



FY10 Quarter Four Performance Report

April 1, 2010 - June 30, 2010

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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!

FY10 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.

FY10 OPERATING BUDGET:

General Funds: 12,989.2

Federal Funds: 5,347.4

Other State Funds: 370.0

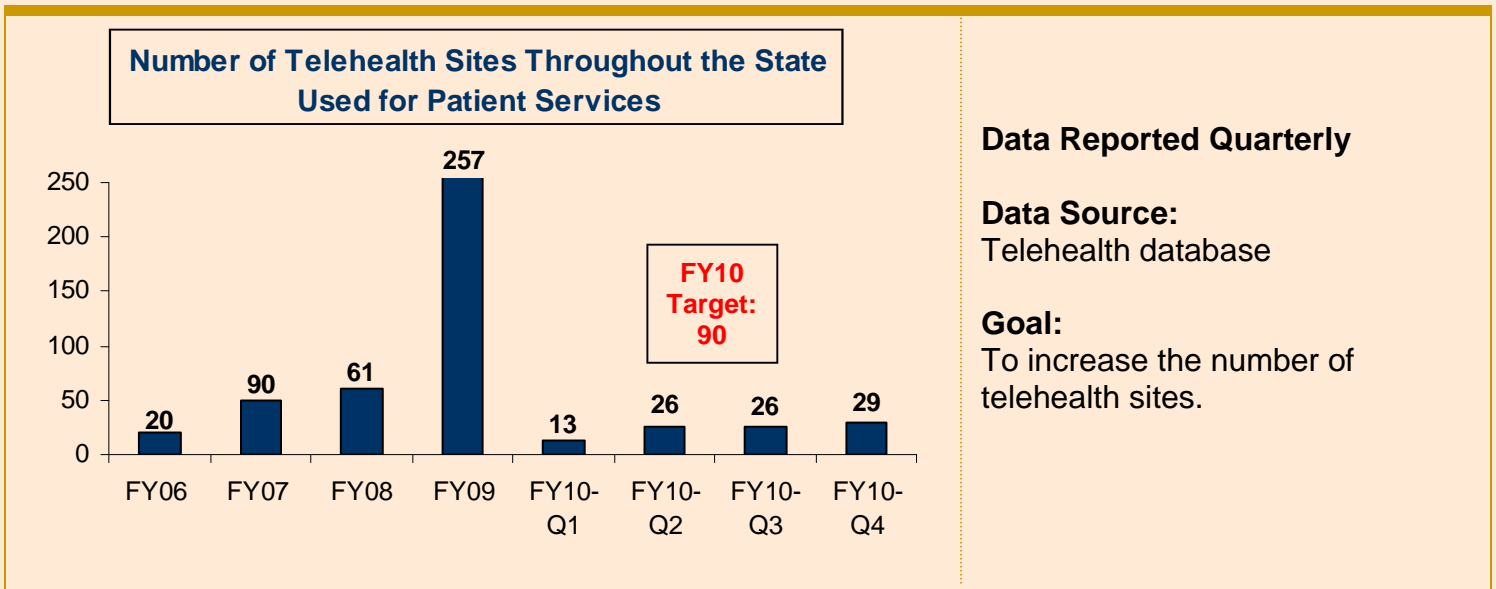
Other Transfers: 1,155.8

SUMMARY AND RESULTS AT A GLANCE

Q2 Administration Summary: Of Administration’s five measures, two exceeded target, two met target and one did not meet target. There is difficulty in collecting data from those involved in telehealth, reflected in the low result for the number of telehealth sites. Without all participants reporting, the number of patient encounters still exceeded target. The FY10 target of 11% for the percent of capital project funds measure was met. Community Health Councils met their target, but their funding has been cut for FY11. The percent of payment vouchers exceeded target.

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	25 Total: 26	20 Total: 26	23 Total: 29
Number of patient encounters provided through telehealth sites statewide (GPAC 6.3)	Quarterly	4,000	1,066	1,102 Total: 2,168	980 Total: 3,148	1,191 Total 4,339
Number of community health improvement councils that address health disparities	Quarterly	38	37	37	37	38
Percent capital project funds expended over a five-year period	Quarterly	11%	11%	11%	11%	11%
Percent of payment vouchers paid within thirty days of acceptance of goods and services	Quarterly	70%	68.9%	89.1% Total: 79.9%	86.5% Total: 82.2%	90.2% Total: 84.5%

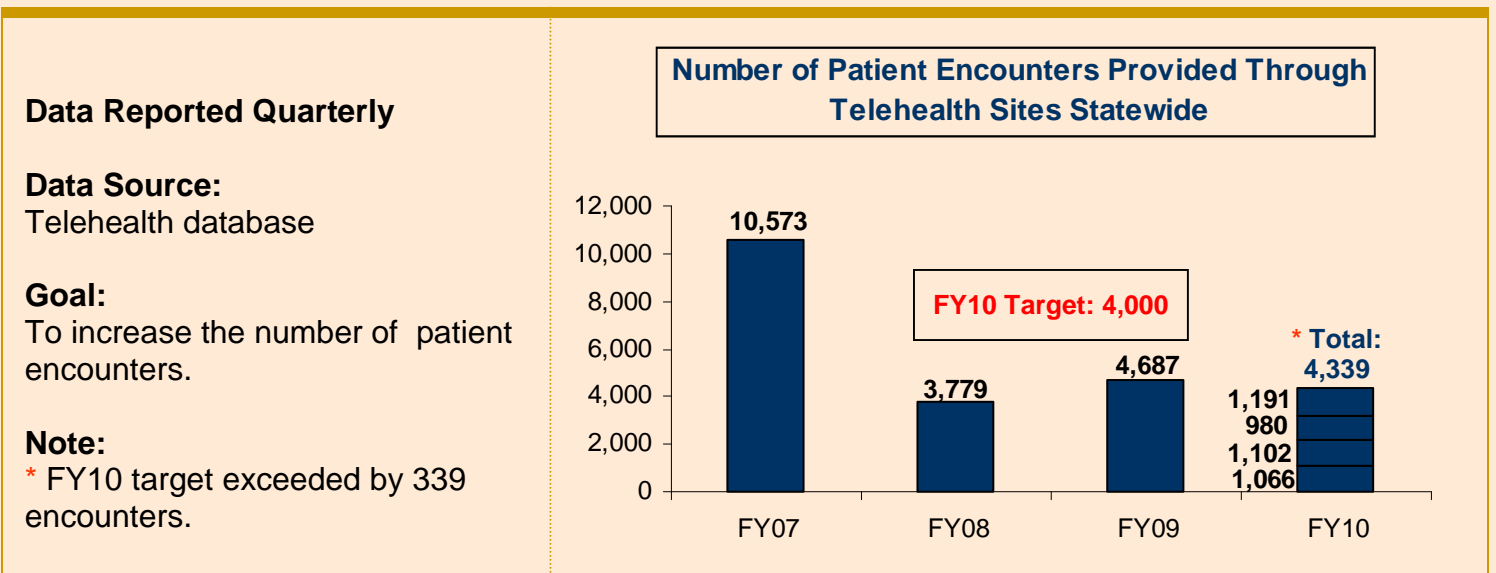
OBJECTIVE 1: INCREASE USE OF TECHNOLOGIES TO IMPROVE HEALTH OUTCOMES.



Target Not Met: The end of school year decreases the number of school based health centers connecting with various programs.

ACTION PLAN:

- Multiple programs are using telehealth technology including Childhood Overweight Medical Management Telehealth Consultation, Pediatric Nutrition Telehealth Community of Care, School-Based Health Centers, Developmental Screening Initiative Telehealth series, Hot Topics in NM Pediatrics, Psychiatric Consultation for NMSBHC providers, Center for Development and Disability, UNM (CDD) REACH, CDD Early Childhood Division, CDD Autism Program, Center for Rural and Community Behavioral Health, Center for Telehealth, Envision’s New Mexico Developmental Screening Initiative and Project Echo among others.
- UNM Department of Psychiatry/Center for Rural & Community Behavioral Health partners with other sites to provide extensive direct patient care and to provide consultation.

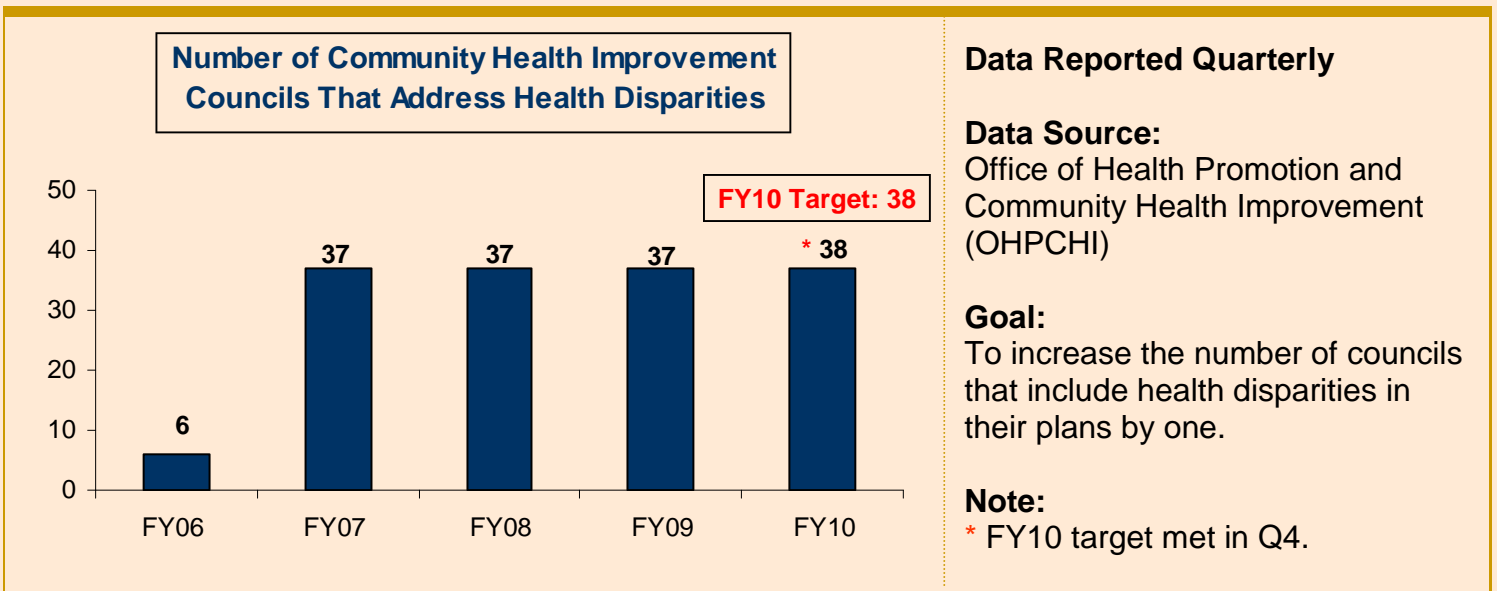


Target Exceeded: Patient encounters were up for all sites this quarter, with the Department of Corrections being the most frequent user of telehealth services.

ACTION PLAN:

- Telehealth activity was used by the REACH program to facilitate clinical assessments for the Supports and Assessment for Feeding and Eating clinic when a physician was unable to join other team members in person due to family illness. The physician connected from home and was able to participate in the clinical assessments. Without the use of telehealth technology the assessments would have been cancelled.
- The Center for Rural and Behavioral Health increased services to IHS-Mescalero in response to the lack of a behavioral health provider.
- 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 Individualized Education Program 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.
- 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.



Target Met: There are 38 Community Health Councils statewide working to reduce health disparities in minority and rural populations. The Doña Ana county health council was added in May 2010. Due to the elimination of \$2.5 million in state general fund, the county health council contracts were not renewed for FY11. PHD/OHPCHI continues to provide technical support & training to the health councils statewide.

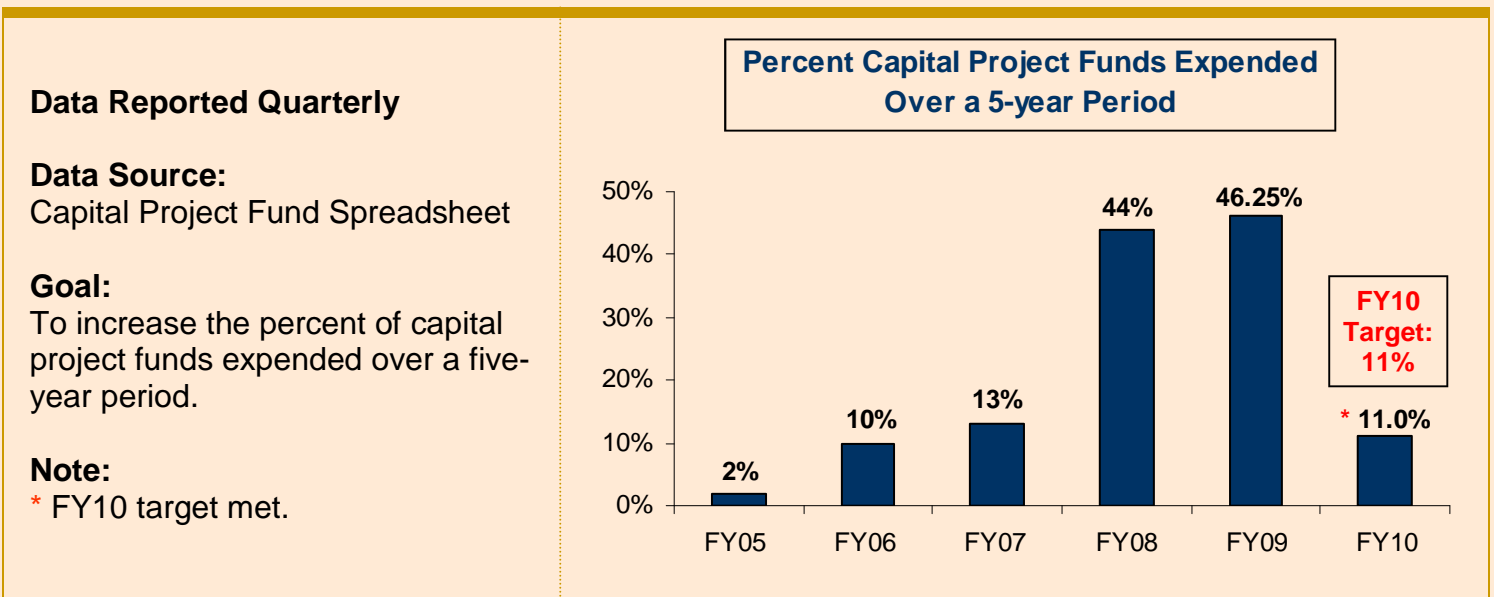
ACTION PLAN:

- The Office of Health Equity (OHE) funded six mini grants from community based organizations and agencies statewide. The mini grant activities included: American Indian youth mentoring and gardening with elders; obesity awareness in African Americans; reducing drug deaths in Hispanics in northern and central New Mexico; Hepatitis B education and awareness training for Asians and Vietnamese populations. During this reporting period, grantees submitted final activity reports and invoices in May 2010.
- OHE staff participated with DOH-Office of Community Health Workers (OCHW) to develop a core competencies curriculum and began developing a CHW statewide registry and CHW webpage.
- In Q4, OHE staff were assigned to work with House Memorial 35 Taskforce sponsored by the Governors Women's Health Office to work on the recommendations that were developed through the Women's forum. The goal of the House Memorial 35 Taskforce is to assess and recommend policy options to address the economic security and health of NM women and families; and requesting Workforce Solutions Department to perform a statewide survey of employee benefits.

ACTION PLAN (CONTINUED):

- OHE staff is refining the Cultural Competency training, following up on Limited English Proficiency policy dissemination and ordering signage for the public health regional offices/clinics that have been translated into three languages.
- OHE staff attended the National Partnership for Action to end health disparities in Washington in May. The focus of the meeting was to address the Patient and Affordable Care Act and how the state partnership grantees can develop a shared strategy to strengthen state minority health efforts.
- OHE staff had a federal audit of the State Partnership Grant by the National Office of Minority Health. The audit consisted of a financial audit, site visits with mini grantees, interviews with partners in the community and staff of OHE.
- OHE staff assisted in organizing a Health Literacy & Education Day in May. Information tables were set up with displays on diabetes, TB, heart disease, wellness, nutrition, massage, family planning, families first, and managed care.
- OHE staff assisted with the Enhancing Practice through Advocacy and Collaboration: Healthy Kids, Health Tribal Communities forum in June. The event was sponsored by the Milbank Foundation in collaboration with Department of Health and the Department of Indian Affairs. Topics of discussion were the importance of access to healthy foods, impact of the built environment, and increasing opportunity for physical activity for children. Approximately 86 participants including tribal leaders, legislators and state employees attended.
- In Q4, OHE's Spanish translator completed 122 documents with a total of 333 pages and conducted 15 Spanish classes for health care providers with 46 students.

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

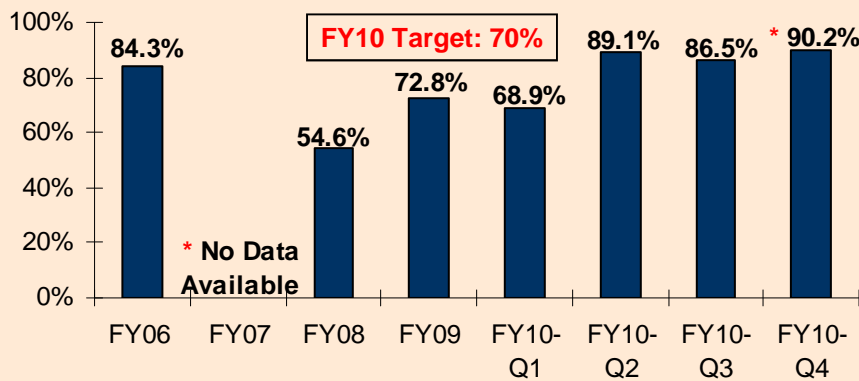


Target Met: Almost 98 million dollars authorized in the 2003 legislative session have been expended to create a sustainable infrastructure to move the Department of Health forward into the 21st century.

ACTION PLAN:

- The expenditures reported throughout this fourth quarter of 2010 were reflected in earlier encumbrances. With the impending completion of the Tri-Services Laboratory structure scheduled for early 2010 and the “new” New Mexico Rehabilitation Center, two major construction projects will close by the end of December 2010, each with an 11-month warranty period post construction, a minimal sum of the appropriation will remain encumbered, to be paid, once all warranty issues have been resolved.
- Tri-Services Laboratory Construction Project – Substantial completion of the construction phase of the Tri-Services Building has been achieved. Delays currently exist in some of the building equipment identified during the substantial completion phase of the project and all three entities (DOH, OMI and VD) in conjunction with the Property Control Division of the General Services Department are working diligently to rectify these issues with the contractor prior to occupying the facility. 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.) As of this week, Jaynes Corporation reports that the construction of the new Rehabilitation Center is approximately 70% complete. 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 Jaynes Corporation received the award as the general contractor for the construction of the facility and initial ground work has begun. Estimated completion of Phase 1 is scheduled for September 2011 with the additional two construction phases to follow, dependent on funding streams.
- The cigarette tobacco tax projects approved in September 2005 have been completed. Property Control Division successfully managed the Sequoyah Adolescent Treatment improvement projects of re-roofing the residential lodges (A & B) through a statewide price agreement.

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:

* FY10 target exceeded by 14.5 percentage points.

Target Exceeded: Continued monitoring of processing of payment vouchers and review on a monthly basis has greatly improved turnaround time.

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.

FY10 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.

SUMMARY AND RESULTS AT A GLANCE

Q2 Public Health Summary: Public Health has a total of twenty measures, five annual measures, fourteen quarterly measures and one semi-annual measure. For FY10, eleven exceeded target, one met target, five are pending and three did not meet target.

Of the quarterly measures, ten exceeded target, providers utilizing the statewide immunization registry, number of HIV/AIDS prevention interventions, number of new enrollees in syringe exchange programs, partners of individuals with syphilis, partners of individuals with gonorrhea, visits to SBHCs, students receiving behavioral health services and youth served in SBHCs, and the number of calls to the agency-funded crisis lines. The number of births registered at Vital Records exceeded target by 157 less births. Results for this measure are finalized in September.

The number of operating SBHCs met target.

The Q4 result for the percent of WIC participants who are not overweight is .5 points from meeting target and showed improvement over last fiscal year. The result for the number of teens receiving family funded services did not meet target, but is up from FY09 and likely to exceed target when final data is received in February 2011. The result for the number of hepatitis C clients enrolled is down more than half from FY09 and did not meet target.

