



FY12 Quarter One Performance Report

July 1, 2011 - September 30, 2011

New Mexico Department of Health
Catherine D. Torres, MD, Cabinet Secretary

TABLE OF CONTENTS

Department Information	1
Program Area 1: Administration.....	2-4
OBJECTIVE 1: Increase use of technologies to improve health outcomes.	
OBJECTIVE 2: Improve accountability and responsiveness of our services within the Department of Health.	
Program Area 2: Public Health	5-19
OBJECTIVE 1: Increase immunizations for all New Mexicans, especially for children and adolescents.	
OBJECTIVE 2: Reduce teen births.	
OBJECTIVE 3: Reduce obesity and diabetes.	
OBJECTIVE 4: Reduce the abuse of alcohol, drugs and tobacco.	
OBJECTIVE 5: Decrease the transmission of infectious diseases and expand services for persons with infectious diseases.	
OBJECTIVE 6: Expand health care for school-age children and youth through school-based health services.	
OBJECTIVE 7: Reduce suicide among all populations, specifically children and adolescents.	
Program Area 3: Epidemiology and Response	20-22
OBJECTIVE 1: Ensure preparedness for health emergencies, including pandemic influenza.	
OBJECTIVE 2: Improve emergency medical services and the trauma care system across the state.	
OBJECTIVE 3: Expand access to Vital Records.	
Program Area 4: Laboratory Services.....	23-27
OBJECTIVE: Improve the scientific laboratory’s ability to provide laboratory analytical services to state programs.	
Program Area 6: Facilities Management.....	28-31
OBJECTIVE: Improve resident care services in Department of Health facilities.	
Program Area 7: Developmental Disabilities Supports Services	32-36
OBJECTIVE: Ensure quality developmental disabilities services and improve outcomes for New Mexicans with developmental disabilities.	
Program Area 8: Health Certification, Licensing and Oversight	37-41
OBJECTIVE: Eliminate abuse, neglect or exploitation of seniors and vulnerable adults.	

NEW MEXICO DEPARTMENT OF HEALTH

MISSION:

Provide leadership to guide public health and to protect the health of all New Mexicans.

VISION:

A healthy state of mind!

FY12 OPERATING BUDGET:

General Funds: 288,707.1

Federal Funds: 103,570.2

Other State Funds: 113,781.2

Other Transfers: 27,110.8

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PROGRAM AREA 1: ADMINISTRATION

PURPOSE:

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

FY11 OPERATING BUDGET:

General Funds: 11,718.8

Federal Funds: 4,557.9

Other State Funds: 139.1

Other Transfers: 1,478.4

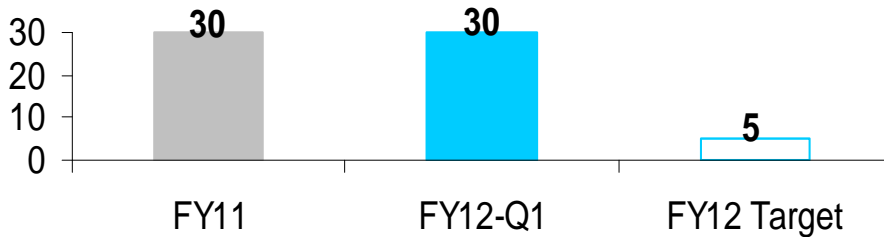
SUMMARY AND RESULTS AT A GLANCE

Q1 Administration Summary: Administration has two quarterly measures.

Performance Measure	Reporting Frequency	11 Actual	12 Target	FY11 Q1	FY11 Q2	FY11 Q3	FY11 Q4
Number of working days between expenditure of federal funds and request for reimbursement	Quarterly	30 days	5 days	30 days			
Percent of payment vouchers paid within thirty days of acceptance of goods and services	Quarterly	92.1%	87%	84.9%			

IMPROVE ACCOUNTABILITY AND RESPONSIVENESS OF OUR SERVICES WITHIN DOH:

Number of Working Days Between Expenditure of Federal Funds & Request for Reimbursement



Data Reported Quarterly

Data Source:

Grant Management System

Goal:

To decrease the number of days between expenditure of federal funds and request for reimbursement.

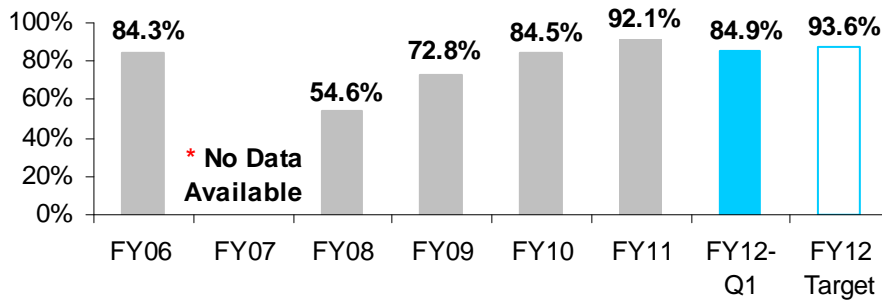
MEASURE HISTORY:

- Processing time between expenditures of federal funds and request for reimbursement varies dramatically based on the type of expenditure, when in the quarter it was processed and how the process is managed by all agencies involved. Our goal is always to request reimbursement as quickly as possible.

ACTION PLAN:

- Draw all expenditures on a monthly basis for all grants.

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



Data Reported Quarterly

Data Source:

Central Control System

Goal:

To increase the percent of payment vouchers paid within thirty days.

MEASURE HISTORY:

- In FY07, the SHARE system was implemented and ASD financial personnel was not sure how to calculate the percent of payment vouchers paid within 30 days, so no data was reported. The Office of Policy and Performance now assists by calculating the result from a monthly sample drawing from all areas of the Department.
- Since FY09-Q3 when an internal data quality process was started, there has been continuous improvement.

ACTION PLAN:

- 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:

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

FY12 OPERATING BUDGET:

General Funds: 66,536.0

Federal Funds: 77,321.4

Other State Funds: 29,481.1

Other Transfers: 13,293.7

SUMMARY AND RESULTS AT A GLANCE

Q4 Public Health Summary: Public Health has a total of eleven measures: one semi-annual measure and ten quarterly measures.

