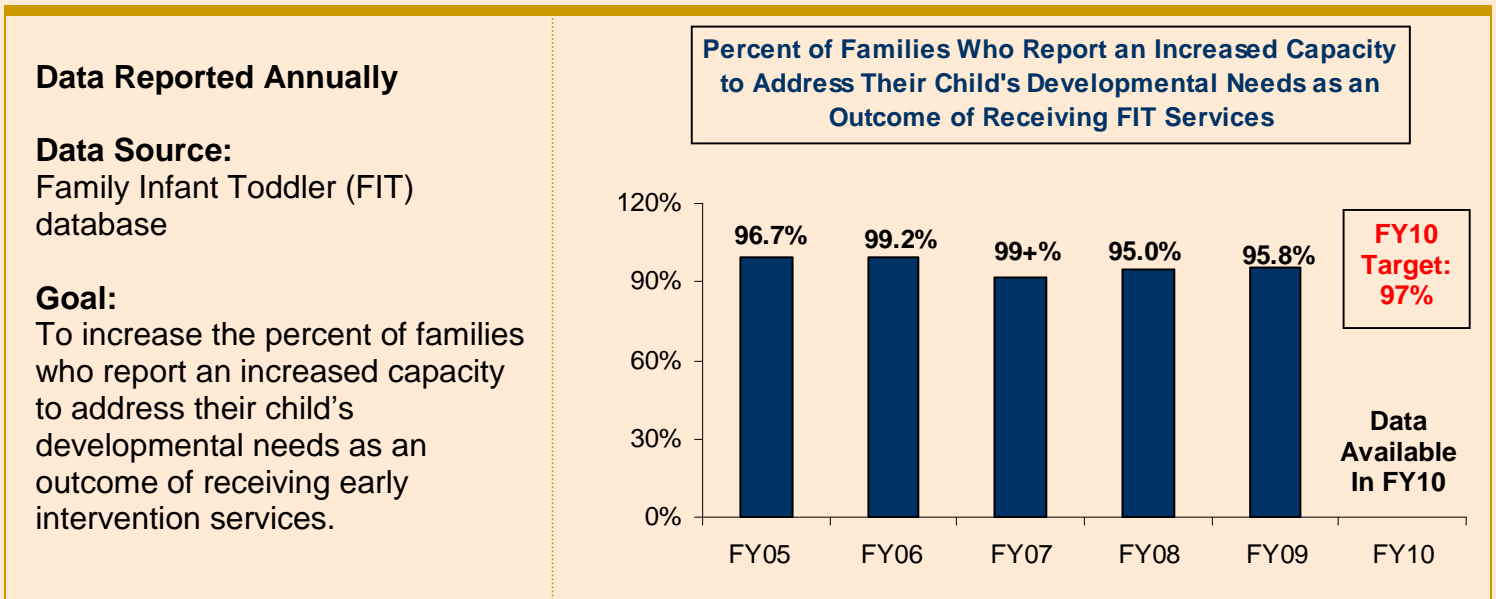


**ACTION PLAN:**

- Identify disincentives and solutions to address disincentives to employment through technical assistance requests and other information gathering. Utilize consultation to increase employment from national consultants and NM Employment Institute. Engage the Advisory Council on Quality in identifying ways to increase full employment.
- We are encouraged by relative consistency during a fiscal year with extreme economic challenges and a national average of 20%, however we remain below DOH's target of 45%.

## ACTION PLAN:

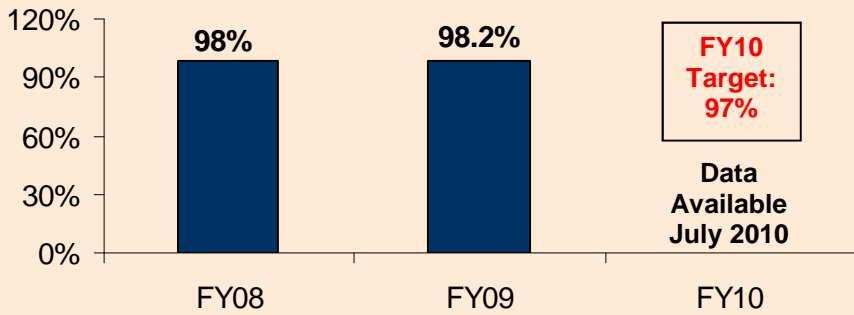
- Our targeted training for direct support staff previously identified as a priority has begun with Vocational Profile Assessment “training of trainers” completed in one of 5 DDSD regions. This will encourage profiles and actions plans toward positive employment outcomes.
- We continue to utilize the New Mexico Employment Institute in areas of job development and technical assistance to train and assist providers.
- We continue to schedule and conduct local Employment Leadership Network meetings to support employment efforts among providers, employers and individuals.