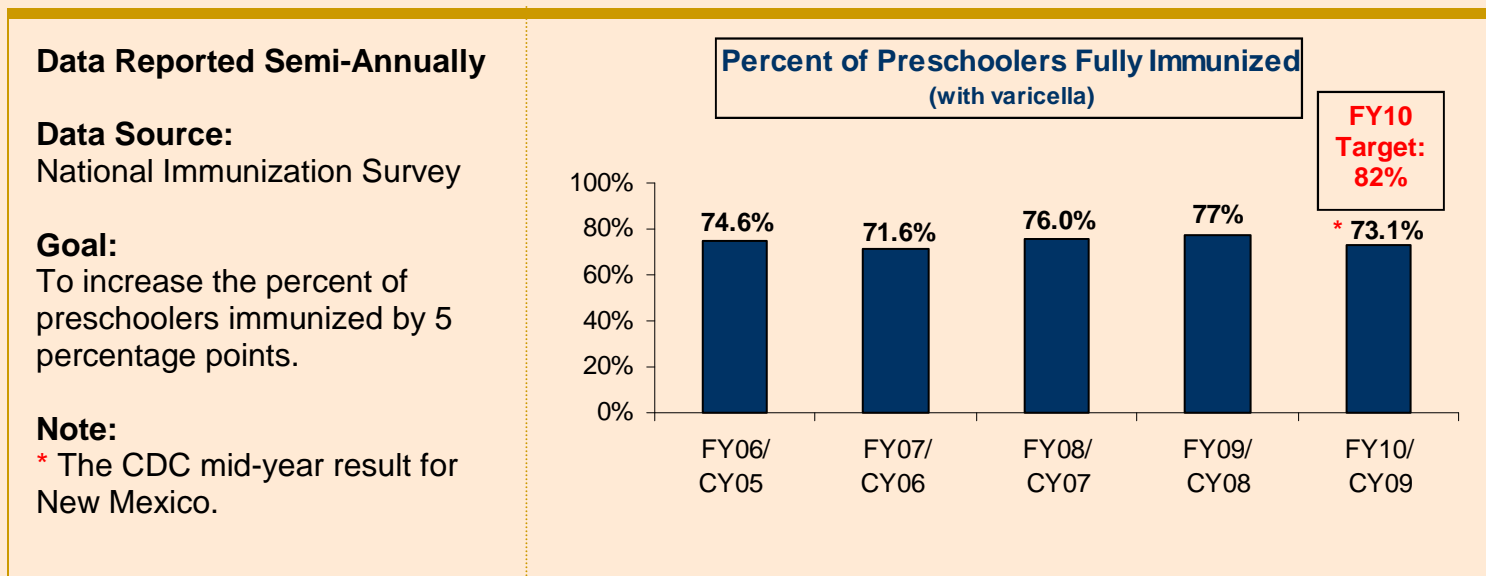
Of the annual measures, four have results that will be reported later. The remaining annual measure, the percent of adults that use tobacco, at 17.9%, exceeded target by 1.3 percentage points.

The percent of preschoolers fully immunized semi-annual preliminary data was received in Q3 and at 73.1% is above the national average, but does not meet our target. The final results are available in September.

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%		73.1% Preliminary		Due Sept. 2010
Number of providers utilizing the statewide immunization registry	Quarterly	360	325	421	421	453
National ranking of New Mexico children who are fully immunized (GPAC 2.1)	Annual	30				Due Sept. 2010
Annual teen birth rate for females ages 15 to 17 (GPAC 2.2)	Annual	33.5				Due Sept. 2010
Annual number of births registered at vital records for females ages fifteen to seventeen (GPAC 2.2)	Quarterly	1,515	345	368 Total: 713	349 Total: 1,062	296 Total: 1,358

Performance Measures	Reporting Frequency	10 Targets	FY10 Q1	FY10 Q2	FY10 Q3	FY10 Q4
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	1,096 Total: 3,306	1,138 Total: 3,964	998 Total: 5,380
National ranking of New Mexico teen birth rate per 1,000 females ages 15 to 17 (GPAC 2.2)	Annual	48th				Due Sept. 2010
Number of HIV/AIDS prevention interventions (GPAC 2.3)	Quarterly	18,000	7,882	8,938 Total: 16,820	6,031 Total: 22,851	3,437 Total: 26,288
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	1,300	1,300	1,452
Number of new enrollees in syringe exchange programs (GPAC 2.3)	Quarterly	1,100	393	268 Total: 661	382 Total: 1,401	266 Total: 1,309
Percent of partners of individuals with syphilis who are identified and treated (GPAC 2.3)	Quarterly	80%	89.80%	82.14%	94.9%	Due FY11- Q1
Percent of partners of individuals with gonorrhea who are identified and treated (GPAC 2.3)	Quarterly	82%	86.54%	93.98%	90.53%	Due FY11- Q1
Percent of women, infants, and children program participants ages two to five who are not overweight (GPAC 3.2)	Quarterly	85%	84.7%	84.4%	84.6%	84.5%
Number of calls to the agency-funded crisis lines (GPAC 4.1)	Quarterly	20,000	4,833	2,582 Total: 7,415	2,360 Total: 9,775	13,805 Total: 23,580
Percent of adults that use tobacco (GPAC 2.5)	Annual	19.2%				17.9%
Number of packs of cigarettes sold per New Mexican (GPAC 2.5)	Annual	28				Due Jul. 31
Number of operating school-based health centers (GPAC 2.6)	Quarterly	84	79	84	84	84
Number of youth served at school-based health centers	Quarterly	20,000	5,815	9,461 Total: 15,276	8,032 Total: 23,208	6,106 Total: 29,414
Number of students receiving behavioral health services in school-based health centers	Quarterly	4,000	1,096	2,198 Total: 3,295	2,268 Total: 5,563	1,167 Total: 6,730
Number of visits to school-based health centers (GPAC 2.6)	Quarterly	43,500	8,952	19,199 Total: 28,151	18,299 Total: 46,450	14,367 Total: 60,817

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

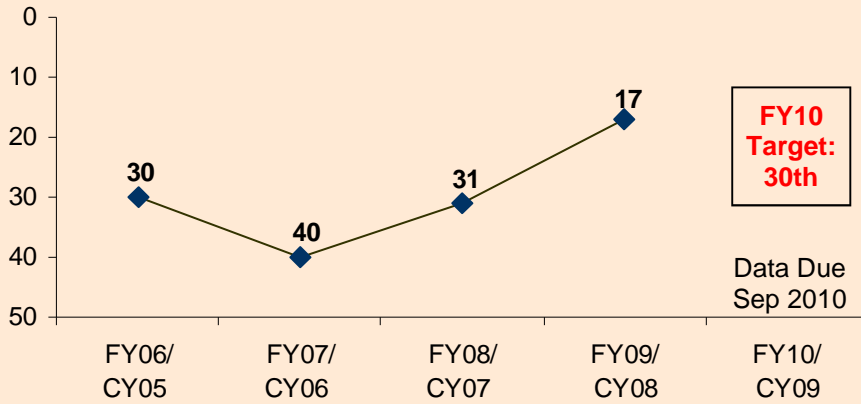


FY10/CY09 result available September 2010.

ACTION PLAN:

- The annual National Immunization Survey results released in early September are the most accurate. The mid-year data shows New Mexico at 73.1%. The US national average is 72.9%.
- 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.
- Work directly with the almost 500 immunization providers statewide that serve children zero to three years of age to improve their immunization practices.
- Reach the state's low immunization zones by researching and creating new opportunities, processes and systems with less-used resources such as promotoras, medical assistants and other community health workers.
- Assist with quarterly statewide immunization events coordinated by the NM Immunization Coalition. Involve as many Vaccine for Children Providers as possible who offer free, easy-to-access immunization opportunities statewide.
- Collaborate with partners such as the NM Immunization Coalition, NM Medical Society, Indian Health Services, Public Education Department, Women, Infant, Children program and Children, Youth and Families Department to disseminate immunization information, minimize missed immunization opportunities and increase rates of completed childhood immunizations.

National Ranking of New Mexico Children Who are Fully Immunized



Data Reported Annually

Data Source:
CDC National Immunization Survey

Goal:
To rank higher than half the nation.

FY10/CY09 result available September 2010.

ACTION PLAN:

- Use radio and bus boards to promote childhood immunizations.
- 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.
- Use statewide immunization consultants to work closely with VFC Providers to improve immunization recall procedures and train staff for direct registry data input.
- With ARRA funding award, projects are underway to increase outreach to children statewide. Activities are planned to protect newborns from Pertussis by immunizing new parents/grandparents/caretakers in a pilot project.

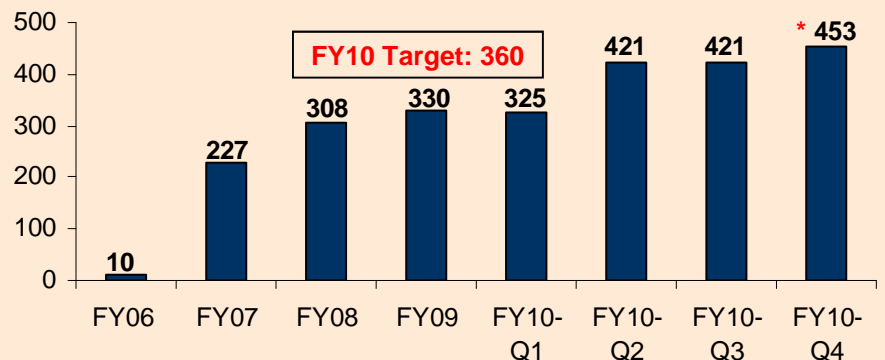
Data Reported Quarterly

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

Goal:
To increase the number of providers using the NMSIIS by 8%.

Note:
* FY10 target exceeded by 93 providers.

Number of Providers Utilizing the Statewide Immunization Registry

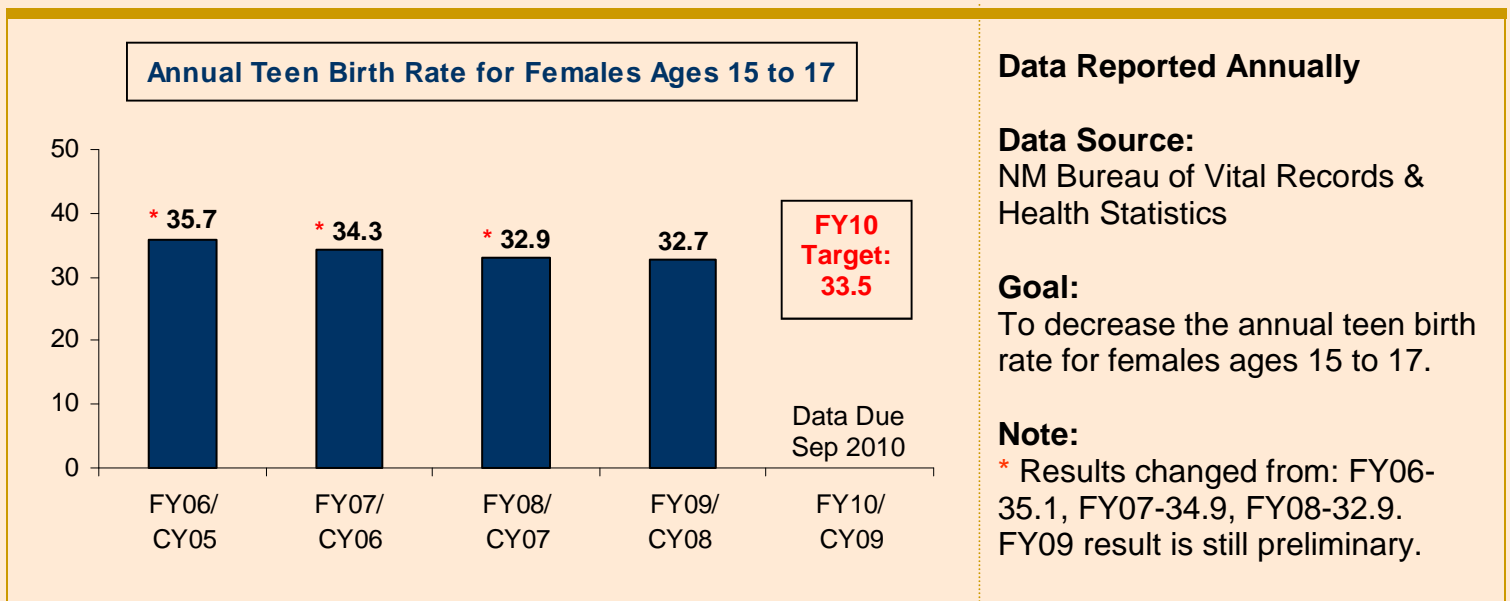


Target Exceeded: There are 507 providers statewide. 453, or 89%, are using NMSIIS, the statewide immunization registry. Extra NMSIIS trainings have been conducted statewide to increase the number of providers using the tracking system.

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.



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.

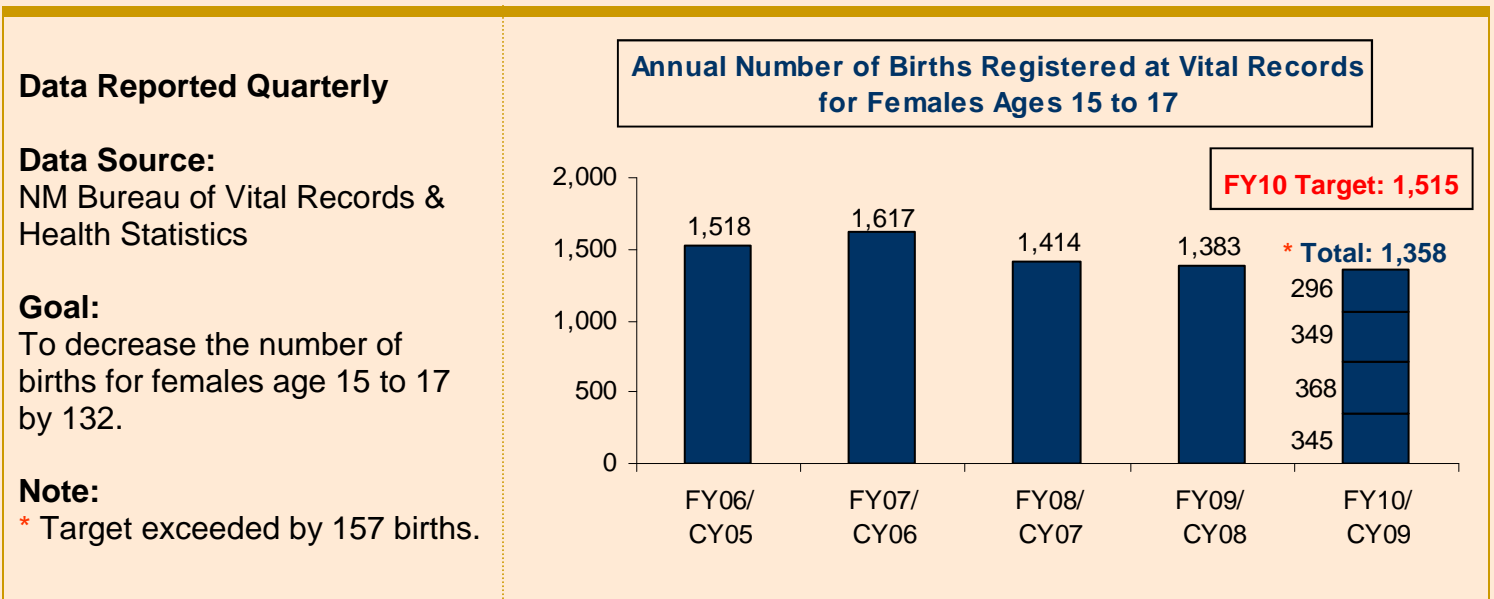
Note:

* Results changed from: FY06-35.1, FY07-34.9, FY08-32.9. FY09 result is still preliminary.

FY10/CY09 result available September 2010. The preliminary teen birth rate for 2009, based on the 2008 population estimates from BBER, is 27.7. The rate is based on 1,368 births to women ages 15-17 in 2009 and a 2008 population of women in that age group of 49,375.

ACTION PLAN:

- As part of their service learning, the Teen Outreach Program (TOP) students in West Las Vegas helped out the City of Las Vegas' Reading Summer Program activities, visited a nursing home, helped clean and sort items at donation centers and picked up 40 bags of trash.
- In Ojo Caliente, TOP volunteers mentored and supervised groups of children at the Las Clinicas del Norte's 2nd Annual Healthy Bodies, Healthy Minds, Happy Children summer program.
- 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.



Preliminary Result - Target Exceeded: The final number of births available in September 2010 will include births occurring in other states that are received after the end of the fiscal year.

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).
- Office of School and Adolescent Health collaborated with Southwest Youth Services (SYS) to provide AmeriCore VISTA's in Native communities to assist in promoting the positive youth development approach. This effort has helped SYS to expand its programming to obtain a three year AmeriCorps contract to develop a 40 member project in New Mexico called the Native Youth Wellness Corps Project (NYWC). Fourteen new AmeriCorps VISTA members are currently serving in five Native communities and programs in New Mexico.

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

Data Reported Quarterly

Data Source:

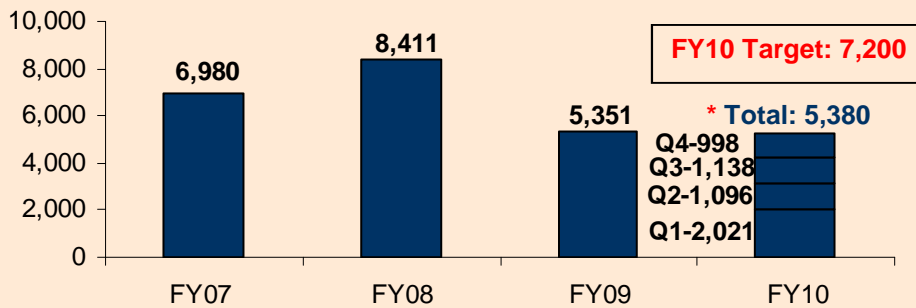
Provider databases/INPHORM/BEHR

Goal:

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

Note:

* The Q4 number and the cumulative result includes data from the Office of School and Adolescent Health.



Preliminary Result - Target Not Met: Data will be finalized February 2011. Currently, the preset report in the new data system does not capture all DOH clients that meet the Family Planning Annual Report (FPAR) definition for a family planning client. It is expected that the final FPAR number will be 6,700 with the addition of 637 from the Office of School and Adolescent Health, for a total of 7,300.

ACTION PLAN:

- School Based Health Centers are currently providing reproductive health services to students. Services vary and are determined through collaboration with local school health advisory committees, school administration and health councils. Services include STD screening and treatment, pregnancy testing, well exams and reproductive health education. 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.