Performance Measures	Reporting Frequency	FY11 Actual	FY12 Target	FY11 Q1	FY11 Q2	FY11 Q3	FY11 Q4
Percent of preschoolers fully immunized	Semi-Annual	65.4%	81%	NA			
Number of teens ages 15 to 17 receiving family planning services in agency-funded family planning clinics	Quarterly	4,851	6,874	1,811			
Number of WIC eligible persons receiving services	Quarterly	112,324	120,786	79,705			
Number of calls to the 1-800-Quit Now tobacco cessation help line	Quarterly	11,944	13,748	1,802			
Number of HIV/AIDS prevention interventions	Quarterly	14,047	21,604	4,827			
Person's enrolled in the agency's HIV services and receiving combination therapy who demonstrate an undetectable viral load	Quarterly	90.2%	74%	89.5%			
Percent of individuals re-enrolling in the syringe exchange program who are not sharing syringes	Quarterly	82%	69%	82.8%			
Number of syringes that are returned to syringe exchange program	Quarterly	2,802,426	3,142,400	559,022			
Percent of individuals diagnosed with primary or secondary syphilis treated within thirty days of diagnosis	Quarterly	100%	88%	94%			
Number of visits to agency-funded school- based health centers	Quarterly	55,616	49,100	4,490			

INCREASE IMMUNIZATIONS FOR ALL NEW MEXICANS:

Data Reported Semi-Annually

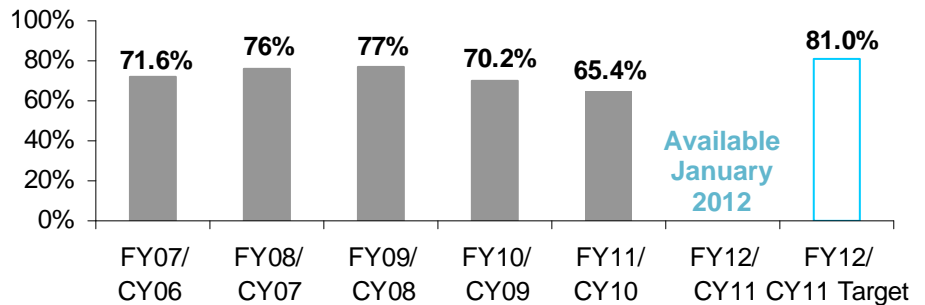
Data Source:

National Immunization Survey

Goal:

To increase the percent of preschoolers immunized.

Percent of Preschoolers Fully Immunized



MEASURE HISTORY:

- CDC frequently changes the standard series of vaccines by which preschool children's rates of immunization are measured. Previously, the standard series was 4:3:1:3:3:1 (4 DTaP:3 Polio:1MMR:3 doses Hib:3 doses of Hep B:1 dose of varicella). Beginning FY11, the new standard of measurement became 4:3:1:3:3:1:4 (4 DTaP:3 Polio:1MMR:3 doses Hib:3 doses of Hep B:1 dose of varicella:4 doses pneumococcal). Because of this change and the shortage of Hib Vaccine during the measurement period, rates nationwide, and in most states, have decreased.
- Only preliminary data is available in January and the final FY12/CY11 result is not be available until September after CDC's final immunization survey results are announced.

NATIONAL COMPARISON:

Percent of Preschoolers Fully Immunized

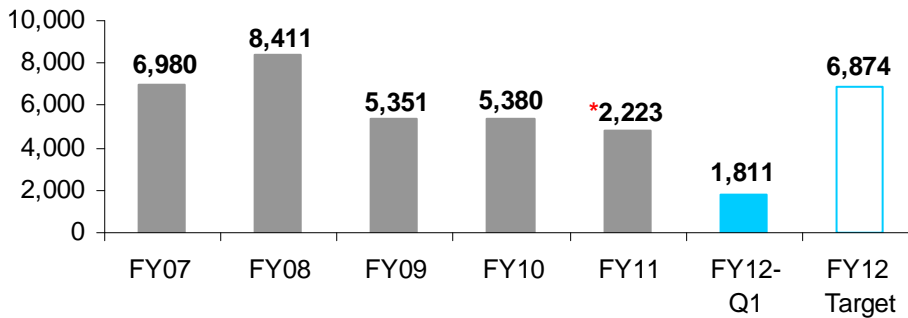
	CY07	CY08	CY09	CY10
New Mexico	76%	77%	70.2%	65.1%
United States	77.4%	76.1	63.6	70.2

ACTION PLAN:

- Work directly with the almost 500 immunization providers and partners statewide that serve children zero to three years of age to improve their immunization practices, minimize missed immunization opportunities and increase rates of completed childhood immunizations.
- 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.

REDUCE TEEN BIRTHS:

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:

*Results finalized February 2012.

MEASURE HISTORY:

- There is a strong correlation between staff shortages in the Public Health Offices due to the State hiring freeze and the number of teens receiving clinical services. The Family Planning Program (FPP) is currently working to fill vacant positions. In addition, FPP will try to offer more family planning services at School Based Health Centers.

ACTION PLAN:

- The Family Planning Program funded clinics will continue to provide confidential, family planning services to teen clients aged 15-17 at over 100 sites in Public Health Offices, Primary Care Clinics & School-Based Health Centers.
- Continue to promote four population-based strategies (service learning programs, adult-teen communication programs, comprehensive sex education and male involvement programs) to work in concert with the clinical family planning direct services to prevent teen pregnancy.
- Fund and provide technical assistance for community education with the Teen Outreach Program (TOP). TOP, a service learning program designed to decrease teen pregnancy and increase school success, combines community service with curriculum-based activities throughout the school year. TOP students complete service learning projects such as knitting winter clothing for domestic violence victims and distributing food baskets to needy families.
- Fund and provide technical assistance for community based organizations to implement comprehensive sex education programs. Organizations will implement Cuídate, targeting Hispanic youth 13-18 years of age with the theme of Cuídate or taking care of oneself and one's partner, family and community.
- Continue to support the adult-teen communication program Plain Talk, and provide training for Raíces y Alas, a two-hour workshop for parents of adolescents designed to increase parents' confidence in talking with their children about sex and sexual health topics.