## ACTION PLAN:

- 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 training to personnel within the Family Infant Toddler (FIT) Program that includes focus on family centered values.
- 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.
- Make the family survey available online to enable more families to complete it and make it available 24/7 throughout the year.

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



**Data Reported Annually**

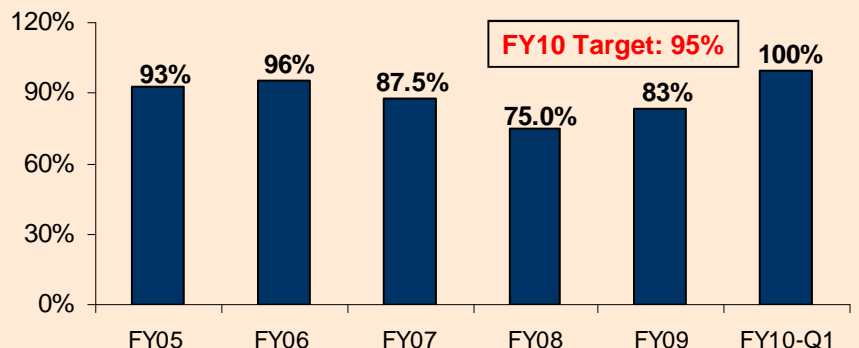
**Data Source:**  
Family Infant Toddler (FIT) database

**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.
- Convert Evaluation and Assessment core training into an online training to promote effective developmental evaluation and assessment of young children.
- 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**