National Ranking of New Mexico's Teen Birth Rate Per 1,000 Females Ages 15-17

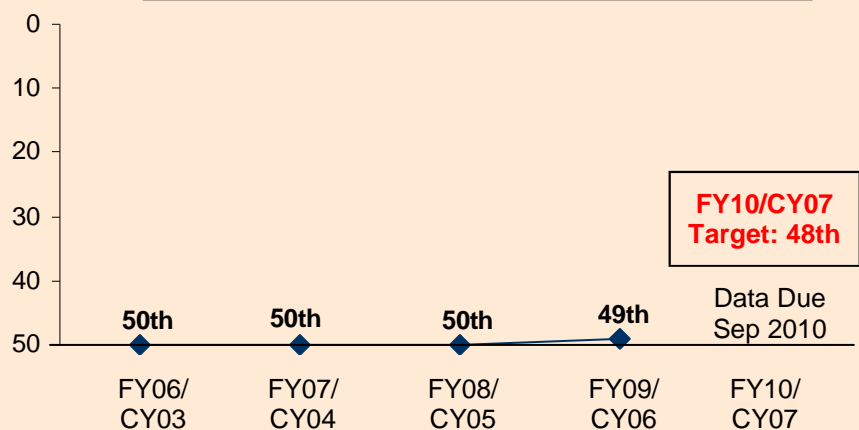
Data Reported Annually

Data Source:

National Center for Health Statistics

Goal:

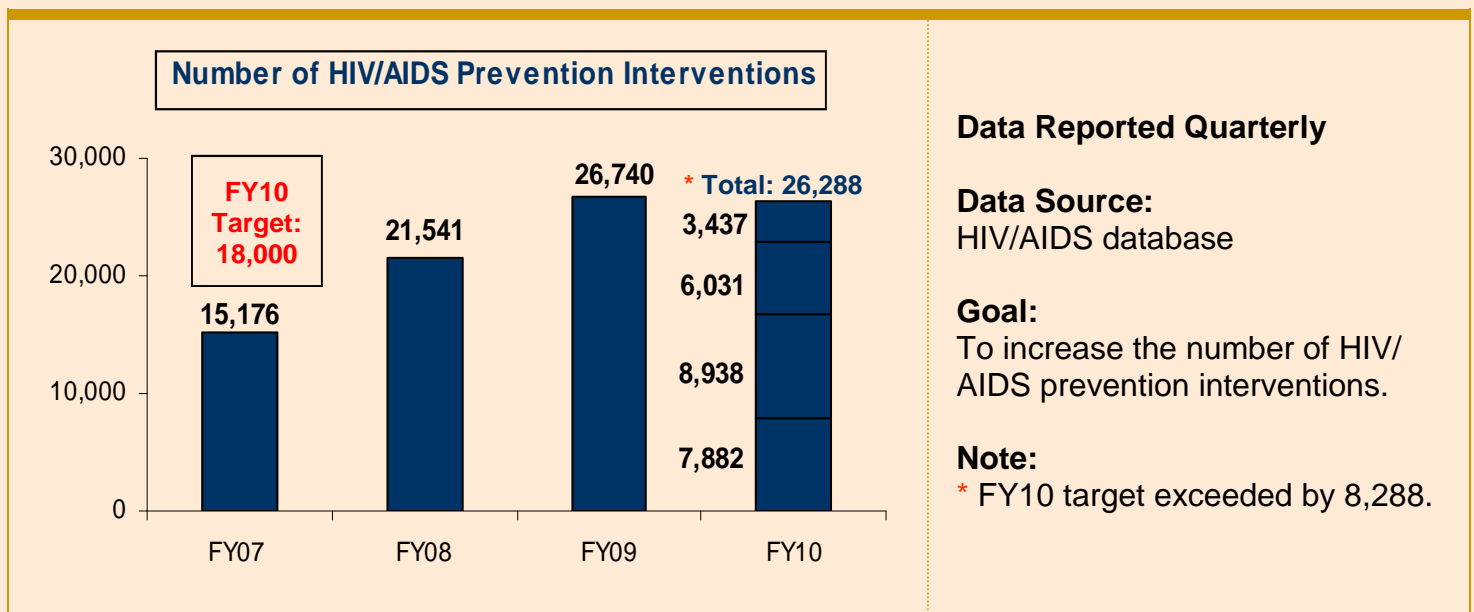
To rank higher than half the nation.



ACTION PLAN:

- PHD nurses at the Belen Public Health Office have been working closely with staff at the Belen Public Library’s Teen Hub increase the visibility of services available to teens. The Teen Hub now has a table of family planning and STD informational materials, as well as contact information for local poison control, suicide prevention hotlines, and domestic violence organizations. The Library is also seeking to expand its collection of age appropriate and accurate books, films and other materials about sexual health. Additionally, a nurse has been at the library after school one day every other week to answer questions from teens.
- 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 and promote services and refer clients to the reproductive health male clinical services offered at the Alamosa Public Health Office and Southwest Valley Public Health Office.
- The Office of School and Adolescent Health (OSAH) is working with 9 high schools: Pojoaque, Carlsbad, Gadsden, Gallup, Kirtland, Belen, Capital and Santa Fe to implement or continue each of their Natural Helpers Programs. This program is based on the premise that when young people have problems, they often turn to their friends or other adults who they trust for help and that within every school an informal “helping network” exists.

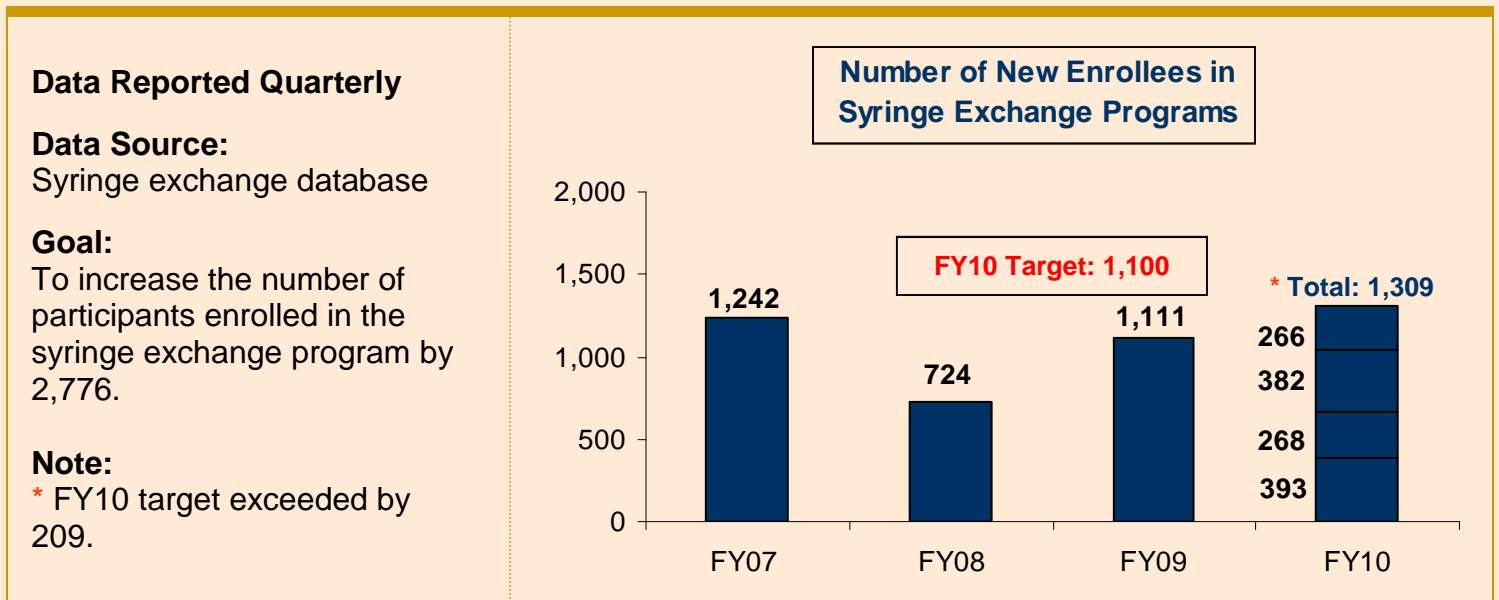
OBJECTIVE 3: DECREASE THE TRANSMISSION OF INFECTIOUS DISEASE CASES AND EXPAND SERVICES FOR PERSONS WITH INFECTIOUS DISEASES.



Target Exceeded: This reflects ongoing improvement in the work of contracted HIV prevention agencies and our staff. New contracts were put in place on January 1, 2010 through a comprehensive Request for Proposals (RFP) implemented in Summer/Fall 2009.

ACTION PLAN:

- Quality assurance will be done in the coming months and the quarterly figure is likely to be revised upwards.
- 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.

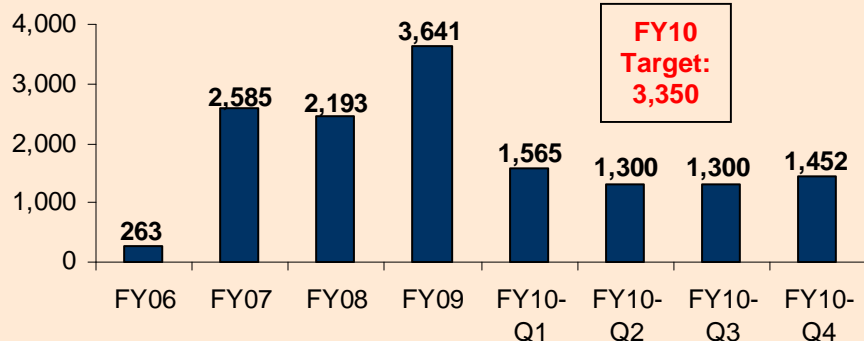


Target Met: The reason for this higher than predicted performance was improved collaboration with contracted agencies and the PHOs in providing services to injection drug users.

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 PHOs and CBOs 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 PHOs and CBOs 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.

Note:
* Q2 result changed from 1,329 to 1,300.

Target Not Met: A number of complicated issues are at play with regard to the number of persons diagnosed with HCV who successfully enroll in services with a rural health care provider in the ECHO network. Enrollment in care includes co-pays to the primary care center as well as some out-of-pocket fees for labs for uninsured persons and the economic hardship may present insurmountable disincentive to pursuit of care. Further, a significant number of persons living with HCV are also living with substance use disorder (SUD) that delays directed clinical care for their hepatitis C status while they pursue treatment for their addiction disorders. With the limited availability of alcohol and opiate addiction treatment for the working poor and uninsured, fewer numbers of persons living with hepatitis C can successfully obtain treatment that is a required step prior to pursuing clinical care for the hepatitis C.

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.

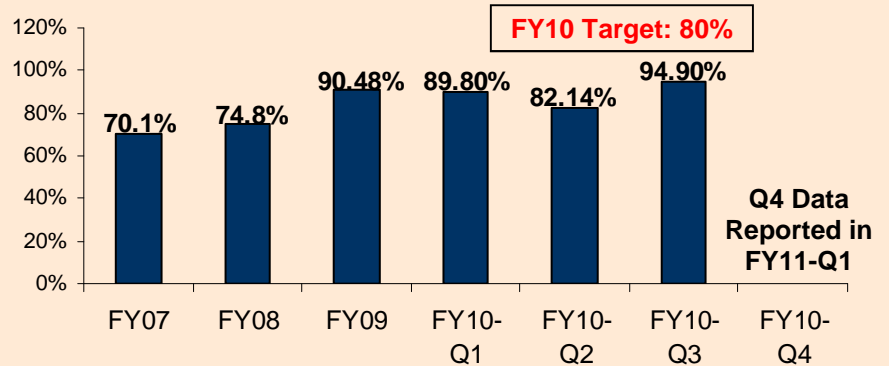
Data Reported Quarterly

Data Source:
STD Database

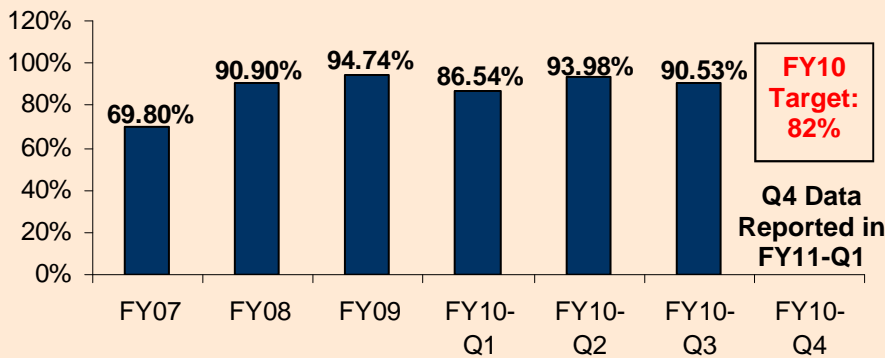
Goal:
To increase the percent of partners of syphilis cases that are identified and treated.

Note: * FY10 target exceeded by 14.9 percentage points.

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



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



Data Reported Quarterly

Data Source:
STD Database

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

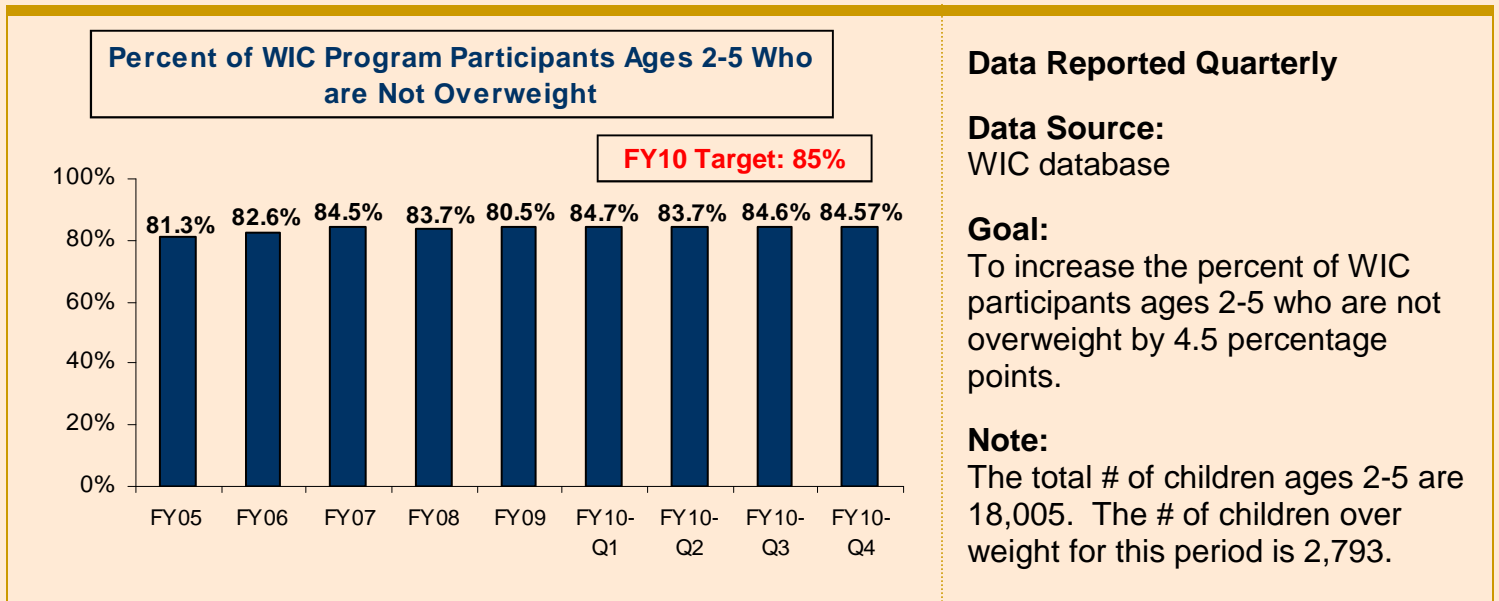
Note: * FY10 target exceeded by 8.53 percentage points.

Preliminary Results - Targets Exceeded, Final Results Available FY11/Q1: The STD Program has instituted performance standards and quality improvement activities in the past year that focus specifically on timely investigation and case closure, especially for priority diseases syphilis and gonorrhea. Monthly reports identify cases open beyond the specified timeframe and Regions are asked to prioritize and close those cases.

ACTION PLAN:

- The STD Program established a Quality Assurance team made up of representatives from each region and from central office. This team meets on a quarterly basis to review data on all performance measures. Establishing targets for each region for improving the percentage of partners of gonorrhea and syphilis patients identified and treated is 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.

OBJECTIVE 4: REDUCE OBESITY AND DIABETES.



Preliminary Result - Target Not Met: WIC will continue to implement obesity management skills training and will continue to align WIC food packages with the Dietary Guidelines for Americans.

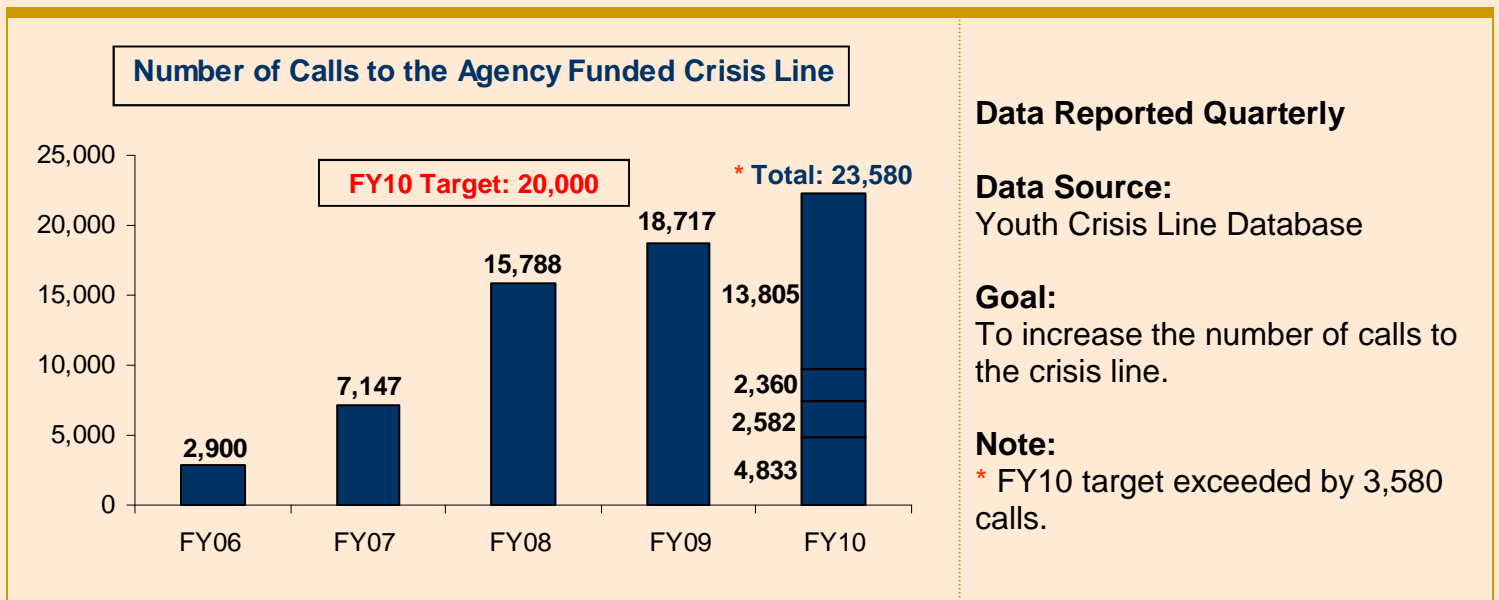
ACTION PLAN:

- 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 NM 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 NM WIC Program received a \$390,000 grant from the United States Department of Agriculture to reduce childhood obesity. The WIC Program is partnering with UNM 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. It will also 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 helps 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.



Target Exceeded: During Q4, the NMSU CALL realized a 45% increase in its call volume. Suicide awareness activities during this quarter were robust.

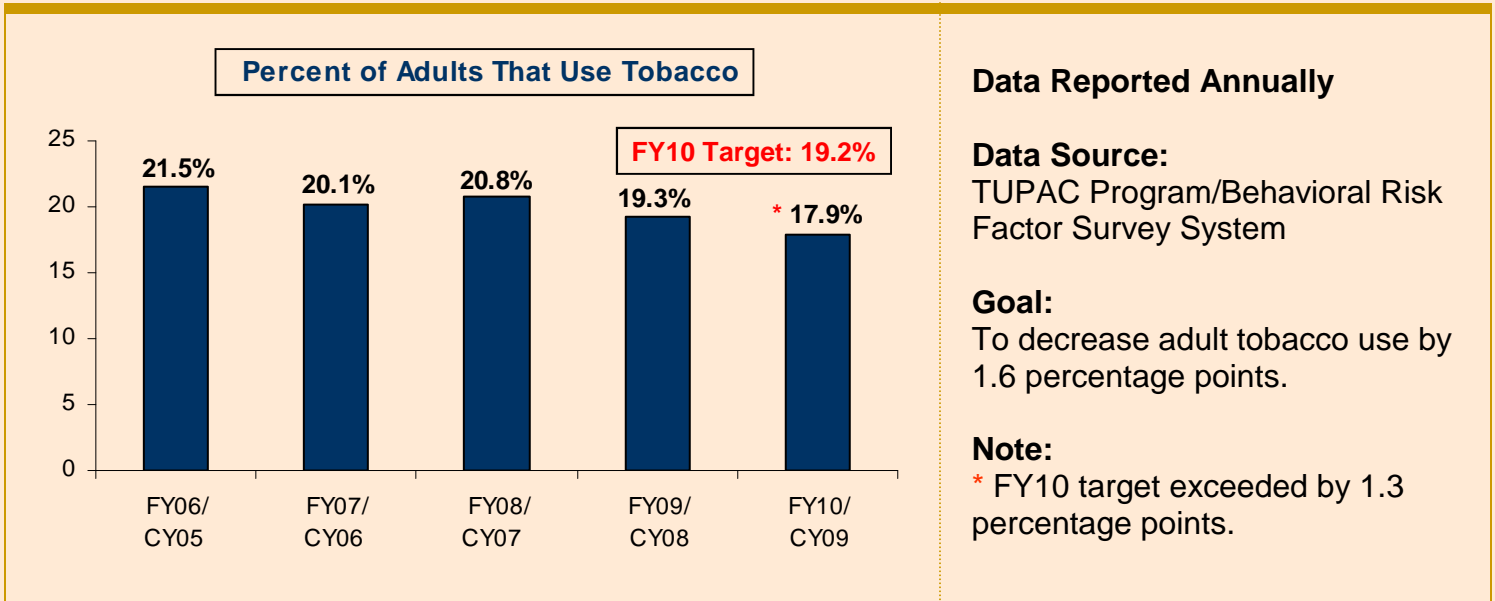
ACTION PLAN:

- The Agora Crisis Line answered a total of 11,299 calls during FY10, assisting 225 callers ages 10-18, and 647 callers 19-24 years of age.
- Office of School and Adolescent Health (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.