QUARTER ONE ACTIVITIES:

- Region 5 Disease Prevention Specialist Supervisor Merced Jasso accepted an invite from La Clinica De Familia nursing staff to participate in their National Health Center Week Event held at La Clinica De Familia (LCDF) Women's Health Center in Anthony. The Region 5 Disease Prevention Team was asked to assist La Clinica De Familia in order to provide informational literature and assure the accuracy of the sexually transmitted information being given to patients. During the event, Merced spoke one-on-one with over 22 individuals, taking time to answer questions about STDs and HIV. Over 60 brochures on Chlamydia, Gonorrhea, STD testing and Partner Services were also dispensed. Safer sex kits were made available to attendees and over 240 condoms were dispensed as a result. Terry Pinales, RN Nurse Manager at the Anthony PHO, participated at this local event.
- Dave Daniels, the Region 5 HIV/ AIDS Health Educator, presented "Sexual Health: What you need to know," to 114 freshmen at the new Early College High School, located at the Doña Ana Branch Community College, NMSU campus. This presentation was created by Region 5 Disease Prevention staff in an attempt to inform those who have not or have newly engaged in sexual activity and to educate everyone about their realistic options regarding sexual health. The Health Sciences Department contacted the Disease Prevention Team and invited Dave to present as part of their science curriculum.
- The Hobbs Health Office distributed 163 packets with condoms, STD information, and pregnancy information including abstinence during new student registration at New Mexico Junior College.

REDUCE OBESITY AND DIABETES:

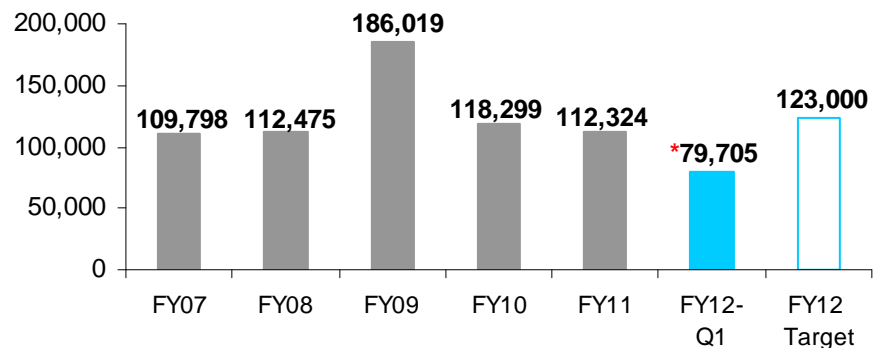
Data Reported Quarterly

Data Source:
WIC database

Goal:
To increase the number of WIC eligible persons receiving services.

Note:
*Quarterly results are estimates and include duplicate persons. A more accurate result can be reported annually.

Number of WIC Eligible Persons Receiving Services



MEASURE HISTORY:

- The WIC Program continues to experience staff vacancies that result in a decreased caseload.
- In FY12, the report used for this performance measure will be validated for accuracy.

ACTION PLAN:

- The WIC Program plans to add new satellite clinics in areas of potential eligible clients. So far, WIC expanded to the south area of Santa Fe, Springer and Des Moines. Free space at the library, head start, and soon the YMCA are being considered.
- There is a large demand for a nightly automated client appointment reminder service as a significant percentage of clients miss their WIC appointments. The auto-dialer service will contact between 2,200 and 3,700 WIC clients nightly to remind them of their scheduled clinic visits and the client will be able to confirm or cancel the appointment. The service will also be used to inform clients of health related news, such as formula recalls, clinic closures and new satellite clinic hours. It is estimated the auto-dialer solution will on average, save seven man-hours per week per clinic as well as decrease the number of missed appointments. The calls will be in English and Spanish. The system also generates a list of those who missed an appointment, so that WIC staff can provide a follow-up call.
- The program has instituted several mass screening days. These have been set for Saturdays in clinics statewide, in order to bring in clients who may work during traditional office hours.
- A poster for WIC outreach was designed and is set to be distributed statewide. The poster is intended for outreach at doctor's offices, laundromats, schools, etc. to advertise WIC services.
- The WIC Program will run television advertisements on several TV stations in the state. The script includes information regarding new foods and parent-child feeding information.

REDUCE THE ABUSE OF TOBACCO:

Data Reported Quarterly

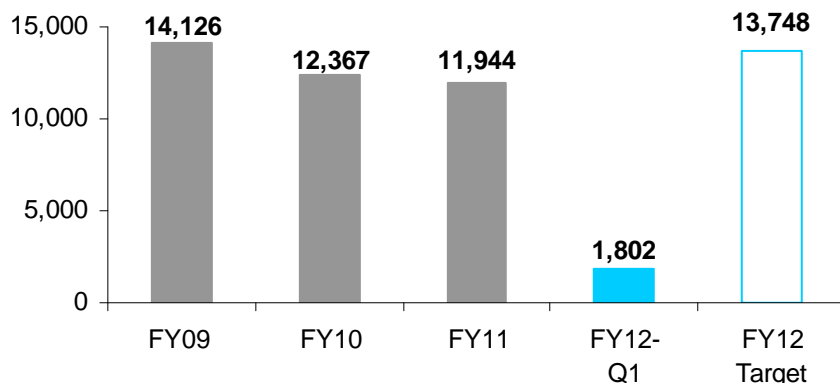
Data Source:

TUPAC Program

Goal:

To increase the number of calls to the 1-800-Quit Now tobacco cessation helpline.

Number of Calls to the 1-800-Quit Now Tobacco Cessation Help Line



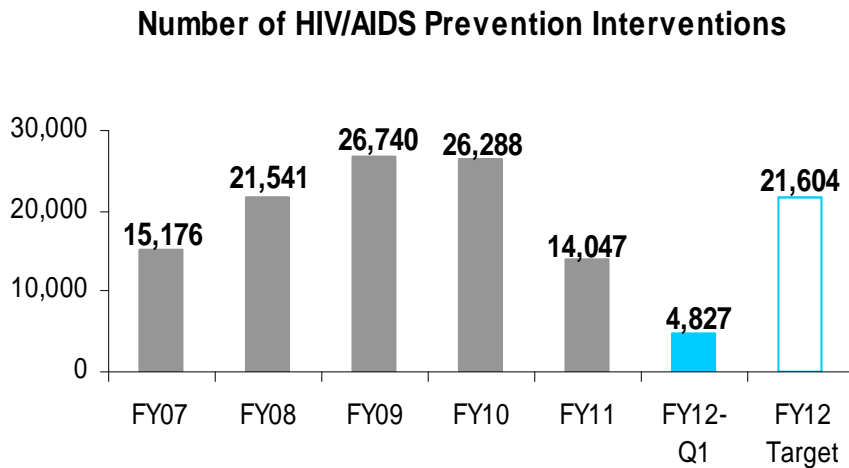
MEASURE HISTORY:

- The biggest factor in quitline call volume is media promotion.
- Based on 2010 BRFSS data, NM's adult smoking rate went up to 18.5% from 17.9%. This is the first time BRFSS data has shown an increase in adult tobacco use since the Tobacco Use Prevention and Control (TUPAC) program began.
- In 2010, as a result of budget cuts, TUPAC eliminated 20 contracts and reduced services for tobacco use prevention and control. Since 2006, program funding has been reduced by \$3.5 million. National studies have demonstrated that reductions in funding for comprehensive tobacco prevention and control programs have led to a leveling off or increase in tobacco use.

ACTION PLAN:

- Provide free smoking cessation services in English and Spanish to New Mexico Smokers through the tobacco cessation help line service, 1-800-QUIT NOW and online tobacco cessation service.
- Continue media campaign to promote availability of free cessation services through 1-800-QUIT NOW and online tobacco cessation services.
- 1-800-QUIT NOW and the online tobacco cessation service will continue to provide free nicotine patch, gum, or lozenge therapy (NRT) to every participant for whom NRT is an appropriate therapy.

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



Data Reported Quarterly

Data Source:

HIV/AIDS database

Goal:

To increase the number of HIV/AIDS prevention interventions.

Note:

This measure reports the persons from prioritized risk populations who participate in effective HIV prevention interventions.

MEASURE HISTORY:

- FY11 was the first year that the HIV Prevention Program has not exceeded target for this performance measure. The decline in the number of HIV/AIDS prevention interventions is caused by ongoing cuts to HIV prevention contracts over the past three years and a shift to more costly and intensive interventions that have been demonstrated to have impact on behavior change, but impact less numbers of people.
- Also in FY11, there was a transition in several contracted agencies, with one closing its doors and another transferring a major program to another agency. Changes caused by the transition and closure are now becoming more stable, so numbers for these efforts will increase again in FY12.

ACTION PLAN:

- One major goal of the HIV Prevention Program is to prevent new HIV infection by decreasing risky sexual and drug-using behaviors within the populations at greatest risk for HIV infection.
- Target populations and effective interventions are defined and prioritized through a mandated community-based process implemented by the New Mexico HIV Prevention Community Planning and Action Group (CPAG).
- HIV prevention interventions will be delivered by Disease Prevention Team (DPT) staff in each of the five Public Health Regions and 11 community-based agencies that contract with the HIV Prevention Program.
- Effective interventions will include demonstrated models that are promoted by the Federal Centers for Disease Control and Prevention (CDC) through the Diffusion of Evidence-Based Interventions (DEBI) project. They will also include locally-developed HIV prevention strategies that have been shown to have an impact on reducing risky behavior. Interventions will serve clients individually, in small educational groups, or at a community level.

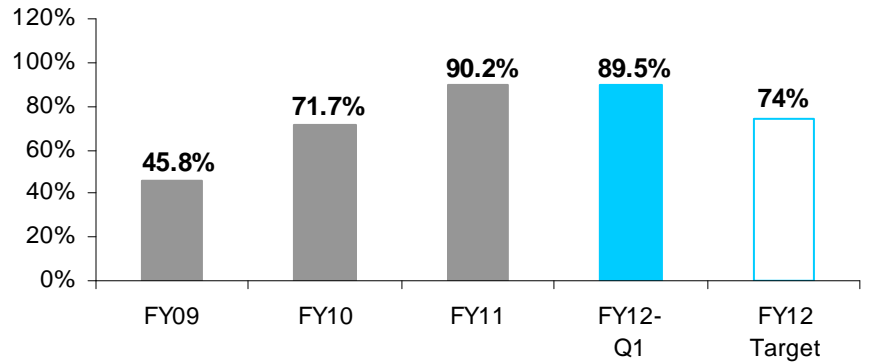
Data Reported Quarterly

Data Source:
CareWare

Goal:

To increase the number of persons enrolled in the agency's HIV services and receiving combination therapy who demonstrate an undetectable viral load.

Persons Enrolled in the Agency's HIV Services & Receiving Combination Therapy Who Demonstrate an Undetectable Viral Load



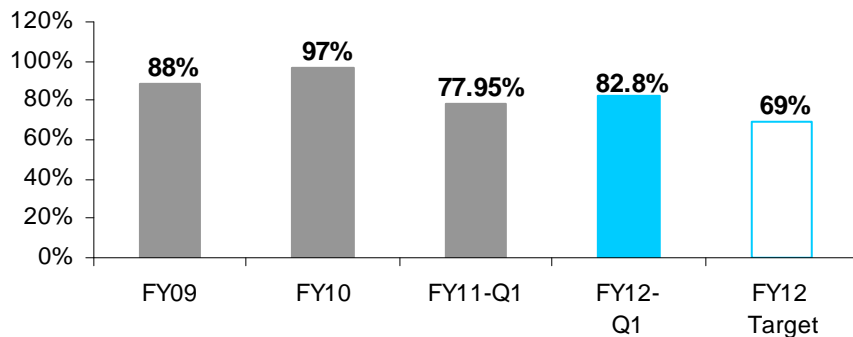
MEASURE HISTORY:

- DOH began reporting on this measure in FY11 because it shows a positive outcome of services provided.

ACTION PLAN:

- The HIV Services Program will use its CQM (Continuous Quality Monitoring) Committee to focus on this important performance measure and seek to improve it.
- Components of improvement are data capture, making sure that viral load results are captured in the program data base, and making low performing sites aware that they are functioning below others so that they are motivated to improve.
- Additionally, annual clinical audits by the Infectious Disease Medical Director highlight this and other key measures and publicize them to all clinics. This creates a peer pressure to improve performance.
- Viral load is a key indicator for two reasons. HIV patients with undetectable viral loads are likely to be healthy, and they are unlikely to be infectious.