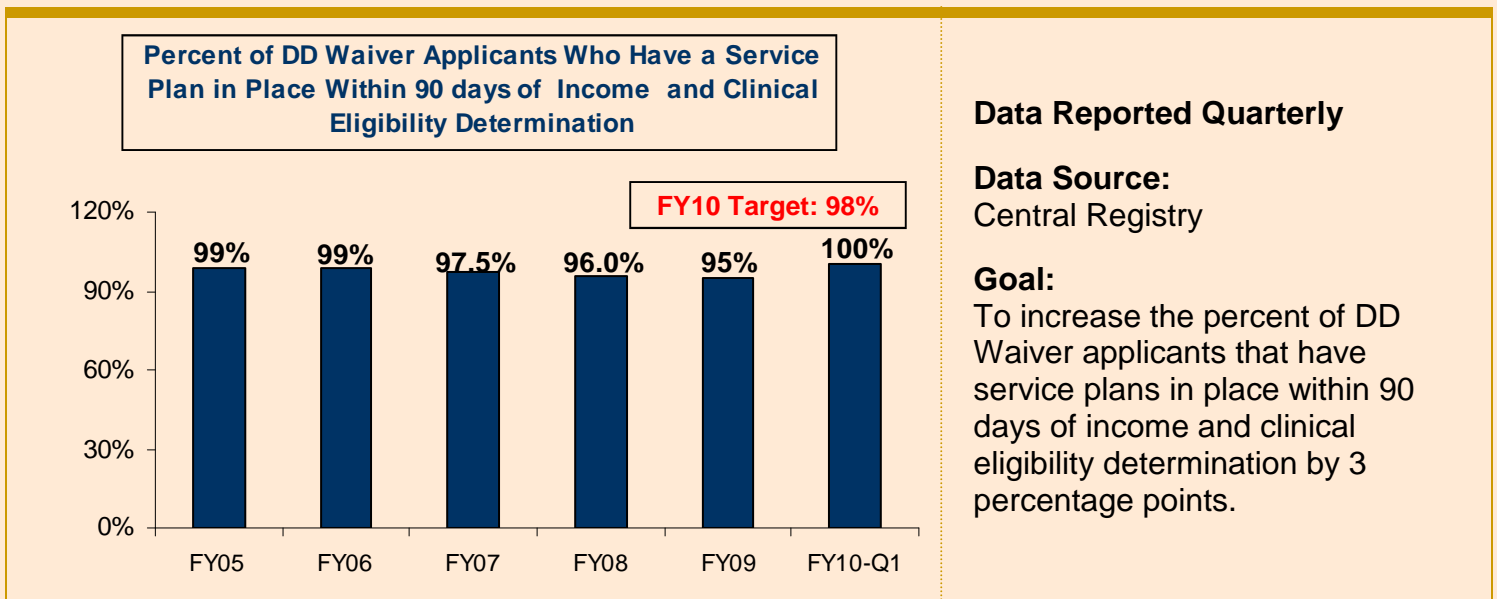
**Data Reported Quarterly**

**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:

- Three out of three developmental disabilities waiver applicants were determined to be both income eligible and clinically eligible within ninety days of allocation during this quarter.
- 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.



## ACTION PLAN:

- Three out of three developmental disabilities waiver applicants had a service plan in place within ninety days of income and clinical eligibility determination during this quarter.
- Eligibility workers request bi-weekly status reports from Case Managers (or from applicants if choosing the Mi Via option). Status reports are monitored to identify barriers, and potential barriers, to completion of eligibility determinations. Information obtained from monitoring is passed to appropriate DDSD personnel as indicated.

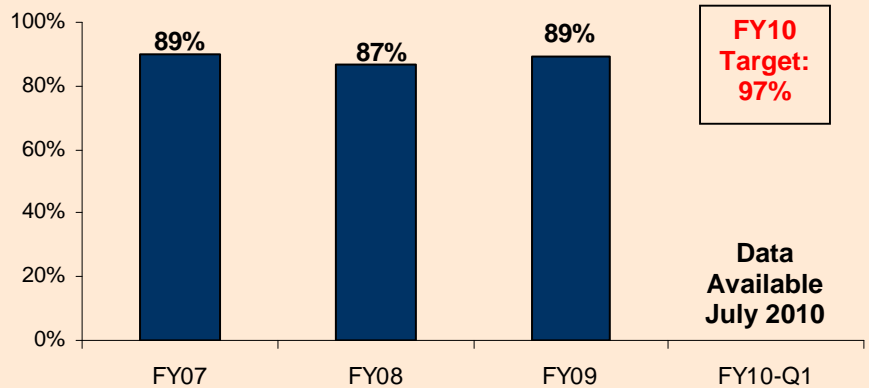
## Data Reported Annually

### 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.

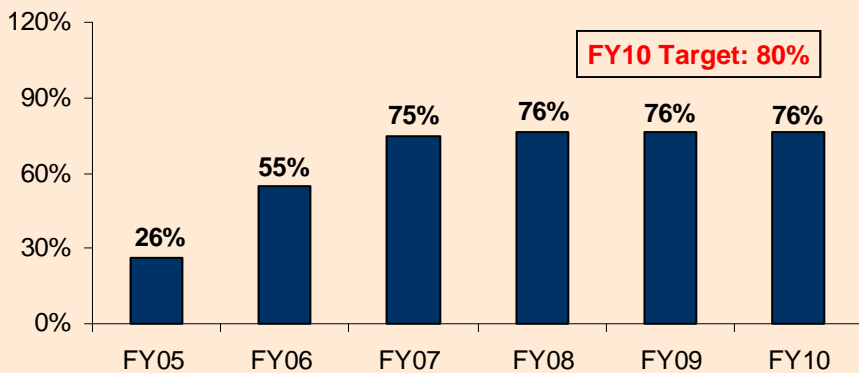
Percent of Individuals Participating in DD Community Service Program Who Report That Services Helped Them Maintain or Increase Independence



## ACTION PLAN:

- Continue and expand the Mi Via Self-Directed Waiver (SDW) program for individuals who are developmentally disabled, disabled and elderly, have HIV/AIDS, have brain injuries and are children who are medically fragile. Effective October 1, the Mi Via Waiver renewal is complete. People receiving services are being transitioned from the prior Mi Via Waiver to the new waiver.
- 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 Appendix A and 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 Appendix A and the Joint Stipulation completed by 24 percentage points.