ACTION PLAN (CONTINUED):

- Distributed CALL information, posters, volunteer flyers, pencils, pamphlets to over 3,000 individuals at events such as the Las Cruces Health and Expo Fair, churches, homes, and various student activities.
- Programs for Adolescents partnered with the Santa Fe Mountain Center to focus on Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ) and suicide prevention. After many planning meetings, over sixty professionals attended the workshop on LGBTQ Youth and Suicide Prevention and about a dozen youth attended a separate workshop. A community awareness presentation was also offered. This effort was in cooperation with The Trevor Project.
- Programs for Children and the Santa Fe High School (SFHS) program, SWAT held a march of sorrow at the legislature which included a press conference to raise awareness about DWI and to advocate for the Governor's DWI Crime package; a presentation at the Head to Toe 14 Conference; suicide prevention peer education by SWAT students in health education classes; participation in a teen dating violence campus wide information campaign in cooperation with Esperanza Shelter; veteran SWAT members taking on components of the training of new members in helping skills and suicide prevention; Kick Butts Week presentations to middle schools about tobacco use risk; youth-manned information tables at the 6th annual Night at the Museum sponsored by the Museum of International Folk Art.
- Capital High School and SFHS partnered on the Head to Toe presentation on Prescription and Over-the-Counter Drug Abuse and an After Prom Breakfast. After prom, about 50 students showed up for an all night alcohol free gathering with entertainment that culminated in breakfast.
- Training was provided to all McKinley County Principals on Integration of Response to Suicide in School Safety Plans on June 9, 2010.
- NMSIP and OSAH Staff provided Signs of Suicide and First Responder Trainings, in May, with 75 adults and 30 youth in attendance.
- Staff will offer Trauma Informed Schools and Signs of Suicide Training in Fall 2010.
- CALL ads are still being printed in the Healthy Living section of the Las Cruces Sun News, and monthly in Healthy U magazine.

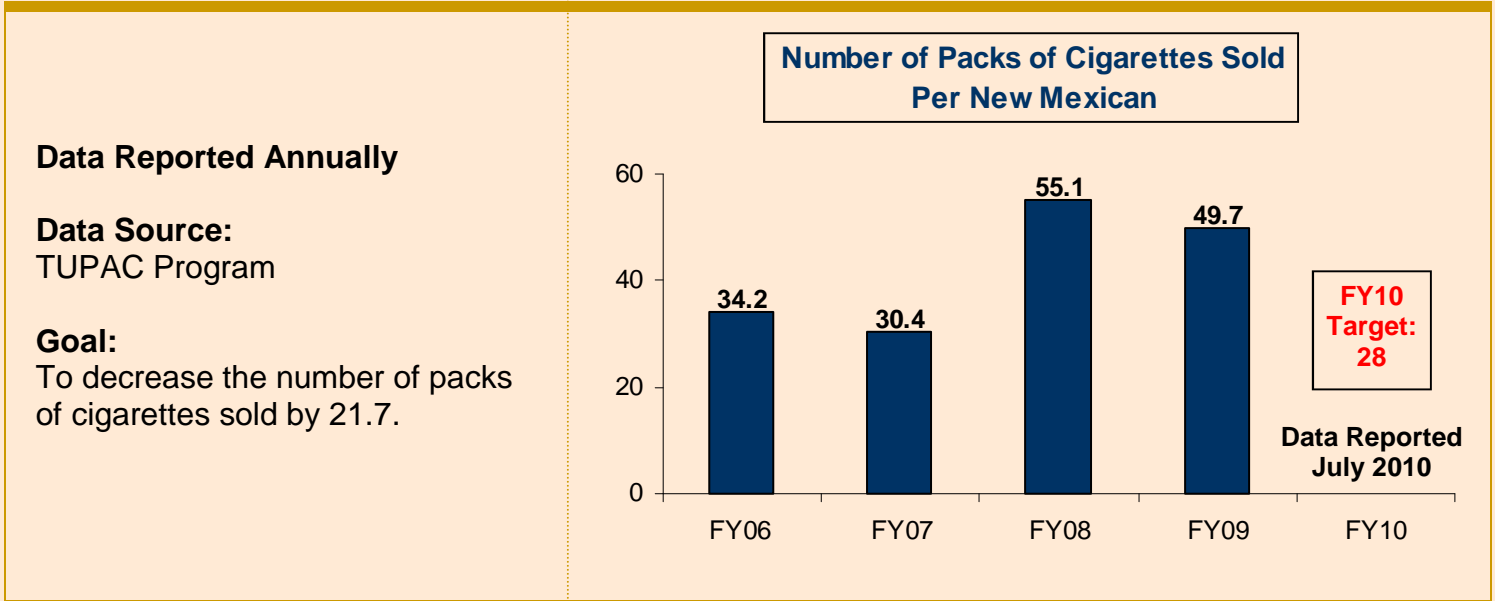
OBJECTIVE 6: REDUCE THE ABUSE OF ALCOHOL, DRUGS AND TOBACCO.



Target Exceeded: TUPAC continues to implement evidence-based strategies to reduce adult tobacco use. The program regularly evaluates outcomes, assesses performance of contractors, and reviews the latest evidence-based strategies to ensure the most effective strategies with the greatest reach are being utilized.

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.
- Provide community based cessation services, including screening and brief intervention counseling.

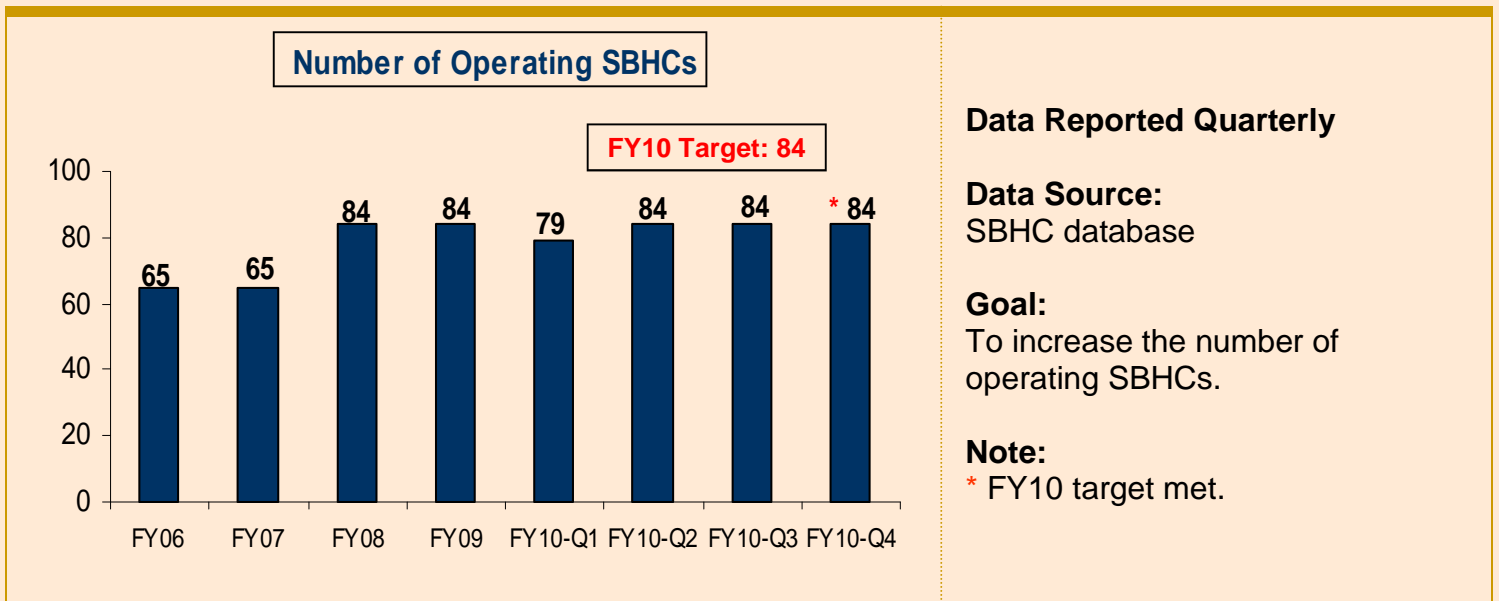


Result Available July 2010: Consistent data is not available. There was a change in cigarette tax legislation that changed how this measure is calculated and reported tax stamp sales data has been inconsistent.

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.

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



Target Met: The SBHCs are currently providing outreach to 16 preschools, 29 elementary, 44 middle and 66 high schools throughout the state. 54 SBHCs received final confirmation of credentialing through HSD–School Medicaid program.

ACTION PLAN:

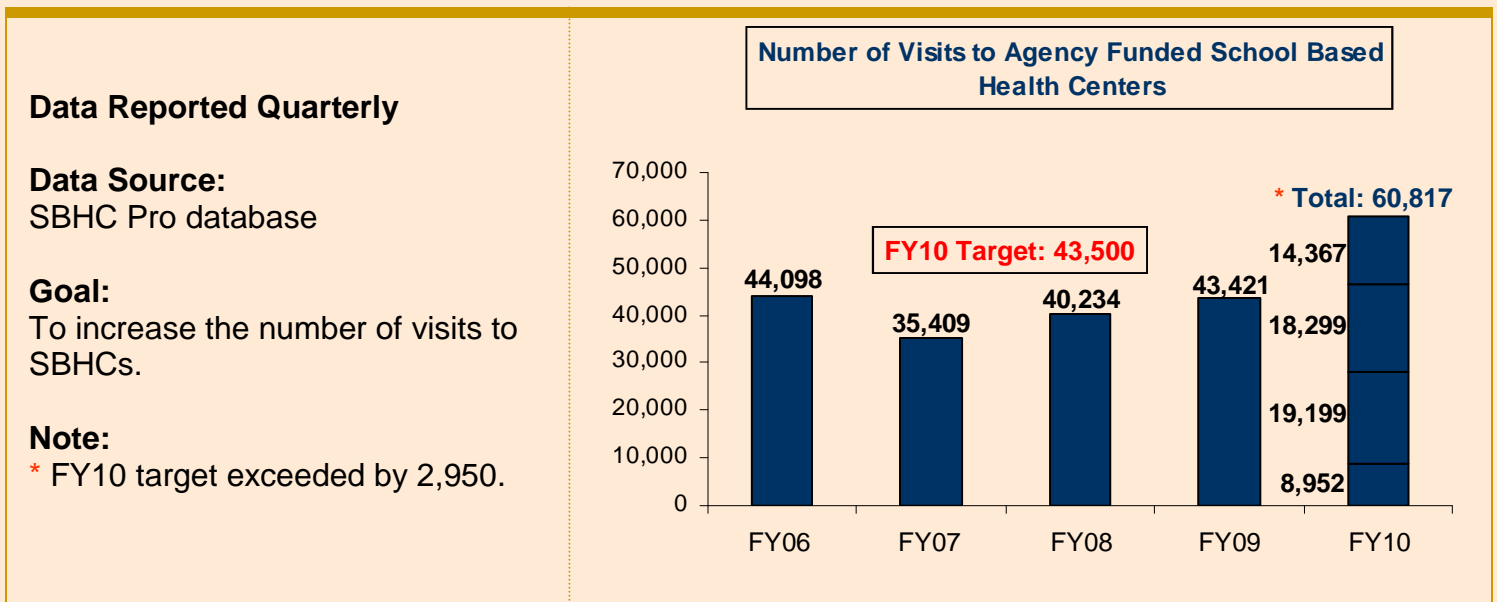
- During Q4, ENM staff continued with initial and follow-up site visits for SBHCs involved in demonstration and advanced quality improvement (QI) activities. The key activity for sites this quarter was collecting baseline data and creating small tests of change. The following are examples of QI accomplishments in SBHCs:

ACTION PLAN (CONTINUED):

- SBHCs are comprehensive primary health care centers, housed in elementary, middle and high schools that provide developmentally and culturally appropriate physical, behavioral, and in some cases oral health care to students who might otherwise not have access to care. SBHCs also promote positive health skills through programs that target a range of issues confronting youth. The SBHCs are currently providing outreach to 16 preschools, 29 elementary, 44 middle and 66 high schools through out the state.
- 54 SBHCs received final confirmation of credentialing through HSD – School Medicaid program. SBHCs are currently approved for Medicaid and are eligible to submit claims for reimbursement for fee-for service and Medicaid Salud! All DOH Funded SBHCs are eligible to participate in the Medicaid program. SBHCs interested in this program are required to adhere to a rigorous set of standards and benchmarks that were created in partnership with the NM Human Services Division. SBHCs undergo routine audits from OSAH and HSD staff to monitor quality.
- During the 4th Quarter, ENM staff continued with initial and follow-up site visits for SBHCs involved in demonstration and advanced quality improvement activities. The key activity for sites this quarter was collecting baseline data, and creating small tests of change. The following are examples of quality improvement accomplishments in SBHCs:
 - Santa Rosa SBHC focused on improving Early Periodic Screening, Diagnosis and Treatment (EPSDT) and well child exam services. Specific steps taken to improve provider practices include purchasing hearing screening equipment and including parent consent forms in registration packets sent to parents in the Spring. The SBHC is focused on increasing their productivity by increasing their overall student saturation rate. They will also be monitoring the number of EPSDT versus well child exams.
 - Escalante SBHC focused on business operations and established community partnerships with other local Federally Qualified Health Centers to explore billing options for students and staff. Through joint planning, they determined that the SBHC has inadequate space for behavior health counseling. The quality improvement process helped the SBHC realize the importance of school “buy-in” and a meeting was set up with the school administration to address the issue of space. As a result, the SBHC is scheduled to have additional working space when school begins Fall 2010.
 - Mesa Vista SBHC experimented with a televideo process to link SBHC providers to discuss clinic operations. As a result of the televideo meeting, providers developed consensus on the utilization of the student health questionnaire as a way to capture important information about risk behaviors in students. Prior to this decision, the providers were inconsistent and resistant to using the tool.
 - The New Mexico Alliance for School Based Health Care conducted training for SBHC Coordinators on how to develop a business plan. The session reviewed the Business Planning Tool currently available on-line and reviewed the importance of projecting revenue and expenses to support sustainability. The tool will be used by all DOH funded sites beginning in FY11.

ACTION PLAN (CONTINUED):

- The New Mexico Alliance for School Based Health Care hosts a website with important information about the NM SBHC Medicaid Program, DOH SBHC Standards and Benchmarks, and the NM SBHC Operations Manual. A total of 30,620 hits to the website are reported for the year.
- The 14th Annual Head-to-Toe Conference included a pre-conference workshop specifically designed for SBHC staff. The sessions included workshops on financing and sustainability planning, clinical presentations on asthma, sports physicals, and psychopharmacology, integration of primary and behavior health and psychiatry consultation. All DOH funded sites sent a representative to the event.
- OSAH SBHC staff provided on-site and telephone consultation and technical assistance to all DOH funded sites during the month of May. The purpose of the one-on-one consultation was to review productivity and set goals and objectives for FY11. The staff also revised the SBHC Standards and Benchmarks to include new procedures and policies for collecting and reporting data, staff supervision, psychopharmacology and psychiatric consultation.



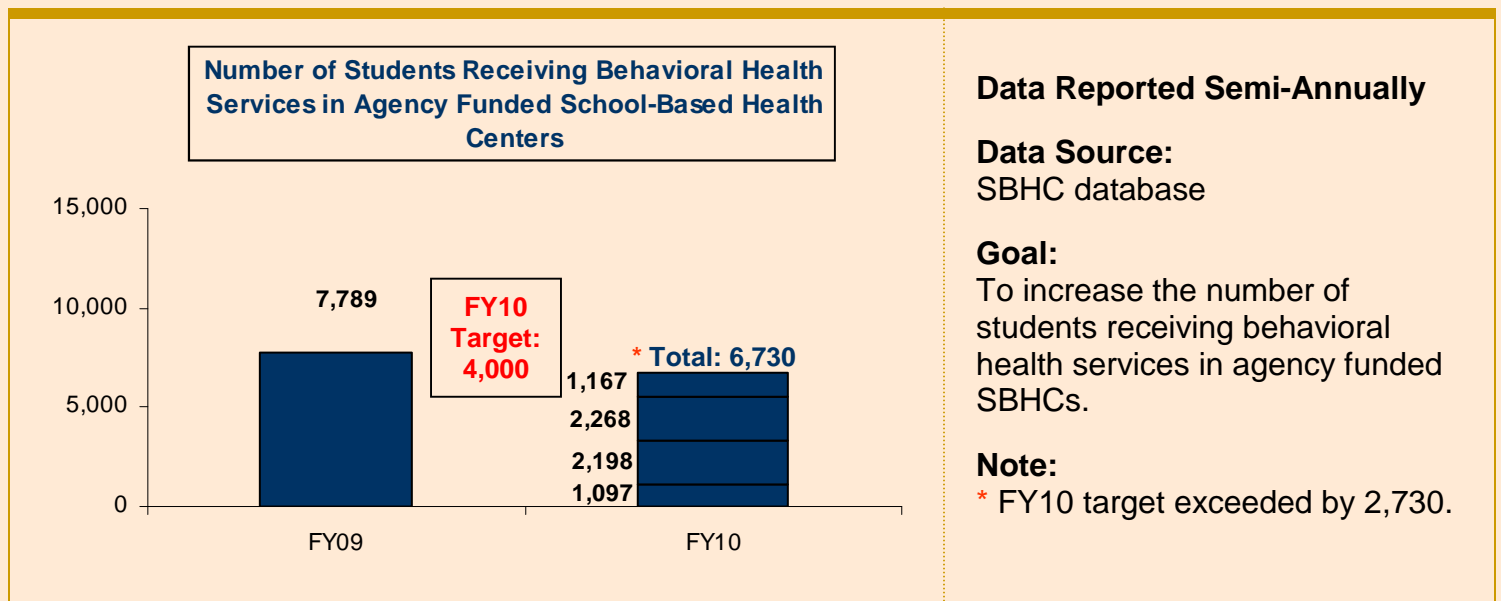
Target Exceeded: The rise in visits is due to provider stability, increased community school awareness of SBHC services and supports and focused efforts by SBHC staff to increase productivity.

ACTION PLAN:

- SBHCs with the highest number of visits include: Espanola HS, Silver City HS, Santa Fe HS, Lovington HS, Grant and Wilson MS. These SBHCs provided over 17,000 visits of both primary and behavioral health care for 5,153 students.

ACTION PLAN (CONTINUED):

- The Office of School and Adolescent Health continues to partner with key agencies and organizations to improve and enhance the NM SBHC Program, including a partnership with the Colorado SBHC Program. NM and Colorado submitted a successful application for a 5-year, 7.7 million dollar grant from the Children's Health Insurance Program Reauthorization Act (CHIPRA). Colorado and New Mexico will join forces to demonstrate the ability of School-Based Health Centers (SBHCs) to address the health care needs of school-aged children and adolescents, and expand on the understanding of how SBHCs contribute to the health care system. Through quality evaluation and implementation of new processes that enhance the function of SBHCs, Colorado and New Mexico will combine data analysis work and leverage resources to achieve improved health care outcomes for children who seek care at SBHCs. These efforts will connect SBHCs to the larger health care delivery network, and will also inform the field of successful school-based health care delivery models on a national level. Intrinsic to achieving the goals of this grant project are initiatives to achieve improved child health outcomes through care coordination and integration, particularly as it relates to integrating mental health with primary care, as well as educating youth to act as their own health advocates.