Percent of Individuals Re-Enrolling in The Syringe Exchange Program Who Are Not Sharing Syringes



Data Reported Quarterly

Data Source: Syringe Exchange Database

Goal:

To increase the percent of individuals re-enrolling in the syringe exchange program who are not sharing syringes.

MEASURE HISTORY:

- This measure is reported one quarter behind.
- Reducing the sharing of syringes among injection drug users reduces the likelihood of transmitting blood borne pathogens such as HIV and Hepatitis C.
- The FY11 target was exceeded due to the continued education of participants in the program by the Harm Reduction specialists in each of the participating PHOs and designated Harm Reduction programs.

ACTION PLAN:

- Continue training staff and volunteers at Public Health Offices (PHO) and Community Based Offices (CBO) on correct outreach methodologies and practices.
- Through the education of participants during the exchange of used syringes for clean syringes, the program aims at having 70% or more of the re-enrollees show they are not sharing their syringes with other individuals.

QUARTER ONE ACTIVITIES:

- There were 250 re-enrollment interviews conducted and submitted. Out of those, 207 (82.8%) stated they were not sharing syringes with others. This data is for the time period of April 1, 2011 to June 30, 2011. The data is collected through the re-enrollment interviews conducted by the PHOs and CBOs engaging in Harm Reduction services and submitted to the Program.

Data Reported Quarterly

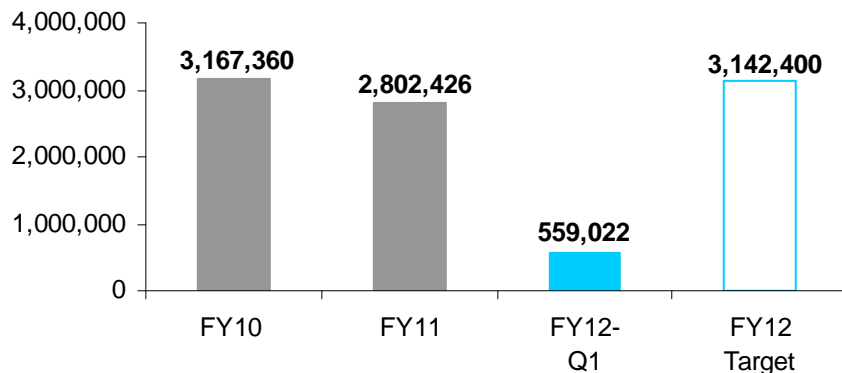
Data Source:

Syringe Exchange Database

Goal:

To increase the number of distributed syringes that are returned to the syringe exchange program.

Number of Distributed Syringes That Are Returned To The Syringe Exchange Programs



MEASURE HISTORY:

Preliminary Data - Target Not Met: Not all log reports have been received and/or data entered. Once all the reports are entered, the target should be closer to target and may even exceed target.

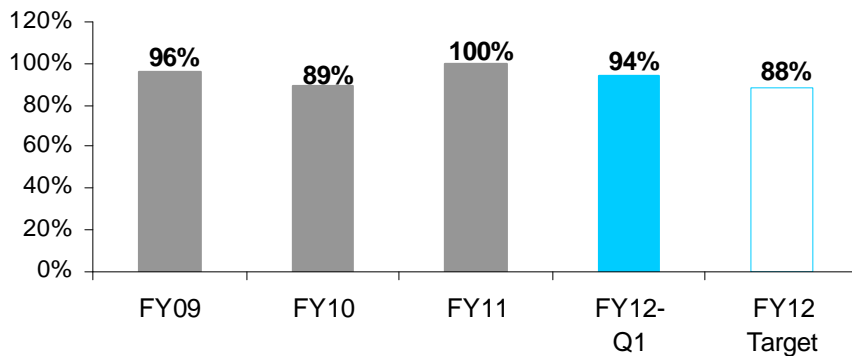
ACTION PLAN:

- Encourage injection drug users to return used syringes to the syringe exchange programs for proper biohazard disposal. This reduces the likelihood of accidental needle sticks by non-injection drug users and injection drug users themselves. The proper destruction of used syringes keeps the community safer.
- 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 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.

QUARTER ONE ACTIVITIES:

- The number of syringes distributed for the quarter was 587,807 and included 4,870 exchanges (unduplicated) with the syringes reported as going to 7,858 individuals (not unduplicated). This data is for the time period of April 1, 2011 to June 30, 2011. The data is collected through the Syringe Exchange Program log forms completed by the PHOs and CBOs engaging in Harm Reduction services and submitted to the Program.

Percent of Individuals Diagnosed With Primary or Secondary Syphilis Treated Within 30 Days of Diagnosis



Data Reported Quarterly

Data Source:
PRISM

Goal:

To increase the percent of individuals diagnosed with primary or secondary syphilis treated within thirty days of diagnosis.

Note:

*16 out of 17 cases of primary or secondary syphilis were treated within 30 days of diagnosis.

MEASURE HISTORY:

- The STD Program always reports with a lag time of one quarter due to the time needed to finish investigations and enter results.
- The data system was changed from STD*MIS to PRISM in FY11-Q3 resulting in improve the ability of program managers to get useful surveillance and management reports to improve program efforts.

ACTION PLAN:

- Conduct partner notification interviews of all reported cases of early syphilis and pursue the goal of improving the number of partners and associated individuals for each case. This is a key strategy because with only about 100 cases of early syphilis (the only time it is infectious is in primary or secondary stages) it is very difficult to find the disease by screening. So for every case, it is necessary to find as many people as possible who may have also been exposed, and as soon as possible to stop the spread of disease.
- Identify, find and appropriately treat partners of individuals with syphilis, in an effort to control the disease. Early treatment means less duration and fewer exposures to the infection.
- Use the STD Program's case management database, to monitor the status and outcomes of these investigations. This data is used to identify the relative strengths and weaknesses of program performance and to make recommendations for improvement in both the number and percent of favorable outcomes of partner notification investigations.
- Analyze data quarterly to determine statewide and regional performance as outlined in the Disease Prevention Specialist Performance Standards. Emphasis will be placed on measures referencing interviewing standards and partner investigations.
- Disease Prevention Team is working to improve re-interviews and cluster interviews. These are both designed to find more people who are at risk or may have been exposed to syphilis. This is a statewide effort and should result in more cases being identified and treated at an early stage.