**ACTION PLAN:**

- The 76% percentage rate reported in FY09 was determined based on multiple Jackson requirements including the Plan of Action, Appendix A, 1998 Audit Recommendations, and the JSD's Continuous Improvement requirements. Reported SFY 09 Performance Measure results need to be reevaluated to determine if they accurately reflect the status of DOH in regards to just the Plan of Action and Appendix A requirements.
- Jackson Compliance office disengaged two additional Plan of Action (POA) outcomes (Sexuality Outcomes C & D) in first quarter of FY10. To accurately reflect the Plan of Action compliance, DOH has disengaged 38 of 53 requirements for a 72% compliance rate for just the POA. The newly disengaged areas statistically did not have an overall impact on the compliance percentage used in previous reporting periods.
- OGC, DDSD and DHI are in the process of preparing motions for disengagement with Jackson external legal counsel.

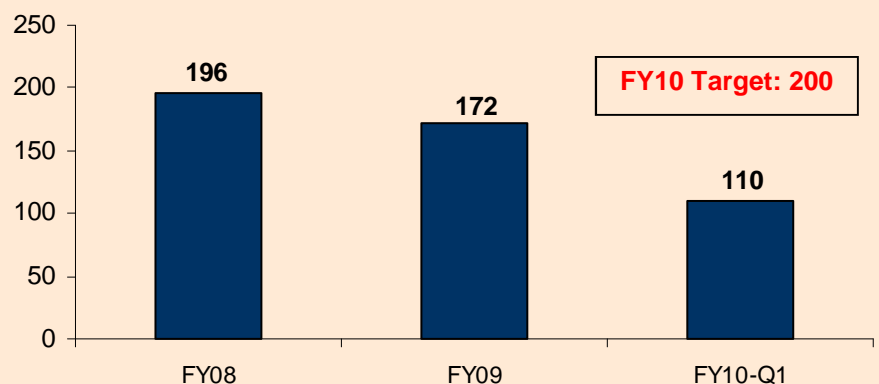
**Number of Children with Autism Spectrum Disorder Who Receive Legislative Appropriation Funded Respite and/or Adaptive Skill Building Services**