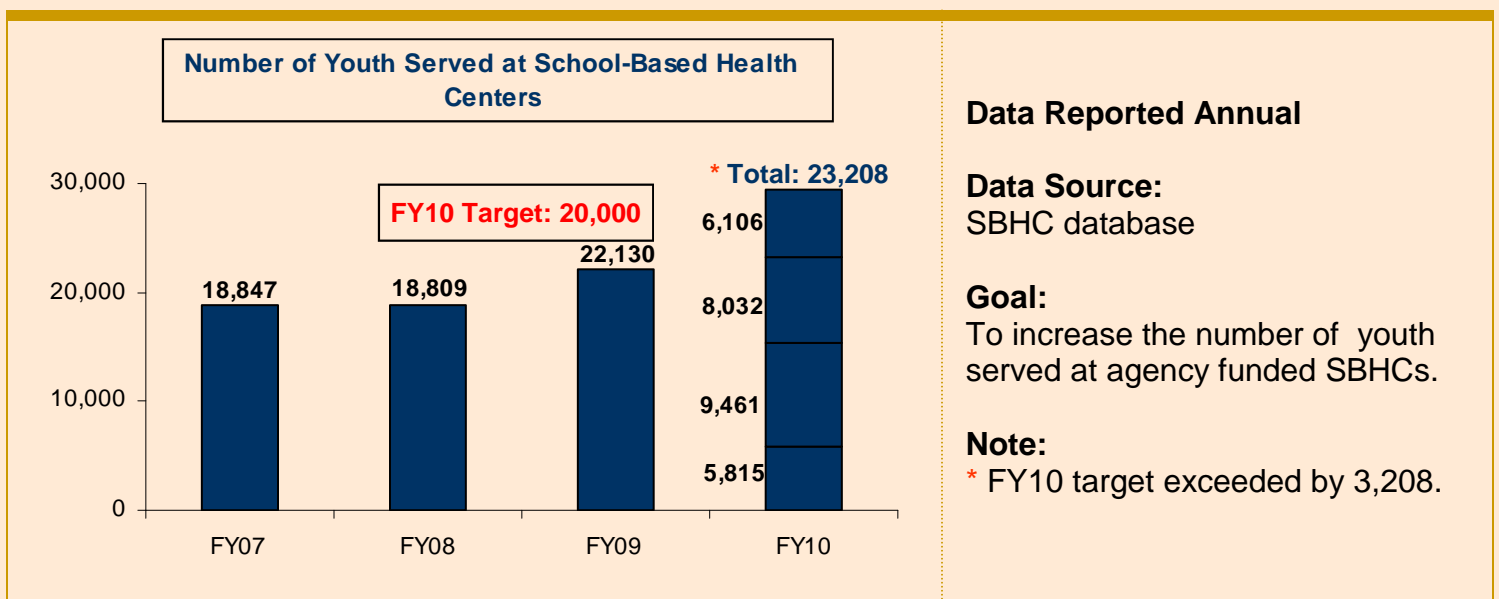
Target Exceeded: During FY10 the following SBHCs reported the highest number of visits: Lovington HS, Ruidoso HS, Laguna/Acoma HS, Robert F. Kennedy HS, Gadsen MS and Silver City HS. These SBHCs provided over 5,000 visits for 1,200 students. Services included individual, group, family, psychiatric consultation, medication management, case management, substance abuse assessment and treatment and referral to community resources.

ACTION PLAN:

- Three OSAH staff completed 40 hours of behavioral health workforce recruitment to provide first response to Thoreau youth suicides and to staff the IHS Emergency Behavioral Health Clinic. Among the collaborative partners were UNM Center for Rural Behavioral Health, Optum Health, National Association of Social Workers New Mexico and CYFD.

ACTION PLAN (CONTINUED):

- During April's Head to Toe 14, a total of 406 school employees attended 12 workshops focused on enhancing workforce capacity to identify and respond to behavioral health needs of students, including strategies for universal screening, and trauma-informed, brief, solution-focused behavioral health interventions.
- Albuquerque HS SBHC: has adopted an integrated approach to screening and identify children at risk for depression. Both the primary care and behavior health provider administer the PHQ-9, an assessment instrument used to identify depression. Both report they have identified children with depression that might have otherwise gone unnoticed. More significantly, the primary care provider has developed a comfort level with the instrument and clearly understands her role in helping to identify children at risk for depression and suicide. The changes in the provider practice demonstrate the importance of linking primary care to behavior health assessment in order to achieve true integration of care.
- Psychiatric Consultation to SBHCs continues. Psychiatric consultation is available, using telehealth, to health and behavioral health care providers (PCPs, nurses, and therapists), serving students that do not have psychiatric services. This consultation aims to improve the quality of student mental health care by assisting with collaborative assessment, treatment planning, systems-of-care problems, consent & confidentiality issues, and providing information about mental health topics. Providers are invited to present case vignettes, involving students seen in their SBHC. During case discussions, confidentiality is maintained by de-identification of Personal Health Information, in accordance with HIPPA (the student is described by age, gender, race/ethnicity, grade, custody, and clinical features). Consultees retain full clinical responsibility for the mental healthcare of the student. It is highly likely this service will no longer be available via televideo next fiscal year due to loss of funding to support telehealth connectivity. Efforts are underway to secure resources to reconnect the service.



Target Exceeded: Students from 51 DOH Funded SBHCs located in middle or high schools were asked to report on health care received at their SBHC. 760 students from across the state responded. 99% of the students reported feeling comfortable going to the SBHC and 81% reported making changes to their health behaviors because of care received at the SBHC. Changes included reduced drug, alcohol or tobacco use, better eating habits; increased exercise or increased safe choices about sex. 72% of the students indicated it would have been unlikely to have received care if their school did not have a SBHC. 62% of the students reported their health is better because of their SBHC and attributed this to extended appointment times at SBHCs to allow for discussions about health behaviors.

ACTION PLAN:

Here are a few examples of SBHC activities highlighting outreach and services to students and their families:

- Mora SBHC – In April, Louise Lewis-Rakestraw, CNP, saw a 15 year old student who presented at the SBHC with tiredness and unusual rash. Initially blood work was ordered and subsequently a chest X-ray revealed a mass in her chest. Lewis-Rakestraw consulted with the Pediatric Oncology staff through UNM Hospital in Albuquerque. The student was promptly admitted to UNMH where she was diagnosed with Hodgkin’s Lymphoma and is undergoing chemotherapy. The medical staff at UNMH complimented the SBHC staff on detecting the problem earlier than should be expected.
- Mora SBHC – a 13 year old student visited the SBHC on multiple consecutive days in April complaining of a massive headache and blurry vision. While the student was being seen by the CNP and the SBHC Coordinator contacted the student’s mother and secured permission to arrange transportation and to accompany the student to Alta Vista Hospital in Las Vegas, NM. The student was given a CT scan and was diagnosed with a brain mass. She was referred to UNMH and diagnosed with a large brain tumor that was exerting pressure on her optic nerve. The student underwent brain surgery in early May and continues to receive ongoing treatment at UNMH. The SBHC Coordinator, Bea Hurtado reported, “we take student health complaints seriously at the SBHC and work hard to provide healthcare they need on-site and assist with referrals for definitive, specialized care as needed.”
- Robert F. Kennedy SBHC (Albuquerque): hosted its 2nd Annual Health Fair. Over 150 students attended, 6 parents, 30 plus staff and several community members. The SBHC partnered with community programs, professionals, speakers and educators to educate our students and staff in the areas of gang intervention, substance abuse, anger management, alcohol use, prescription drugs, grief and loss, nutrition, healthy life styles, teen pregnancy, transitioning out of high school, teen parenting, gay and lesbian, domestic violence, etc.
- Robert F. Kennedy SBHC: A 17 year old female was tested for pregnancy. The SBHC provided information and scheduled an OBGYN appointment for her. Follow up visits were scheduled at the SBHC throughout her pregnancy and focused on proper nutrition, physical activity, impact of smoking/drinking, and healthy relationships. As the pregnancy continued, the student began attending school regularly, and her boyfriend accompanied her to her visits with SBHC staff. The SBHC staff assisted with information on birthing classes and public assistance. The student gave birth on May 14th to a health baby girl and is scheduled to complete her senior year in the Fall.

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.

FY10 OPERATING BUDGET:

General Funds: 9,850.3

Federal Funds: 14,118.1

Other State Funds: 1,009.6

Other Transfers: 311.7

SUMMARY AND RESULTS AT A GLANCE

Q4 ERD Summary: ERD has four quarterly measures, two exceeded target and two fell short of target by a few points. The number of health emergency exercises exceeded target by 20. The Q4 result for percent of birth certificates exceeded target by .7 of a percentage point and is up 1.8 from FY09-Q4. The number of designated trauma centers is up two from FY09-Q4, but missed the target by one. The number of hospitals reporting data did not meet target. Four additional hospitals are expected to report data in FY11-Q1.

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	32 Total: 46	40 Total: 86	19 Total: 105
Number of designated trauma centers in the state (GPAC 6.5)	Quarterly	9	6	8	8	8
Number of hospitals reporting data in the state trauma registry (GPAC 6.5)	Quarterly	20	16	16	16	16
Percent of birth certificates issued/searched for within seven days of receipt of an approved birth search application and fees	Quarterly	98%	97.3%	97.0% Total: 97.0%	98.2% Total: 97.7%	98.7% Total: 97.7%

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

Data Reported Quarterly

Data Source:

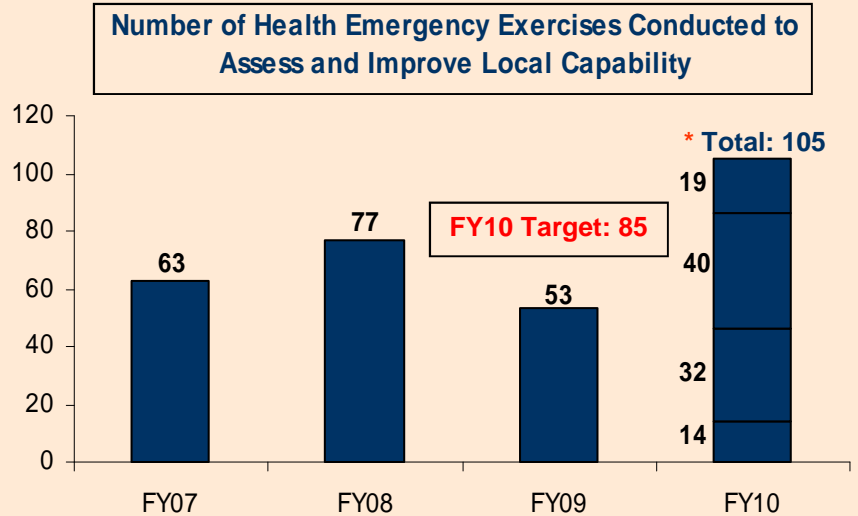
Exercise Database

Goal:

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

Note:

* FY10 target exceeded by 20 exercises.



Target Exceeded: BHEM (Bureau of Health Emergency Management), Epidemiology and Response Division was able to exceed target due to H1N1 pandemic influenza activity levels and continued support for training and exercises throughout the year .

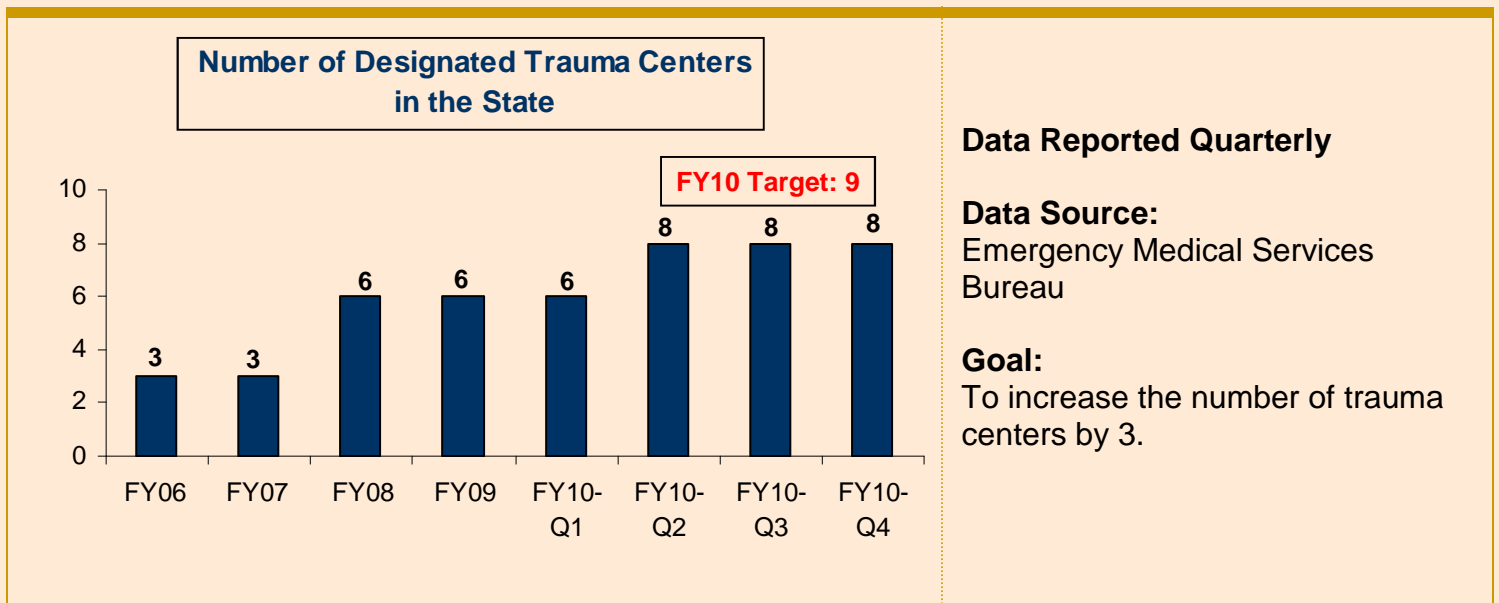
ACTION PLAN:

- The health emergency exercises reported include seminars and tabletops at hospitals, schools, & state agencies.
- A quarterly statewide multi-function drill for hospitals was conducted on April 16, 2010. The drill continued to test interoperable communications, HavBed (polling), resource request procedures (ICS308), and Health Alert Network (HAN) communications capabilities.
- The Bureau of Health Emergency Management/Department of Health BHEM/DOH) was scheduled to undertake a full scale exercise, "Operation Roadrunner Express" during BP 10. This exercise was to be coordinated with Centers for Disease Control and Prevention (CDC) Division of Strategic National Stockpile (DSNS) to receive, stage and store the Eagle Package from DSNS at a state Regional Supply Site, where it would be broken down and distributed to Points of Distribution sites (PODS), two hospitals (one in Albuquerque and one an IHS facility), a CRI Regional Distribution Site (RDS), a drive through POD in the Albuquerque Metropolitan Statistic Area, New Mexico's City Readiness Initiative (CRI) and one tribal POD.

ACTION PLAN (CONTINUED):

- Due to major changes in personnel within BHEM/DOH, as well as within the CRI jurisdiction, the available time and resources to complete a full-scale exercise were compromised. Therefore, a functional exercise was completed on June 23rd, 2010. The partners included the City of Albuquerque; the counties of Sandoval, Bernalillo, Tarrant and Valencia; the Tribes of Isleta, Cochiti, San Felipe, Santa Ana, Kewa, Jemez and Zia; Kirtland Airbase; Sandia Laboratories; Veterans Administration; the Department of Homeland Security; and the Department of Health.

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



Target Not Met: There were no new trauma centers designated this quarter. However, there has been progress with respect to developing new trauma centers this quarter. See Action Plan.

ACTION PLAN:

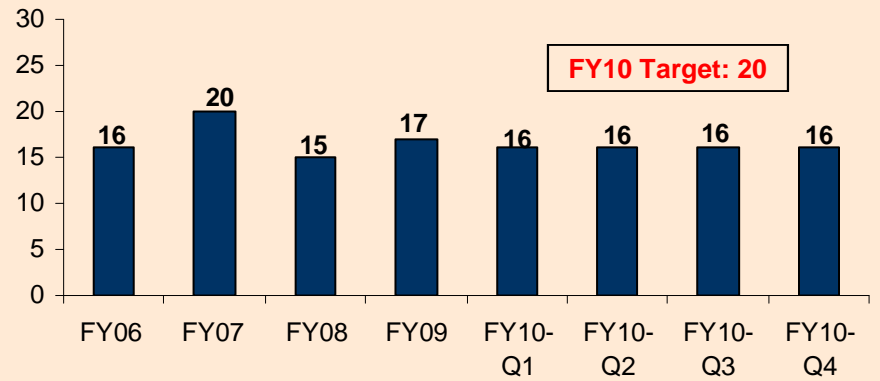
- Gallup Indian Medical Center has completed their first year as a developing trauma center and is expected to designate next year. Lincoln County Medical Center, Minor's Colfax Medical Center and Rehoboth McKinley Medical Center have all put in letters of intent to become designated and are seeking development funds from the Trauma System Fund Authority to develop into Level IV trauma centers within the next two years.

Data Reported Annually

Data Source:
State Trauma Registry

Goal:
To increase the number of hospitals reporting data in the state trauma registry by 10.

Number of Hospitals Reporting Data in the State Trauma Registry



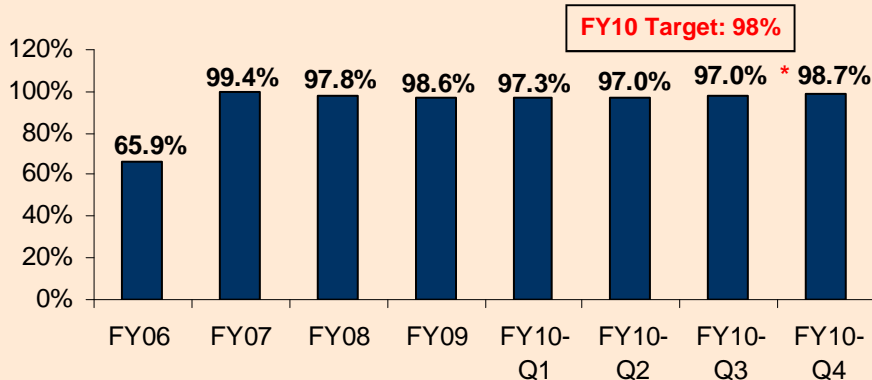
Target Not Met: Four facilities have indicated interest in participating in the volunteer trauma registry. It is anticipated that with the new contract for services from a trauma registry vendor, they will begin submitting data in the second quarter of FY11.

ACTION PLAN:

- Meetings are being scheduled with these four facilities who are interested in the trauma registry; Lovelace Medical Center, Albuquerque, Minor’s Colfax Medical Center, Raton, Rehoboth McKinley Medical Center, Gallup and Lincoln County Medical Center, Ruidoso.
- DOH is continuing to provide funding to hospitals to participate in the State Trauma Registry.

OBJECTIVE 3: IMPROVE VITAL RECORDS SERVICES ACROSS THE STATE.

Percent of Birth Certificates Issued/ Searched for Within Seven Days of Receipt of an Approved Birth Search Application and Fees



Data Reported Quarterly

Data Source:
NM Bureau of Vital Records & Health Statistics

Goal:
To increase the percent of birth certificates issued by 1 percentage point.

Note:
* FY10 target exceeded by .7 percentage point.

Target Exceeded: For Q4, there were 15,393 birth certificates issued. 15,188 were issued within 7 business days. YTD, there were 77,865 birth certificates issued. 76,217 were issued within 7 business days.

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 forward).
- 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.
- Vital Records is down four 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.

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.

FY10 OPERATING BUDGET:

General Funds: 6,534.3

Federal Funds: 1,740.0

Other State Funds: 2,498.5

Other Transfers: 0.0

SUMMARY AND RESULTS AT A GLANCE

Q4 SLD Summary: SLD has three quarterly measures that did not meet target. The results for all three were highly impacted by staff vacancies, staff having to appear in court to testify, LIMS testing and implementation and preparing for the new facility. The public health threat samples analyzed is down 1.2 points from FY09-Q4 results. The percent of blood alcohol tests analyzed shows a 48.14 point decrease over FY09-Q4 results. The number of lab tests performed per year is 39,087 less than FY09-Q4. The number of lab tests received at SLD are also impacted by budget cuts occurring at other state agencies.