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

Data Reported Quarterly

Data Source:

SBHC Pro database

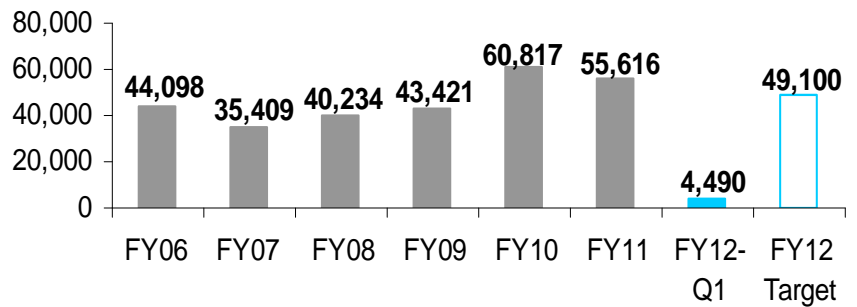
Goal:

To increase the number of visits to SBHCs.

Note:

Not all SBHCs were operating during Q1 due to restructuring.

Number of Visits to Agency Funded School-Based Health Centers



MEASURE HISTORY:

- Since FY06, this measure has exceeded target. Although the FY11 result is lower than last year's, we exceeded target due to provider stability, increased community school awareness of SBHC services and supports and focused efforts by SBHC staff to increase productivity.

ACTION PLAN:

- Support ongoing effective SBHC data collection, monitoring and reporting systems necessary to demonstrate the impact of school-based health centers on improving health and academic outcomes for youth. (ongoing)
- Implement year long Quality Improvement interventions to promote best practices within school-based health centers focused on supporting clinical services and systems necessary to improve identification, treatment of pediatric overweight, improved clinical practices to support EPSDT exams, and early identification, screening and intervention of depression and anxiety. (on-going activity)
- Support the ongoing coordination of SBHC and school health programs, including provider recruitment and training, statewide social marketing, development of advocacy strategies aimed at increasing awareness and effectiveness of SBHCs, school nursing and school health initiatives.
- The Teen Parent Prevention Work Group is collaborating with Las Cruces Public Schools Administration to implement a new health curriculum requirement. The local regional school health team is working closely with the team to offer technical assistance, feedback and recommendations on adolescent health. Specific feedback includes recommendations to include information specifically related to youth suicide prevention, youth engagement, anti-stigma education, as well as the importance of using activities that actively connect with youth. School Based Health Centers are included in the overall design and are an integral partner with the schools to support the new health education curriculum.

QUARTER ONE ACTIVITIES:

- The Teen Parent Prevention Work Group is collaborating with Las Cruces Public Schools Administration to implement a new health curriculum requirement. The local regional school health team is working closely with the team to offer technical assistance, feedback and recommendations on adolescent health. Specific feedback includes recommendations to include information specifically related to youth suicide prevention, youth engagement, anti-stigma education, as well as the importance of using activities that actively connect with youth. School Based Health Centers are included in the overall design and are an integral partner with the schools to support the new health education curriculum.
- UNM-Envision designed and field tested a behavior health quality improvement intervention to implement a patient registry tool to track students who score medium and high risk for depression and anxiety. The intervention module was designed with providers at Pojoaque SBHC.
- OSAH completed a request for proposal process during the 1st quarter to recruit sponsoring entities for SBHCs. The process was necessary to ensure HIPAA compliance and student confidentiality. Contracts were successfully negotiated, providers identified and agreements with school districts to utilize facilities completed for 55 locations. Sites pending identification of a sponsoring entity include Cuba, Belen and Socorro schools.
- The New Mexico Alliance for School-Based Health Care hosted two informative webinars to assist school districts and communities to identify and develop a working partnership with a sponsoring entity. The webinars included information about the distinctions between HIPAA and FERPA and the importance of ensuring access to quality, confidential services for adolescents.
- UNM-Envision hosted a webinar entitled, "Introduction to QI" for all SBHCs statewide. The webinar introduced sites to the importance of quality improvement and the types of technical assistance and services available to help them implement QI interventions.
- OSAH, in partnership with Apex Education completed an analysis of the Annual SBHC Student Satisfaction Survey for FY11. Clients from 51 DOH-funded SBHCs located in middle or high schools were asked to report on the health care received at their SBHC. The surveys were conducted anonymously and completed by 1,031 students across the state. Among the findings: 85% of students surveyed reported they are likely to follow SBHC advice and 72% report that they have changed a health risk behavior as a result of SBHC care. Almost a third of students (29.9%) report that the SBHC is their usual source of health care.
- Apex Education provided an analysis of FY11 data and developed a status report highlighting key outcomes. The Status Report is a useful marketing tool used by DOH, partner organizations and SBHCs to highlight key outcomes, including number of students impacted, number and type of visits to SBHCs, and health promotion messages students reported as most significant. For a copy of the report contact Daniel Romero at (505) 841-5880 or email, Daniel.romero3@state.nm.us

- Apex Education completed the development of an electronic version of the Student Health Questionnaire (SHQ) currently utilized by SBHCs to assess risk behaviors. The tool is scheduled for field testing and demonstration in five SBHCs in FY12.
- Region 4 School Health Team hosted a School Health Update. Approximately 95 participants representing school nurses, school social workers, school counselors, community partners and other public health staff attended. Topics included fetal alcohol spectrum disorders, schools supporting public health immunization efforts, asthma in the schools and health education standards teen pregnancy prevention focus. Continuing education credits were provided for social work, counseling and nursing.
- The first of three school health assistant trainings scheduled for this school year was held on September 29-30, 2011 in Albuquerque. Twenty-six health assistants completed the course. This course addresses the role of the school health assistant in a coordinated school health program, and meets the training requirement for school health assistant licensure required by the Public Education Department. Participants acquire the basic knowledge needed to work as a school health assistant , under the supervision of a licensed school nurse.
- Partner with Colorado Medicaid Division, NM Human Services Division and UNM-Envision to implement the Children’s Health Insurance Program Reauthorization ACT (CHIPRA) demonstration project, whose goals include: improving the quality of care delivered in SBHCs, integrating SBHCs into the medical home approach, and engaging youth in their own health care decisions.
- OSAH assisted in the identification and selection of five SBHC sites to demonstrate and pilot activities. Sites selected include, Silver City HS, Cobre HS, Pojoaque HS, Espanola HS and Laguna/Acoma HS. Selected sites met with project team staff from Colorado and New Mexico to obtain an overview of the project goals and objectives and cross-site evaluation plan. They also received preliminary information on the medical home approach and technology tools necessary to implement the electronic student health questionnaire.
- A SBHC assessment tool, “Youth Assessment of School Health Involvement (YASHI) is currently under development and an application for it to be pre-tested with youth and implemented this school year in the five demonstration sites in NM.