**Data Reported Quarterly**

**Data Source:**

Provider reports

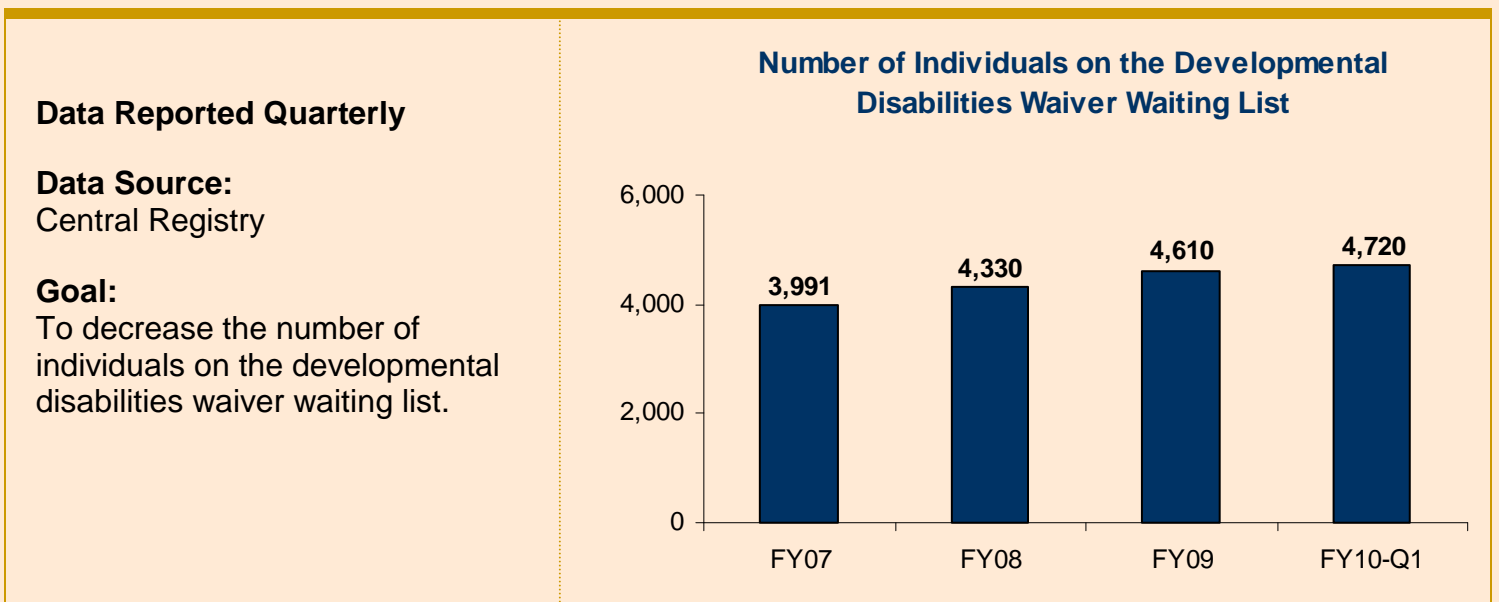
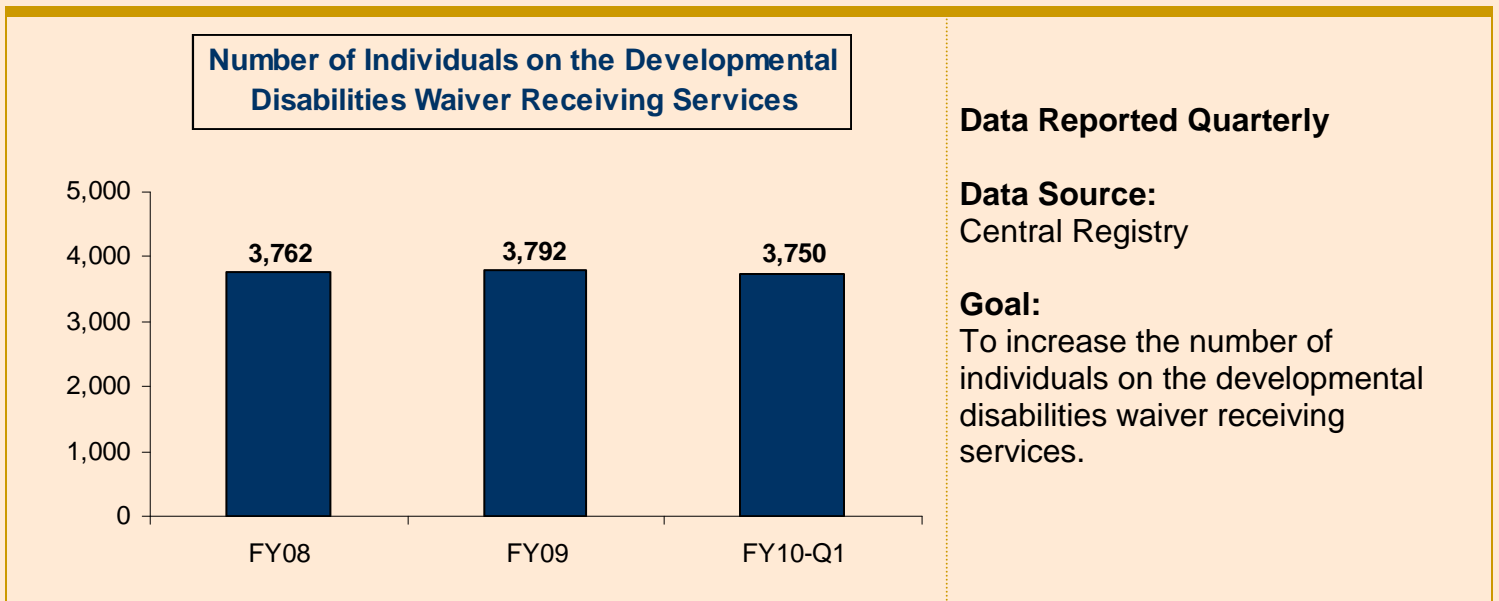
**Goal:** To increase the number of children with autism spectrum disorder who receive legislative appropriation funded respite and/or adaptive skill building services.