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%	93.3% Total: 94.06%	93.3% Total: 95.78%	97.3% Total: 95.41%
Percent of blood alcohol tests from driving-while-intoxicated cases that are analyzed and reported within seven business days	Quarterly	90%	76.4%	47.9% Total: 62.23%	10.46% Total: 44.42%	34.56% Total: 38.80%
Number of laboratory tests performed each year	Quarterly	340,000	86,651	78,010 Total: 164,661	71,385 Total: 236,046	80,815 Total: 316,861

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

Data Reported Quarterly

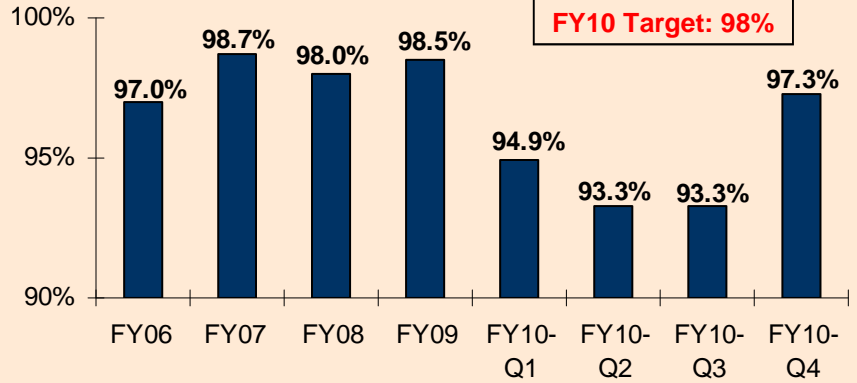
Data Source:

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

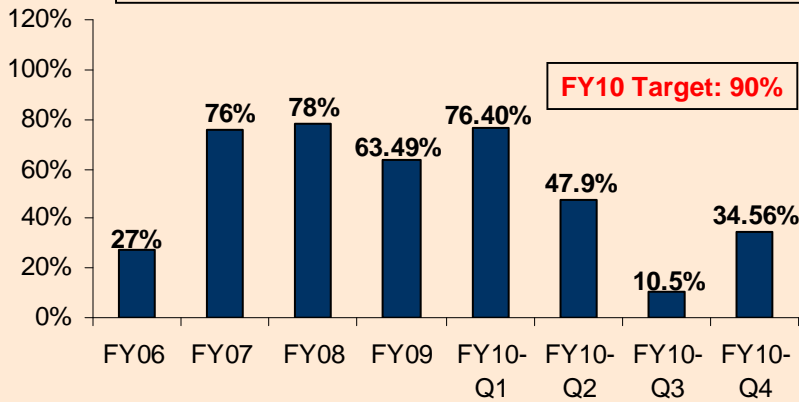


Target Not Met: The cumulative result of 95.41% fell short of the target due to implementation of the new Laboratory Information Management System which required that staff gather requirements, write scripts and test. When implementation occurred, the learning curve slowed staff. Other reasons are staff vacancies due to fiscal constraints, H1N1 outbreak that continued through the 1st quarter, planning of the new building and preparation for moving.

ACTION PLAN:

- The turn-around times for Biological Services Bureau (BSB) did not meet the benchmark of 98% due to the following reasons:
 1. All sections of BSB are now in production in the Laboratory Information Management System. The final phase required staff time to review, test and implement, which slowed down turn-around time during this quarter.
 2. Staffing vacancies along with the two furlough days this quarter have also impeded turn-around times.
 3. Increased number of samples received as compared to same quarter in FY09.
- 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.

Target Not Met: The number of subpoenas /discovery orders increased 32% in FY10 from FY09. The percent of staff time spent in court increased from 23% in FY09 to 38% in FY10. This reduced the number of staff available for sample analysis, thus increasing turn-around times.

ACTION PLAN:

- Staff were involved with the development of the new Laboratory Information Management System (LIMS). The subsequent implementation of the LIMS slowed reporting due to the learning curve. The LIMS usage should become more proficient as staff have time to work in the system. The LIMS should also help streamline processes.
- Unfortunately, SLD has no control over the number of blood alcohol samples that are received or the number of subpoenas that require staff to be away from the labor.

Data Reported Quarterly

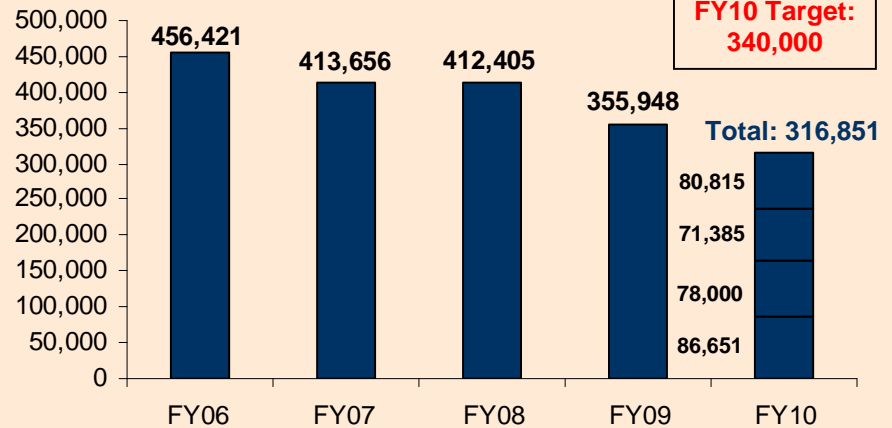
Data Source:

Laboratory Information Management System

Goal:

To increase the number of lab tests performed per year.

Number of Laboratory Tests Performed Per Year



Target Not Met: Submitting agencies reduced the number of tests requested due to their budget cutbacks.

ACTION PLAN:

- Most of SLD's work is for other tax-supported entities. Budget cuts will affect the number of samples submitted to SLD. SLD has been working with its partners to anticipate and fiscally plan for sample flow. Unfortunately, SLD is also under the constraints of what the partners submit. As such, while some partners are meeting their quota of submissions, fee for service work (environmental samples) is lower than expected and non-funded work (DUI testing) is higher than anticipated.
- NM Environment Department has reduced the number of samples collected/submitted to SLD.
- Because Office of the Medical Investigator (OMI) sample testing is not paid for, SLD implemented a testing algorithm that targets the tests requested depending on the cause of death in order to increase efficiency and reduce turn-around time for OMI samples.
- Plan and implement move into the new building. 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.
- Implementation of the Laboratory Information Management System 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.

SLD HIGHLIGHTS

SLD's Laboratory Information Management System (LIMS) is now implemented in 85% of the analytical areas. This completes the original implementation schedule. SLD will be working with DOH's Information Technology Services Division to complete the terms for the final implementation process, which will incorporate the last three Chemistry Bureau sections into the system. The contractual process started in October of 2008, with the first requirements gathering starting in January 2009. The scientific staff at SLD, along with the ITSD staff assigned to this project, worked closely with the LabWare contractors to develop and implement a system that would meet the regulatory requirements mandated by five regulatory agencies as well as the reporting requirements of the various submitters. SLD staff were immersed in the requirements gathering, script writing, user acceptance testing, and parallel testing. The scientific and ITSD staff were able to meet the implementation schedule while maintaining their workloads which included outbreaks (H1N1), increased subpoenas, staff vacancies, furloughs and the various preparations needed to move into the new building. The implementation of this system is a major accomplishment towards maintaining our national certifications and keeping SLD in the forefront of laboratory standards.

New regulations governing BLOOD AND BREATH TESTING UNDER THE NEW MEXICO IMPLIED CONSENT ACT were enacted on April 30, 2010.

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.

FY10 OPERATING BUDGET:

General Funds: 63,551.5

Federal Funds: 0.00

Other State Funds: 82,777.6

Other Transfers: 716.0

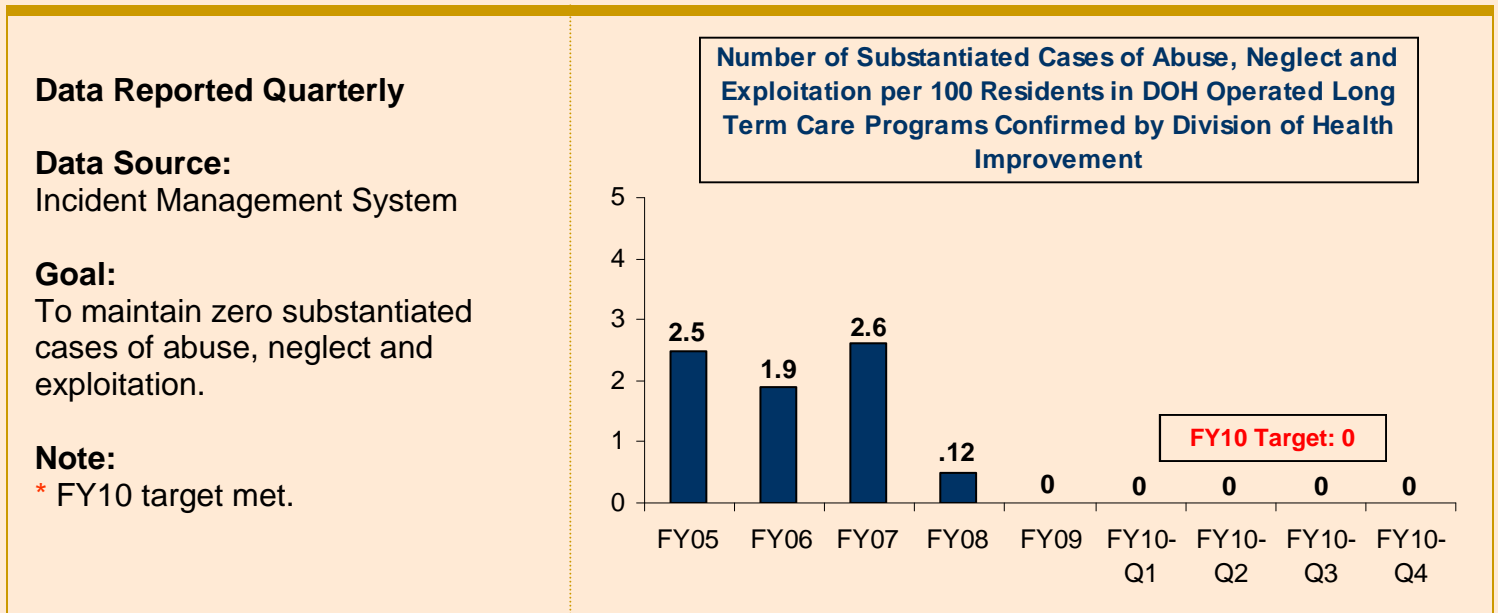
SUMMARY AND RESULTS AT A GLANCE

Q4 Facilities Summary: Facilities has four quarterly measures and three annual measures. Of the total, four exceeded target, three met target and one did not meet target. Pressure sores at Fort Bayard at 0% for Q4 exceeded target. NMBHI pressure sores at 0% for Q4 and a cumulative result of 1.25% exceeded target. Ninety-three percent of clients at New Mexico Rehabilitation Center showed improvement, exceeding target. Turquoise Lodge exceeded target by 10 percentage points. Facilities completed FY10 with zero substantiated cases of abuse, neglect and exploitation. Sequoyah Adolescent met its target of 92%. The cumulative result of 3.10% for Veteran's did not meet target, but medical staff state that the two residents with pressure sores should be categorized as high-risk, which would change the result for this measure to 0% - exceeding target.

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	0	0	0
Percent of low risk residents at Fort Bayard who have pressure sores	Quarterly	2%	1.6%	0%	0%	0% Total: 0.4%
Percent of low risk residents at New Mexico Veterans Home who have pressure sores	Quarterly	2%	1.4%	4.5%	4.3%	3.10%

Performance Measures	Reporting Frequency	10 Targets	FY10 Q1	FY10 Q2	FY10 Q3	FY10 Q4
Percent of low risk residents at New Mexico Behavioral Health Institute's long-term care program who have pressure sores	Quarterly	2%	0%	2.2%	2.8% Total: 1.66%	0% Total: 1.25%
Percent of clients at New Mexico Rehabilitation Center with continued improvement on medical rehab goals three to six months post discharge	Annual	85%				93%
Percent of clients at Sequoyah Adolescent Treatment Center without relapses at three to six months post discharge	Annual	92%				92%
Percent of clients at Turquoise Lodge without relapses at three to six months post discharge	Annual	45%				55%

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

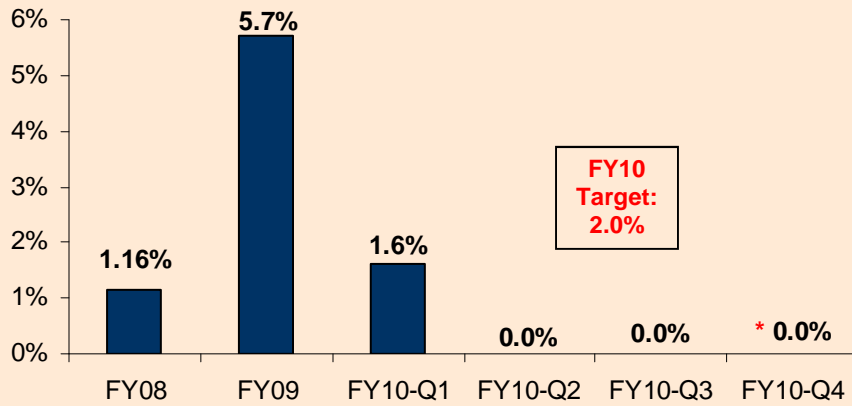


Target Met: The long term care facilities continue to focus strongly on the prevention of abuse, neglect and exploitation.

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

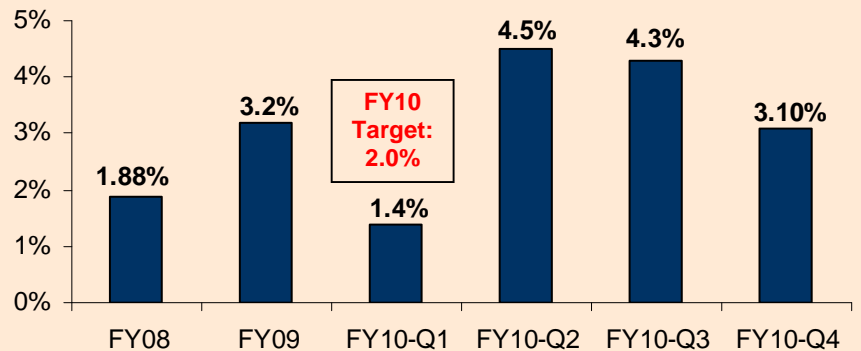
Goal:
To decrease the percent of low risk residents at Fort Bayard who have pressure sores.

Note:
* FY10 target exceeded.

Target Exceeded:

Fort Bayard's average is considerably lower than the state average of 2.4% and the national average of 2.3%. FBMC continues to prioritize skin care with three of the nurses having had specialized wound care training. They have also instituted a proactive approach to preventing pressure ulcers by closely monitoring nutrition and labs that indicate potential for skin breakdown.

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



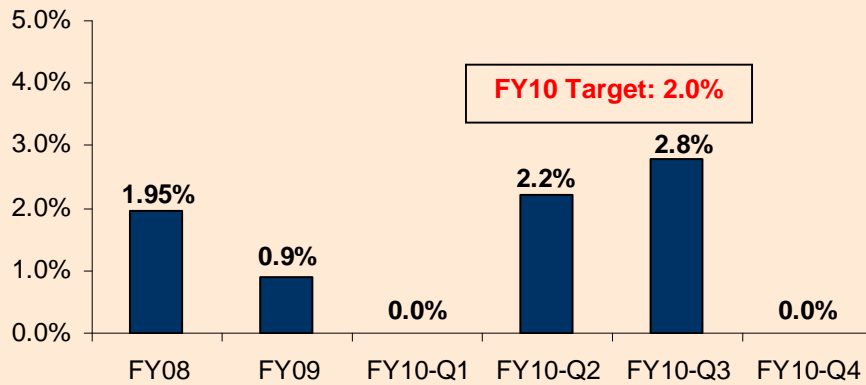
Data Reported Annually

Data Source:
Minimum Data Set

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

Target Not Met: The result is less than a percentage point above the state average of 2.4% and the national average of 2.3%. The two residents that make up the number of low risk residents with pressure ulcers, in the opinion of the medical staff, should not be categorized as low risk, they are high risk. One resident was admitted with the pressure ulcer and with intervention of NMSVH nursing and medical staff has had no signs or symptoms of infection. For Q4, medical staff submits that the actual number of residents at low risk for pressure ulcers is 0%. NMSVH continues to focus on the prevention of pressure ulcers by closely monitoring signs of skin breakdown, nutrition and labs.

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.

Target Not Met: There were zero long term care low risk residents with pressure ulcers in Q4. This improvement is due to heightened attention to skin breakdown prevention. Staff developing individualized skin care treatment interventions based on resident's skin care assessment needs.

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

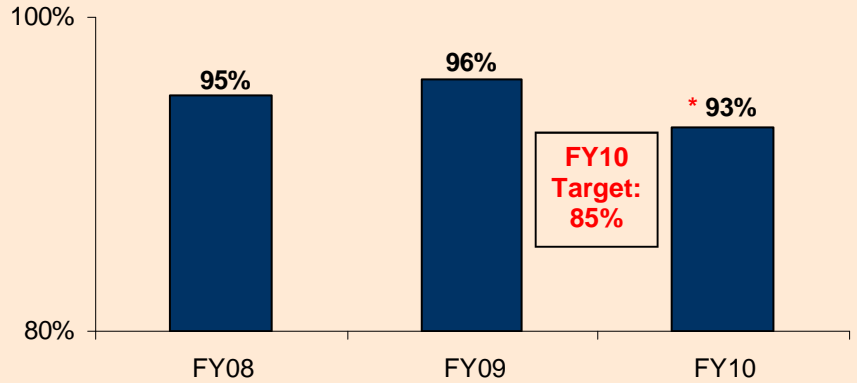
Goal:

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

Note:

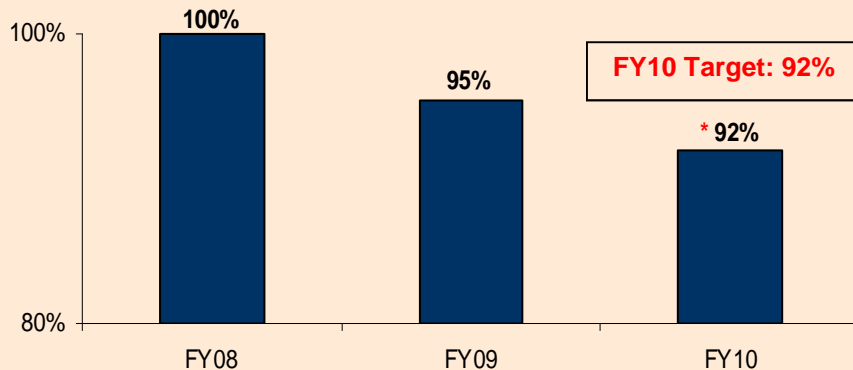
* FY10 target exceeded by 8 percentage points.

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



Target Exceeded: The facility continues to remain competitive with regional and national FIM scores which reflect continued improvement.

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.

Note:

* FY10 target met.

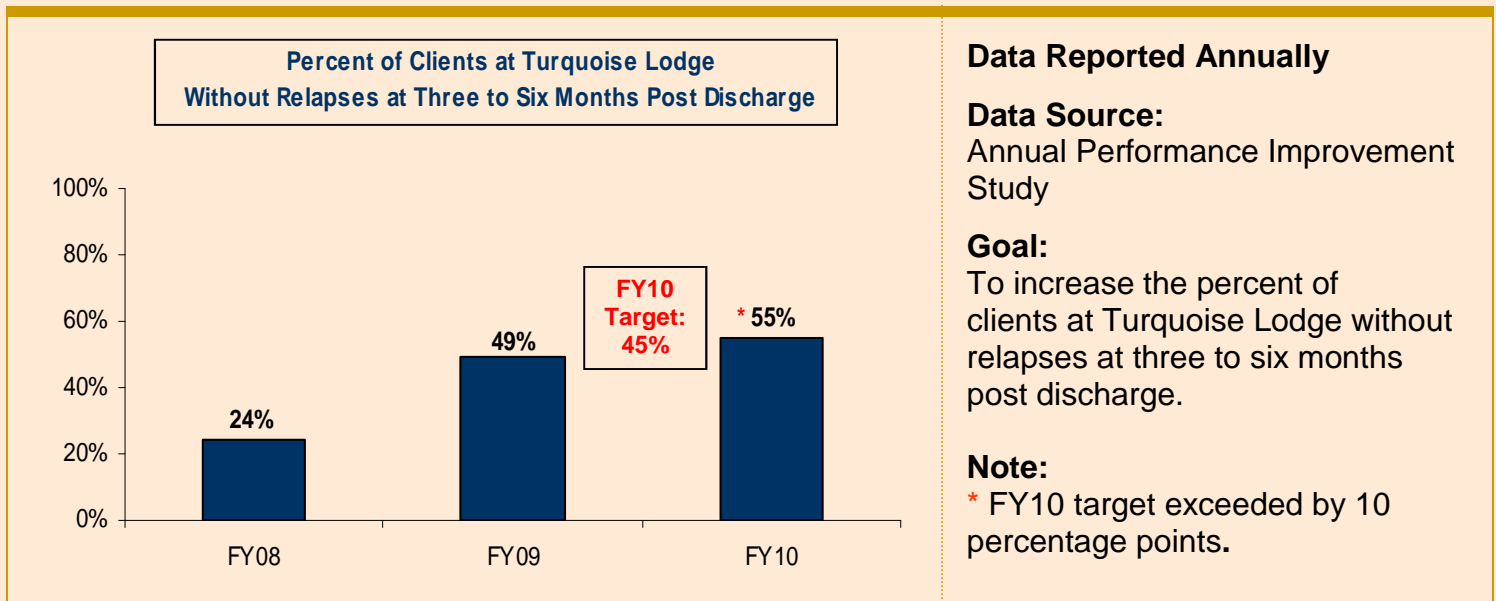
Target Met: SATC continues to focus on continuously improving its discharge planning to make transition into the community more successful for its clients.