PROGRAM AREA 3: EPIDEMIOLOGY & RESPONSE

MISSION/PURPOSE:

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

FY12 OPERATING BUDGET:

General Funds: 8,051.6
Federal Funds: 15,455.7
Other State Funds: 1,314.3
Other Transfers: 493.2

SUMMARY AND RESULTS AT A GLANCE

ERD Q1 Summary: In FY12, ERD has two quarterly measures.

Performance Measures	Reporting Frequency	11 Actual	12 Target	FY12 Q1	FY12 Q2	FY12 Q3	FY12 Q4
Number of health emergency exercises conducted to assess and improve state and local capability	Quarterly	106	59				
Number of designated trauma centers in the state	Quarterly	9	9				

ENSURE PREPAREDNESS FOR HEALTH EMERGENCIES, INCLUDING PANDEMIC INFLUENZA:

Data Reported Quarterly

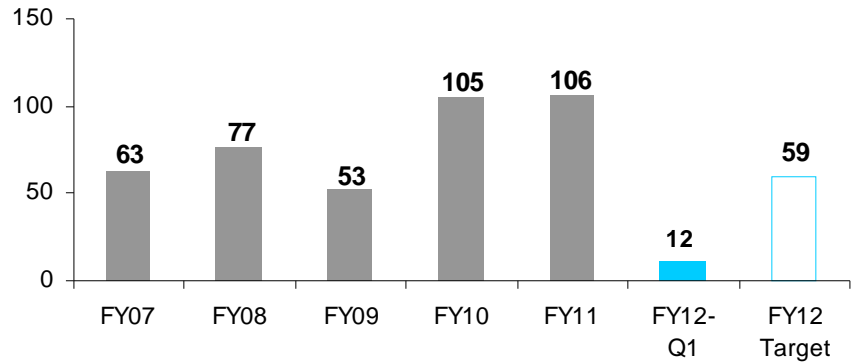
Data Source:

Exercise Database

Goal:

To increase the number of pandemic influenza plan exercises.

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



MEASURE HISTORY:

- This measure exceeded target in both FY10 and FY11. The reporting of exercises is done by the Bureau of Health Emergency Management (BHEM) and its preparedness partners, including public health departments and regions, hospitals, clinics and others. The Public Health Emergency Response Coordinators located in PHD regions report monthly to BHEM all preparedness activities of significance including participation and conduct of exercises. Also HPP participating healthcare partners (hospitals and clinics) report activity.

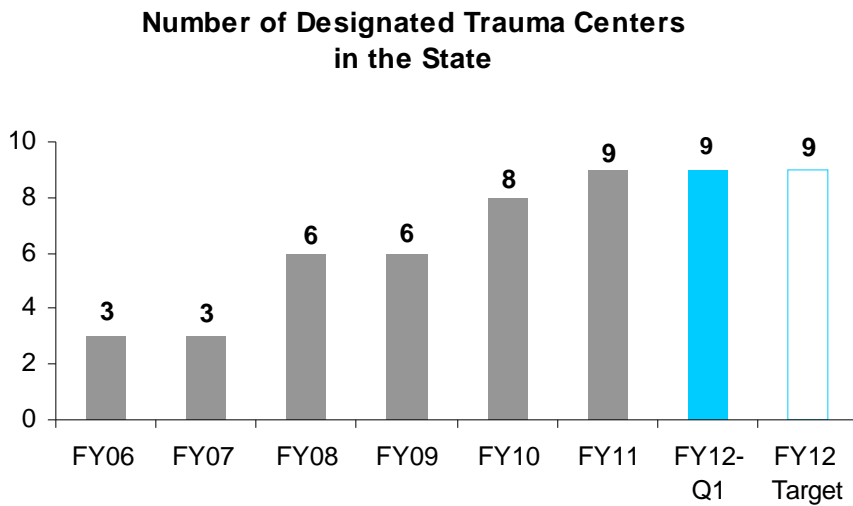
ACTION PLAN:

- Activities related to the measures that are planned for this fiscal year, July 2011 - June 2012, include: Quarterly drills for the Strategic National Stockpile (SNS), Cities Readiness Initiative (CRI) and the Hospital Preparedness Program (HPP); Table Top Exercises for SNS and the HPP; Functional Exercises for SNS and HPP; DOH participation with the Department of Homeland Security and Emergency Management in the NM Training and Exercise Workshop in late October; and multiple regional and local hospital drills and exercises to be conducted statewide.

QUARTER ONE ACTIVITIES:

- Twelve statewide drills and exercises were held between July 1, 2011 and September 30, 2011.
- In FY12-Q1, twelve drills and exercises were reported to DOH. The exercises included seven radio communications drills in PHD Regions 1-3 and 5, a public health fire drill and two call down exercises – one for the SNS and one for the DOH Department Operations Center, a DOH DOC assembly drill and DOH participation in a full scale exercise with the Metropolitan Medical Response System in Albuquerque.

IMPROVE EMERGENCY MEDICAL SERVICES AND TRAUMA CARE ACROSS THE STATE.



Data Reported Quarterly

Data Source:

Emergency Medical Services Bureau

Goal:

To increase the number of trauma centers.

MEASURE HISTORY:

- Designation of trauma centers is a two year process.
- Two facilities that were originally scheduled for FY11 requested an extension to designate during FY12. One additional facility is scheduled for FY12.

ACTION PLAN:

- Nor-Lea hospital is scheduled for a verification site visit in January 2012 to be performed by qualified outside surveyors. A site visit was performed this month to assess the readiness of Nor Lea Hospital for verification and all the components of a Level IV trauma center were in place. It is anticipated that Nor-Lea Hospital will have a successful survey.
- Sierra Vista Hospital is scheduled for a verification site visit in April 2012. A site visit will be performed prior to the visit to ensure their readiness.
- Gallup Indian Medical Center has scheduled an American College of Surgeons site survey for February 2012 and is anticipated to have a successful verification.
- If all three of these hospitals are successful with their verification site visits, there will then be 12 New Mexico trauma centers.