**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, 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 age group of attendees ranges in ages from birth to 19 years.

**EXPLANATORY (NON-KEY) DATA :**



## 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:** 5,324.7

**Federal Funds:** 1,658.2

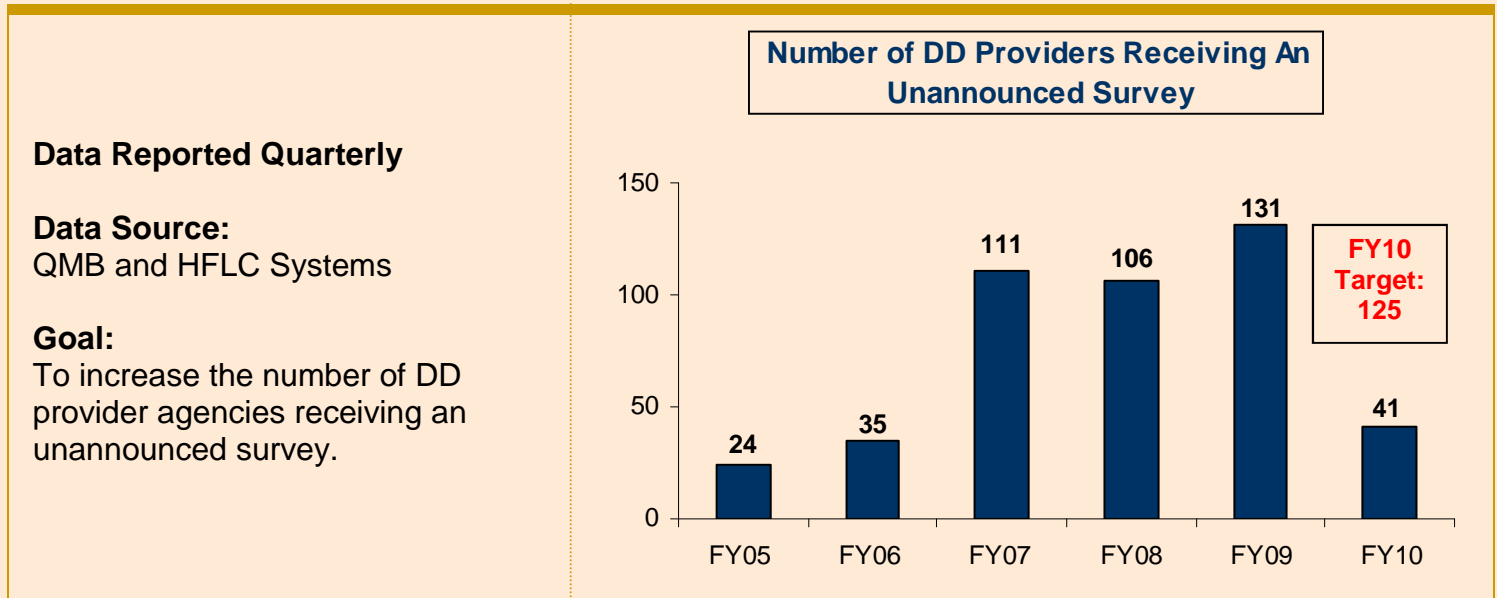
**Other State Funds:** 2,637.1

**Other Transfers:** 5,262.3

### RESULTS AT A GLANCE

Performance Measures	Reporting Frequency	10 Targets	FY10 Q1	FY10 Q2	FY10 Q3	FY10 Q4
Number of developmental disabilities providers receiving an unannounced survey	Quarterly	125	41			
Percent of required compliance surveys completed for adult residential care and adult day care facilities (GPAC 5.1)	Quarterly	80%	44%			
Number of allegations of abuse, neglect and exploitation reported	Quarterly	1,600	306			
Average length of time between the notice of disqualification to the final determination for individuals requesting caregiver criminal history screening	Quarterly	45	21			