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.



Target Exceeded: The typical recovery standard for chemical dependency is a 90% recidivism rate, meaning that 90 out of 100 patients will relapse within the first six months to a year. Turquoise Lodge was able to contact 29 clients for the 90 day post discharge follow-up.

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 DDS 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.

FY10 OPERATING BUDGET:

General Funds: 107,073.5

Federal Funds: 2,571.7

Other State Funds: 1,200.0

Other Transfers: 7,299.7

SUMMARY AND RESULTS AT A GLANCE

Q4 Developmental Disabilities Summary: DDS has four quarterly measures, three annual measures and one semi-annual measure. Two exceeded target, four are pending, two did not meet target and two additional quarterly measures are explanatory, non-key data. Of the four quarterly measures, two exceeded target: Applicants determined to be both income eligible and clinically eligible and applicants who have a service plan in place within 90 days are at 100%. Adults in community integrated employment at 32% is the same as the FY09-Q4 result, which is an accomplishment considering economic challenges, the final Q4 result is due FY10-Q1. The number of children with autism spectrum disorder receiving services and the percent of Jackson requirements measures did not meet target and did not show improvement over FY09-Q4. Data is still pending for the three annual measures.

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%	32%	32%	32%	Due FY11-Q1
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%				Available Sept 15, 2010
Percent of infants and toddlers in the Family, Infant Toddler program who make progress in their development (GPAC 5.7)	Annual	97%				Available July 30, 2010

Performance Measures	Reporting Frequency	10 Targets	FY10 Q1	FY10 Q2	FY10 Q3	FY10 Q4
Percent of developmental disabilities waiver applicants determined to be both income eligible and clinically eligible within ninety days of allocation	Quarterly	95%	100%	100%	100%	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%	100%	100%	100%
Percent of Jackson requirements from the plan of action and Appendix A to the joint stipulation completed	Quarterly	80%	76%	76%	76%	76%/38%
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%				Available Sept 15, 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	115	111	128
Number of individuals on the developmental disabilities waiver receiving services	Quarterly	NA	3,750	3,750	3,778	3,848
Number of individuals on the developmental disabilities waiver waiting list	Quarterly	5,073	4,720	4,738	4,829	4,988

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

Data Reported Quarterly

Data Source:

Supported Employment Unit, Community Programs Bureau

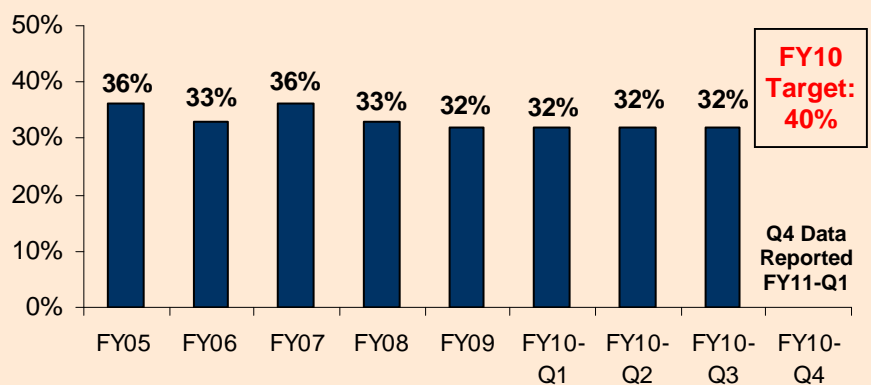
Goal:

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

Note:

965 of 3,038 individuals (32%) were reported in Community Integrated Employment in Q4.

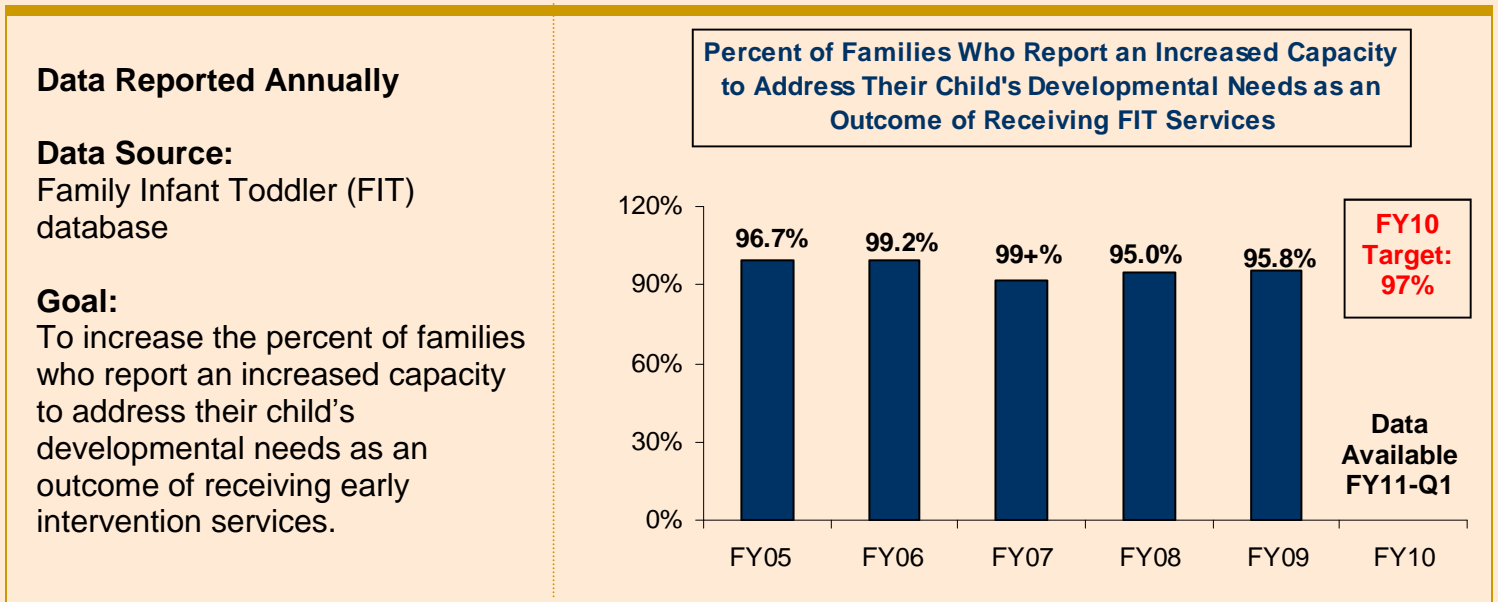
Percent of Adults Receiving Developmental Disabilities Day Services Who are Engaged in Community-Integrated Employment



Result available FY11-Q1: We are encouraged by relative consistency during a fiscal year with extreme economic challenges and a national average of 20%, however we remain below our target of 45%. We remain ahead of national trends of approximately 20% and continue to work toward our target of 40%.

ACTION PLAN:

- Our targeted training for direct support staff previously identified as a priority has continued with 3rd, 4th and 5th trainings in remaining 3 of 5 regions tentatively scheduled for April and May 2010. This will encourage vocational profiles and action plans targeted toward positive employment outcomes.
- We continue to utilize the New Mexico Employment Institute (NMEI) in areas of job development and technical assistance to train and assist providers. A recap of Priority Jackson Class members who have been identified as “available to work” through ISP review has been completed and is being recommended as a tool for increased referrals to NMEI and Division of Vocational Rehabilitation.
- We continue to schedule and conduct local Employment Leadership Network meetings to support employment efforts among providers, employers and individuals served. We also continue to work closely with the national Supported Employment Network of which we are a member in various areas of Supported Employment best practices as well as with our national employment expert.



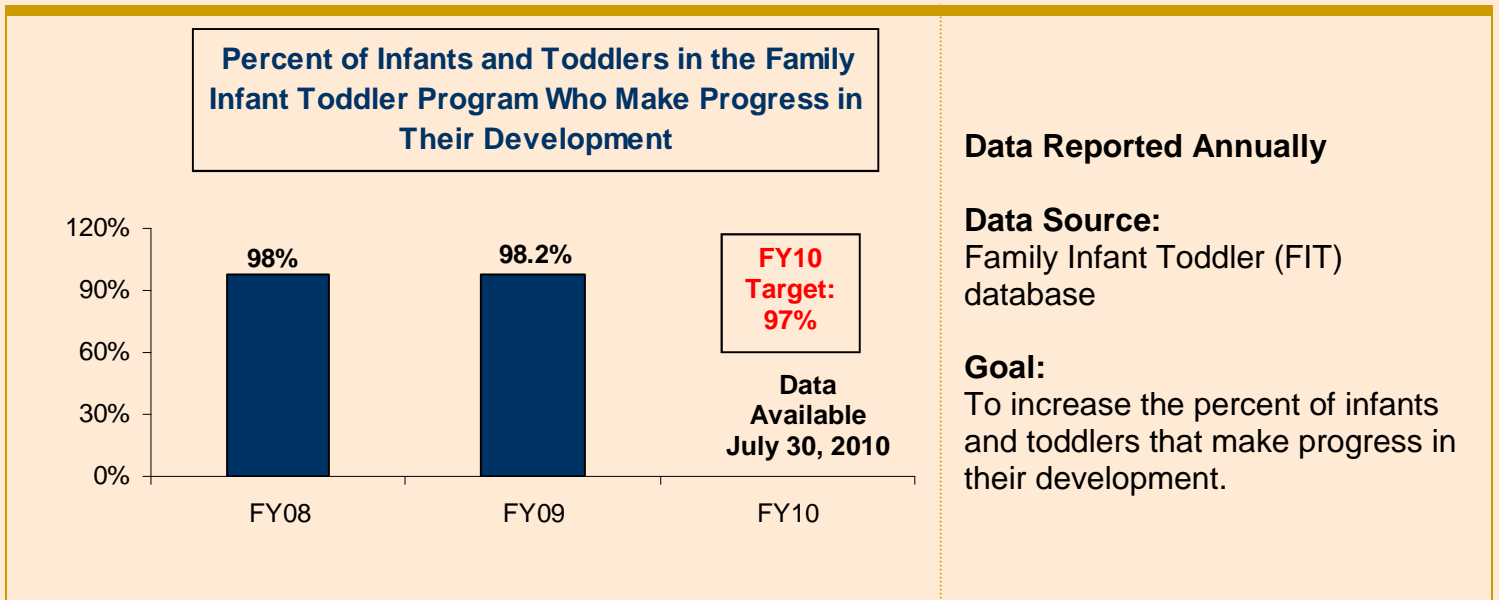
Result available September 15, 2010: The family survey is being distributed to 3,060 families. The surveys will be returned by August 30th and will be entered into a database.

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.

ACTION PLAN (CONTINUED):

- 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.



Data available July 30, 2010: The FIT Program is currently cleaning the data entered in FIT-KIDS, Key information Data System, which includes working with provider agencies where there is missing data.

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.

Data Reported Quarterly

Data Source:

Central Registry

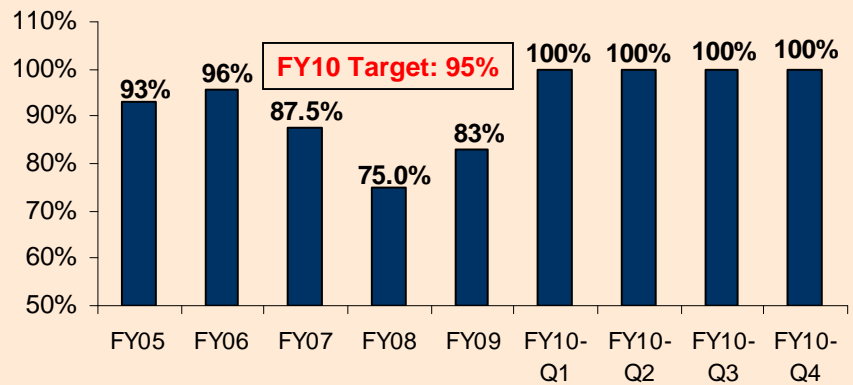
Goal:

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

Note:

* FY10 target exceeded by 5 percentage points.

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

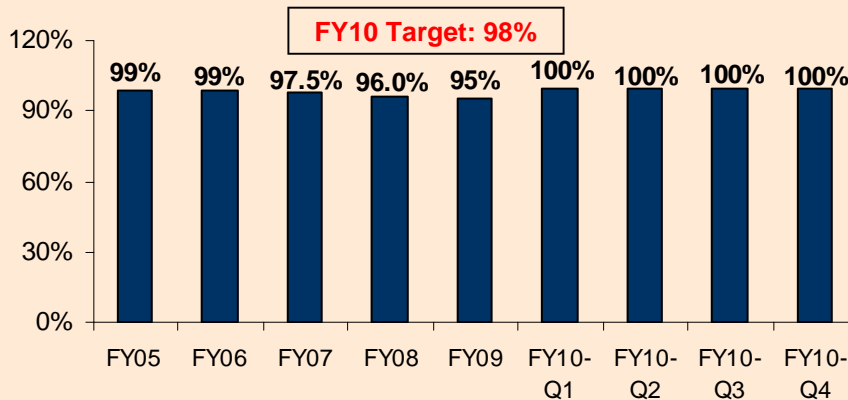


Target Met: Eleven of eleven developmental disabilities waiver applicants were determined to be both income eligible and clinically eligible within ninety days of allocation during this quarter.

ACTION PLAN:

- Conduct training sessions for potential waiver applicants to improve awareness of the eligibility process, as there is a direct relationship between consumer understanding of the eligibility process and how quickly an individual can be determined eligible for the waiver.
- The Intake & Eligibility Bureau staff contact individuals awaiting allocation to the Developmental Disabilities Waiver in writing and by telephone to help them gather eligibility documents and answer questions about process. This will reduce the amount of time it takes an individual to complete the eligibility determination process.

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



Data Reported Quarterly

Data Source:

Central Registry

Goal:

To increase the percent of DD Waiver applicants that have service plans in place within 90 days of income and clinical eligibility determination by 3 percentage points.

Note:

* FY10 target exceeded by 2 percentage points.

Target Met: Ten of ten developmental disabilities waiver applicants had a service plan in place within ninety days of income and clinical eligibility determination during this quarter.

ACTION PLAN:

- 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.

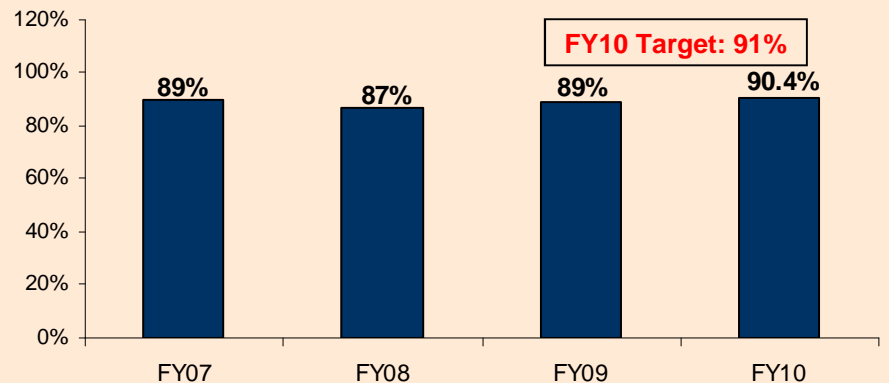
Data Reported Annually

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 2 percentage points.

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

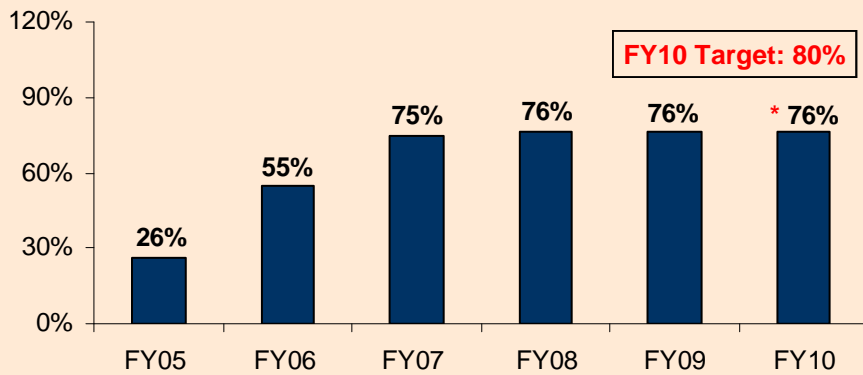


Target Not Met: Although the FY10 outcome of 90.4% fell just short of the FY10 target of 91%, the 5-year outcome trend for this performance measure shows an increasing percentage of positive responses (87% for FY06; 89% for FY07; 87% for FY08; 89% for FY09; and 90% for FY10).

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.

Note:

* The 76% result applies to the Plan of Action, the Appendix A result is 38%. See Action Plan.

Target Not Met: The Department of Health continues to make progress in meeting the requirements of the Joint Stipulation on Disengagement and Appendix A. During this quarter, a requirement from each was disengaged.

ACTION PLAN:

- The Department has submitted notifications to the Court and Plaintiffs that compliance has been met in 8 requirement areas of the Plan of Action (5) and Appendix A (3) during this quarter. DOH successfully negotiated two of the three areas Appendix A requirements submitted this quarter. DOH is actively negotiating the five areas with the parties and the Court. Three of the remaining six that were a part of the notification each only have singular pieces left to reach an agreement.
- Appendix A has eight total requirement areas with a ninth being addressed by the Division of Vocational Rehabilitation.

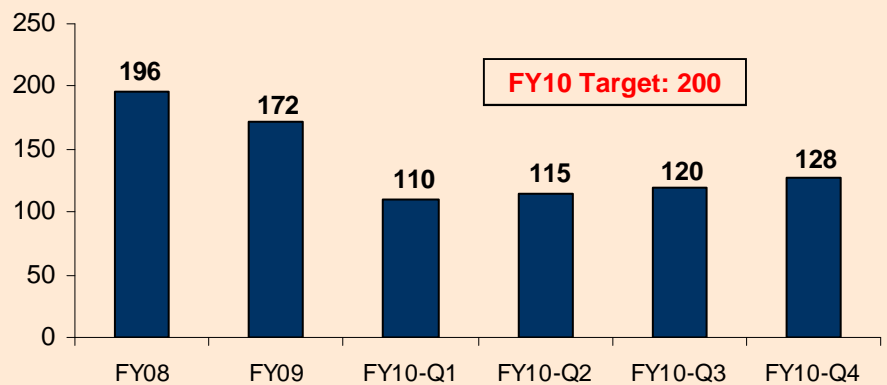
Data Reported Semi-Annually

Data Source:

Provider reports

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

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

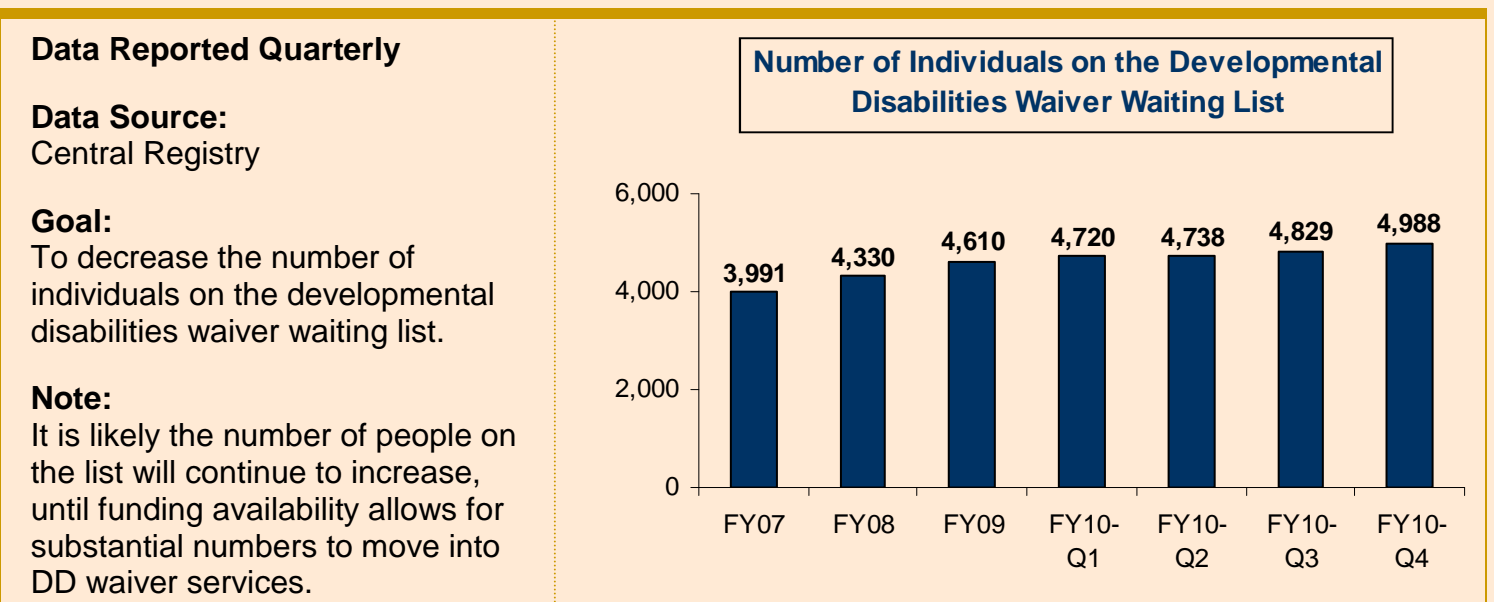
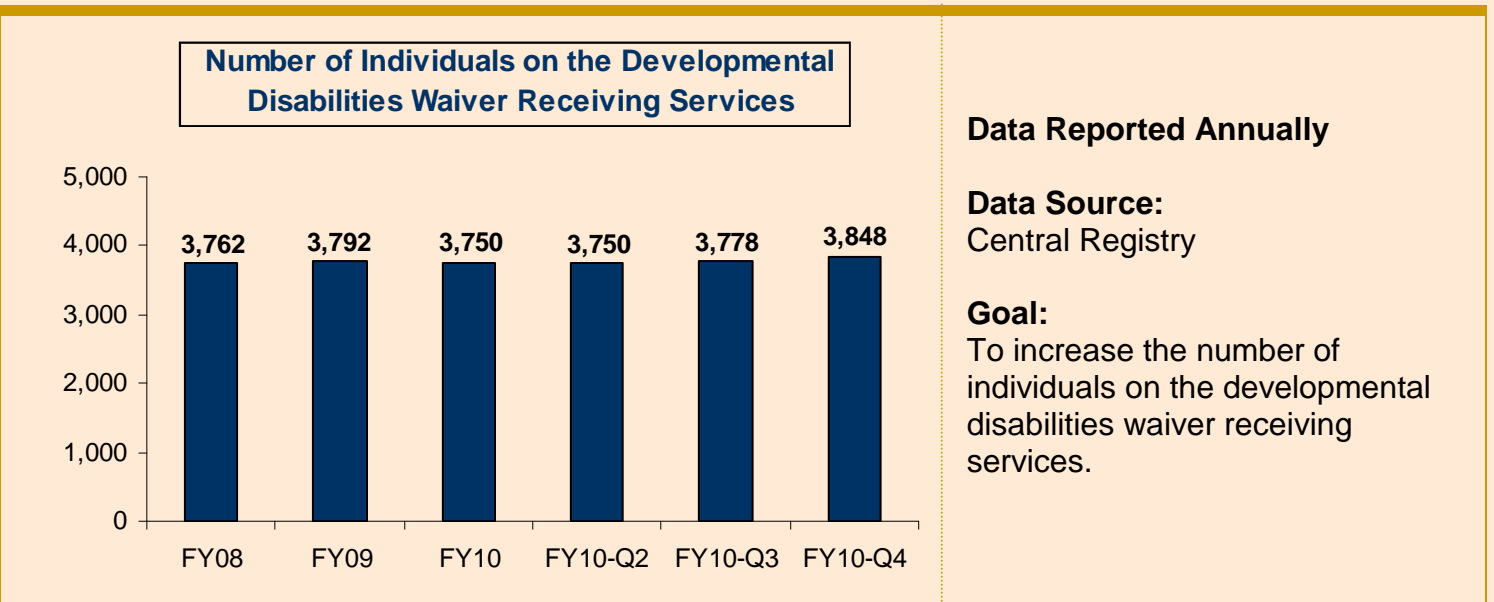


Target Not Met: During Fiscal Year 10, the primary provider of Behavioral Respite Services closed, and a substitute provider could not be located. Additionally, there were challenges with enrolling new participants in Adaptive Skill Building. For Fiscal Year 11, DDSD is taking over direct management of the Adaptive Skill Building services that were previously provided through sub-contract with the University of New Mexico, Center for Development and Disability. With this increased management involvement, DDSD will be able to assist providers directly with maximizing services to a larger number of individuals.

ACTION PLAN:

- In order to provide these services statewide, DDSD and the contractors actively seek opportunities to inform the public regarding the availability of services. Additionally, the contractors are developing new activities of interest to participants to assure that the offered options meet the unique needs of each child. 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.

FY10 OPERATING BUDGET:

General Funds: 5,324.7

Federal Funds: 1,658.2

Other State Funds: 2,637.1

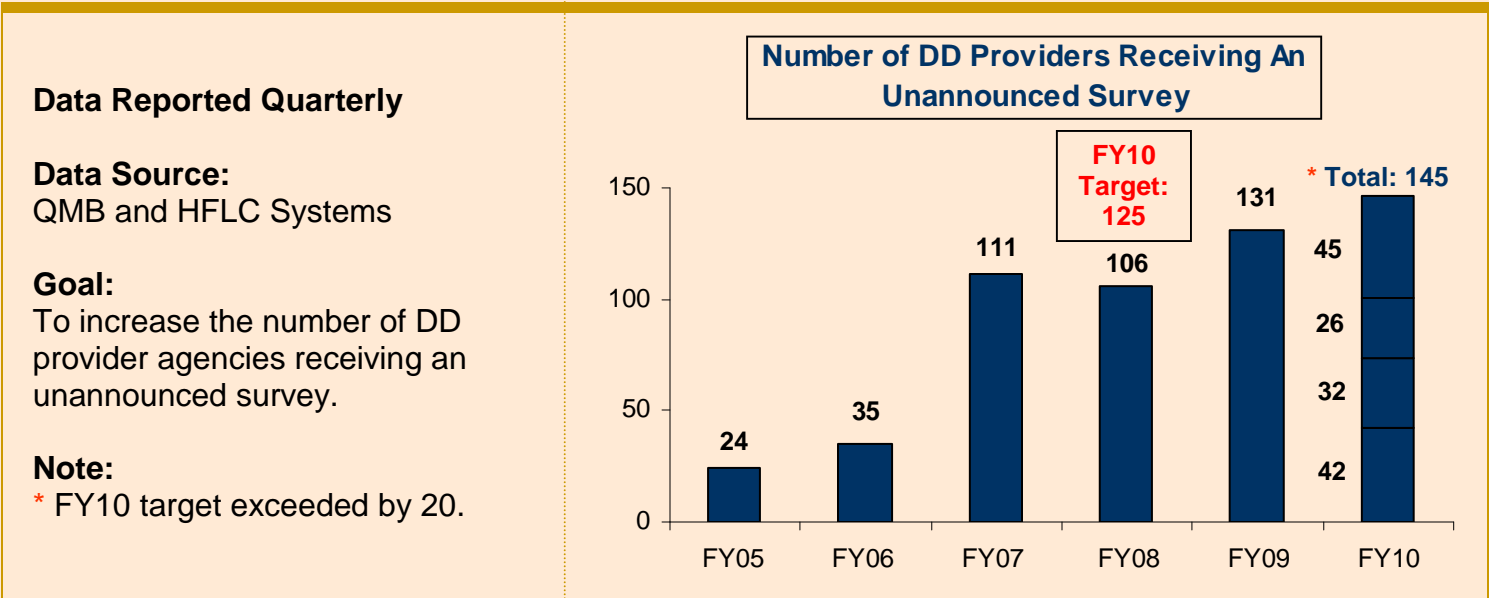
Other Transfers: 5,262.3

SUMMARY AND RESULTS AT A GLANCE

Q3 Health Certification Licensing and Oversight Summary: HCLO has five quarterly measures, four exceeded their FY10 targets. The number of allegations of ANE reported fell short of target by 492. This is explained on page 58.

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	32 Total: 73	27 Total: 100	45 Total: 145
Percent of required compliance surveys completed for adult residential care and adult day care facilities (GPAC 5.1)	Quarterly	80%	44%	30% Total: 74%	19% Total: 93%	26% Total: 119%
Number of allegations of abuse, neglect and exploitation reported	Quarterly	1,600	306	284 Total: 590	242 Total: 832	276 Total: 1,108
Percent of abuse, neglect and exploitation incidents for community-based programs investigated within 45 days (GPAC 5.1)	Quarterly	95%	94.17%	93.59%	97.57%	95.17%
Average length of time between the notice of disqualification to the final determination for individuals requesting caregiver criminal history screening	Quarterly	45	21	21	21	21

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

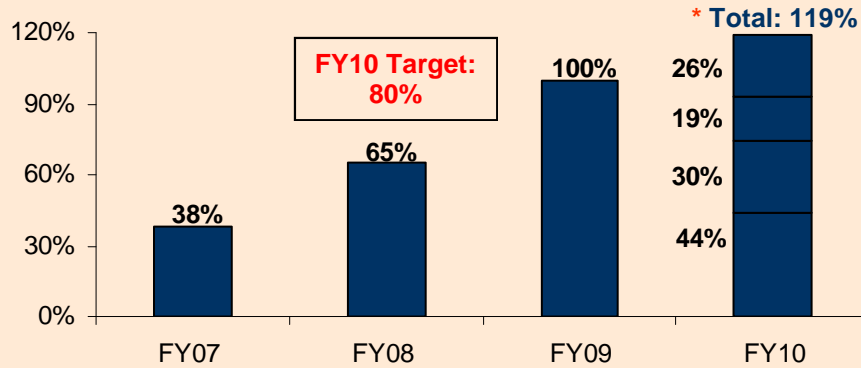


Target Exceeded: QMB conducted a higher number of verification surveys, which increased the overall number for the year.

ACTION PLAN:

- 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.
- 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.

Note:
* FY10 target exceeded by 39 percentage points.

Target Exceeded: In Q4, the Licensed Only Team conducted seven initial/annual surveys, nine revisits to those initial/annual survey and 41 complaint surveys for a total of 57 onsite surveys. We lost a staff member in November 2009, so there are currently three Licensed Only Surveyors and the Licensed Only Program Manager due to the hiring freeze.

ACTION PLAN:

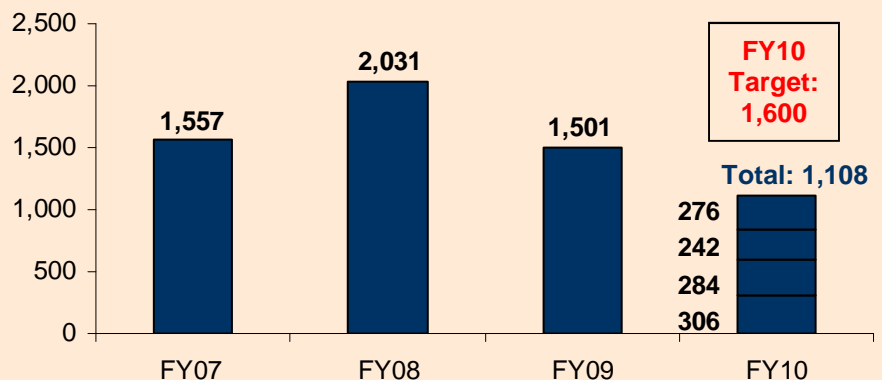
- The Licensed Only Team consists of three surveyors and a program manager who survey all 230 Active Adult Residential Care Facilities and 19 Active Adult Day Care Centers throughout the state. Due to the current economic climate, Health Facility Licensing and Certification has had to shift all complaints related to the above facility types to this team as well. Each facility is given an annual survey on an 18 month cycle, facilities with deficiencies cited on their annual survey are revisited within 90 days to ensure correction of deficiencies. Complaints submitted are triaged and surveyed according to their severity/risk to residents.

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.

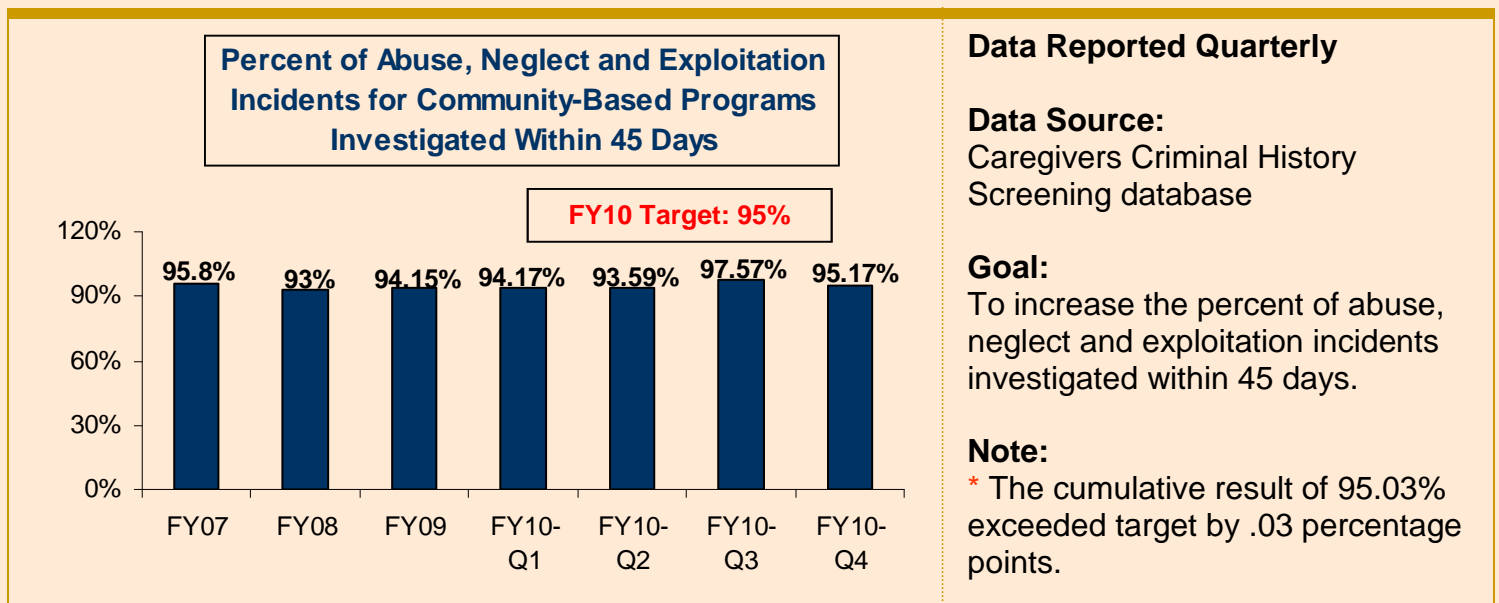
Number of Allegations of Abuse, Neglect and Exploitation



Target Not Met: The target for this measures was not met for two reasons. First, incident reporting for a major program, the Disabled and Elderly Waiver (D&E), was transferred from DHI to ALTSD. Approximately 300 abuse, neglect and exploitation cases involved the D&E Waiver. Second, more reported incidents were combined into a single case to be investigated. This was done to allow staff to consider evidence from all reports and reach more comprehensive conclusions and to save staff work and report writing time. The database cannot individually count reported incidents that were combined, therefore, the number of incidents reported was reduced.

ACTION PLAN:

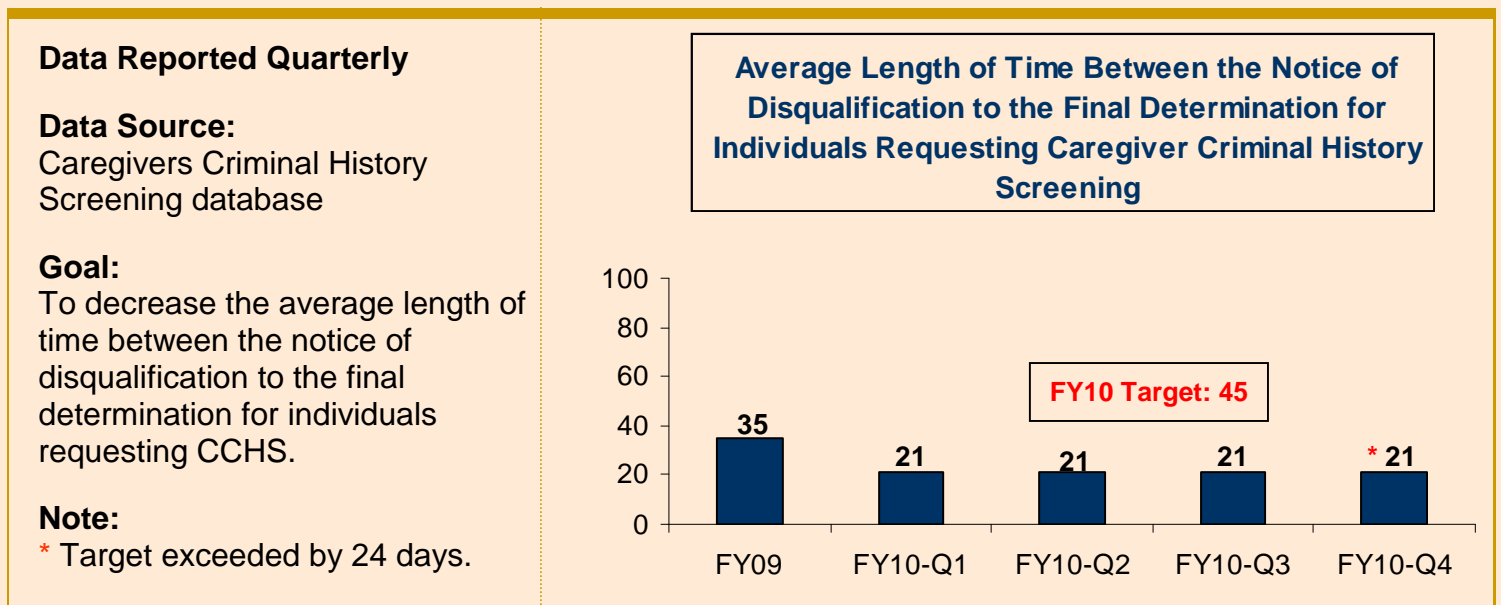
- Incident reports are received from community based providers of service who contract with the Department of Health and the Aging and Long Term Services Traumatic Brain Injury program. Incidents reported include abuse, neglect, exploitation, death, emergency services, law enforcement and environmental 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.



Target Exceeded: IMB has worked hard and focused efforts on meeting timelines for investigations. Efforts have included reassigning job duties for some staff, temporarily assigning investigators to work in different regions of the state when caseloads were high, closing more cases at intake based on identified triggers and reassigning supervisor responsibilities.

ACTION PLAN:

- The survey staff performs on-site survey/monitoring visits at all community based programs to determine compliance with regulations, to investigate complaints, and to investigate the appropriateness of licensure.



Target Exceeded: CCHSP is on target to process over 33,000 caregiver finger print applications in FY10. 12% of these applications have a possible disqualifying charge. Applicants are given a 14-day period in which to contest their disqualification through the submission of additional documentation to request reconsideration. CCHSP continuously strives to shorten the process for reconsideration requests.

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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