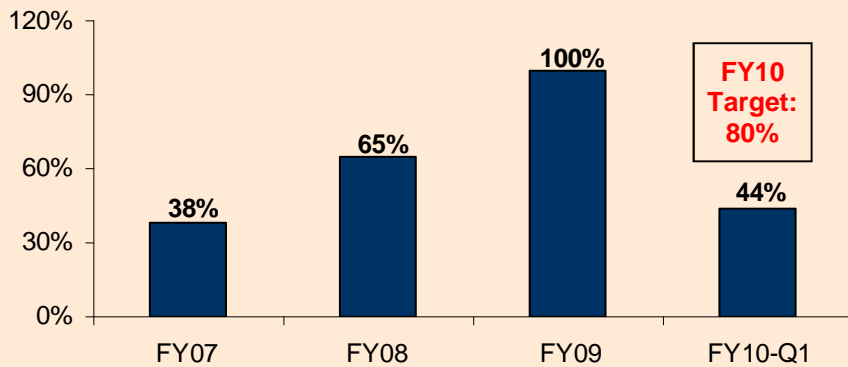
## OBJECTIVE 1: ENFORCE “ZERO TOLERANCE” OF ABUSE, NEGLECT, OR EXPLOITATION OF SENIORS AND VULNERABLE ADULTS.



### ACTION PLAN:

- This year, 154 providers are scheduled for survey. This quarter, QMB completed 20 Developmentally Disabled Waiver DDW unannounced surveys, 13% of the total DDW providers. HFLC completed 21 of 42 unannounced surveys of DD ICF/MR facilities, 50% of target.
- QMB completes unannounced compliance and quality assurance surveys statewide for DDW community living, community inclusion and case management providers. For community living and inclusion services, surveys are completed on a 1-3 year cycle, based on the compliance rating of the previous survey. Case management surveys are completed annually. Statewide, there are 365 DDW providers surveyed by QMB.
- QMB completes additional unannounced surveys when specific compliance issues arise or if referrals are made. No additional compliance issue surveys were completed this quarter.
- The Health Facility Licensing & Certification Bureau 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.

**Percent of Required Compliance Surveys Completed for Adult Residential Care and Adult Day Care Facilities**



**Data Reported Quarterly**

**Data Source:**  
QMB and HFLC Systems

**Goal:**  
To increase the number of DD provider agencies receiving an unannounced survey by 6.

**ACTION PLAN:**

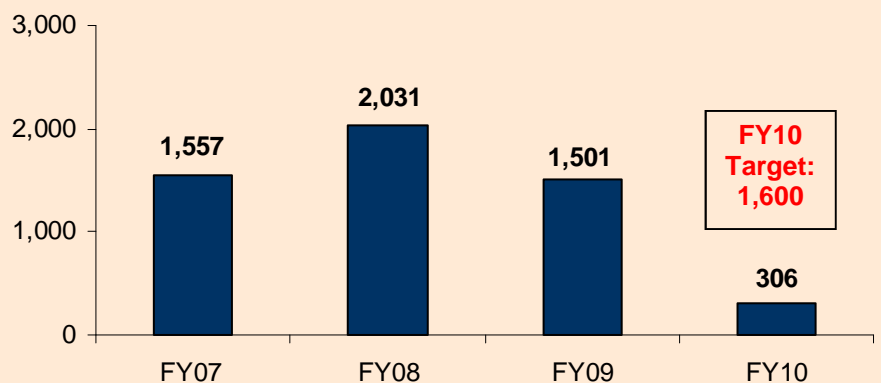
- The survey staff performs on-site survey/monitoring visits at all adult residential care and adult day care facilities to determine compliance with regulations, to investigate complaints, and to investigate the appropriateness of licensure for any alleged unlicensed facility.
- When violations are 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.

**Data Reported Quarterly**

**Data Source:**  
Incident Management Bureau database

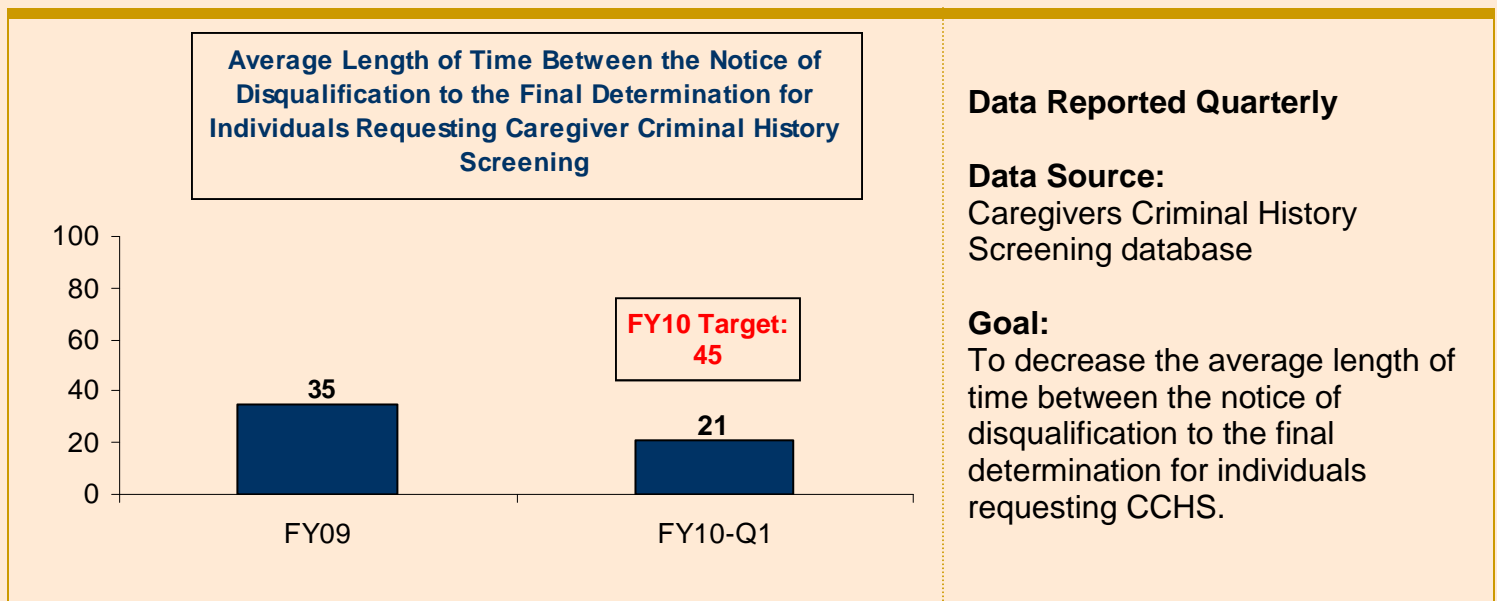
**Goal:**  
To decrease abuse, neglect and exploitation by increasing the number of allegations of abuse, neglect and exploitation reported.

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



## ACTION PLAN:

- Incident reports are received from community based providers of service who contract with the Department of Health and the Aging and Long Term Services Traumatic Brain Injury program. Incidents reported include abuse, neglect, exploitation, death, emergency services, law enforcement and environmental hazards. Incident Management Intake triages all incident reports received to determine priority, severity and assignment of case. Incident Management Bureau has no control over the number of incidents received. Factors that impact the actual number of incidents received may include the number of individuals receiving services, the number of enrolled providers, the number of incidents that occur, etc.
- Investigators are assigned to review incidents reporting use of emergency services and law enforcement involvement to determine if the services were utilized appropriately and to determine if abuse, neglect or exploitation could also be alleged and confirmed.
- Finally, investigators are also assigned reports of environmental hazards and unexpected deaths to determine if abuse, neglect or exploitation may be alleged and confirmed.



## ACTION PLAN:

- The Caregivers Criminal History Screening Program (CCHSP) receives background applications and fingerprint cards from potential state of New Mexico caregivers. Finger Print cards are scanned for results from New Mexico Department of Public Safety and Federal Bureau of Investigations. Fitness determination is made by CCHSP personnel and a determination letter is sent to the requesting facility and applicant. Determination is based on the Caregivers Criminal Screening Act and Rules.



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