PROGRAM AREA 4: LABORATORY SERVICES

MISSION/PURPOSE:

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

FY12 OPERATING BUDGET:

General Funds: 6,445.1
Federal Funds: 1,709.3
Other State Funds: 2,977.0
Other Transfers: 0.0

SUMMARY AND RESULTS AT A GLANCE

SLD Summary: SLD has three measures in FY12.

Performance Measures	Reporting Frequency	FY11 Actual	FY12 Target	FY12 Q1	FY12 Q2	FY12 Q3	FY12 Q4
Percent of public health threat samples illnesses that are analyzed within specified turnaround times	Quarterly	93.4% (cumulative)	93%	89.63%			
Percent of blood alcohol tests from driving-while-intoxicated cases that are analyzed and reported within ten business days	Quarterly	16.33% (cumulative)	74%	46.10%			
Percent of office of medical investigator toxicology cases completed within ninety days	Quarterly	65.55% (cumulative)	88%	46.51%			

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

Data Reported Quarterly

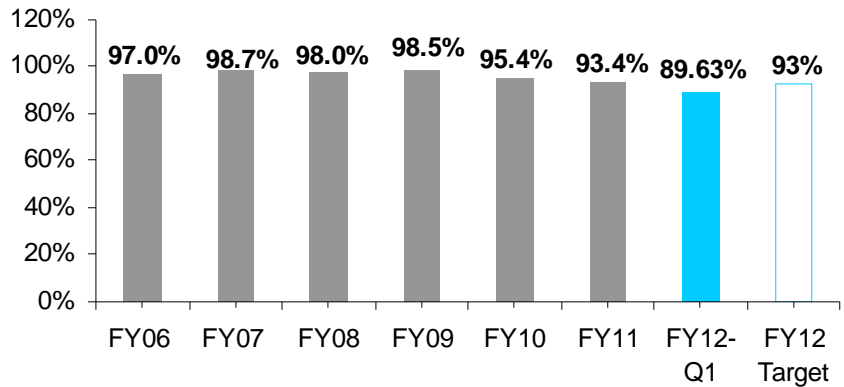
Data Source:

Laboratory Information Management System (LIMS) and ACCESS data files

Goal:

To meet the target of 93% of public health threat samples tested in the specified turn-around times.

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



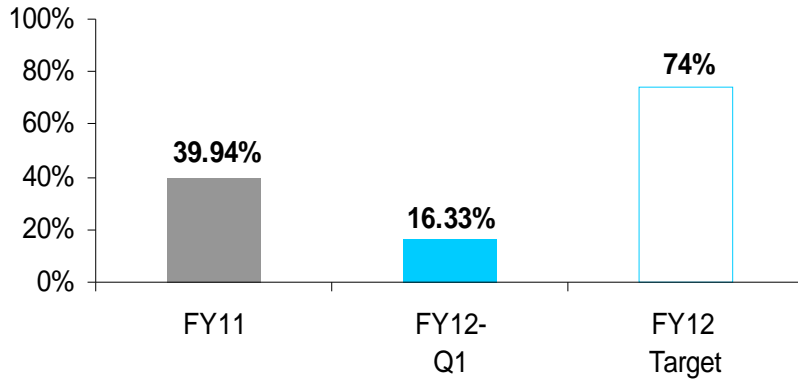
MEASURE HISTORY:

- Previously, only biological samples were included in this measure. A measure that had included environmental sample turnarounds was dropped last year. As environmental samples can cause threatening illnesses, the environmental sample turnaround times are being included in this measure starting with this quarter.
- This measure was at a 98% value three years in a row. This changed in FY11 due to pre-move planning and packing, moving, unpacking and re-certification efforts. SLD has also had several sections with staffing vacancies in FY11. Several retail food studies were in process. Staff were also involved with the testing and implementing of the HL7 electronic reporting which is part of a national mandate.

QUARTER ONE ACTIVITIES:

- There are several areas of testing that did not meet the turnaround times:
 - **Biological Services Bureau:** The overall turnaround times for food testing did not meet SLD's turnaround times. However, it did meet the turnaround times for the grant requirements that are funding the analyses.
 - Tuberculosis testing need not meet the turnaround times. While the overall sample numbers is down, the percentage of positive tests is higher. The positive samples require more extensive analyses that take longer to complete.
 - Serology testing turnaround was lower than anticipated due to cross-training of staff. They are transitioning to new automated testing for hepatitis and HIV which should help turn-around times.
 - **Chemistry Bureau:** The Bureau is in the middle of testing and implementation of the Laboratory Management System. In essence, the staff are doing double work, working with both the old and new system. Full implementation will be in November. The 'double' work will be completed, with the learning curve of a new system left.

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



Data Reported Quarterly

Data Source:

Laboratory Information Management System (LIMS)

Goal:

To meet the goal of 74% of blood alcohol tests analyzed within 10 business days.

MEASURE HISTORY:

- In FY11, results for this measure were negatively impacted due to the move, staffing vacancies and a continued high volume of subpoenas and discovery orders.
- Number of days was changed from seven to ten business days, therefore historical data is only available for FY11.

ACTION PLAN:

- Continue training new employees. It takes from 6 months to one year for employees to become proficient in analysis of samples, depending on the type of testing being done.
- Continue to encourage the use of video testimony. Video testimony allows the analysts to stay in the laboratory building to testify and therefore be available to continue testing samples. When an analyst travels to court, the analyst can be out of the laboratory for two days just for travel time.
- Mandatory overtime to reduce in-house samples. Reduction of the number of in-house samples will get the cases back to the courts.

QUARTER ONE ACTIVITIES:

- The Toxicology Bureau has hired four new employees during this quarter. While they are getting up to speed quickly, it takes from six months to one year for analysts to become proficient depending on the analysis.
- There was a 32% increase in the number of subpoenas from the first quarter of FY11, and a 17% increase in subpoenas from the last quarter of FY11. Due to the Bullcoming v New Mexico court case, the number of analysts being subpoenaed for single cases has increased. There have been numerous occasions where all analysts are in court and, therefore, no analysts were working in the laboratory. The laboratory receives an average of 7 subpoenas per day from across the state.

Data Reported Quarterly

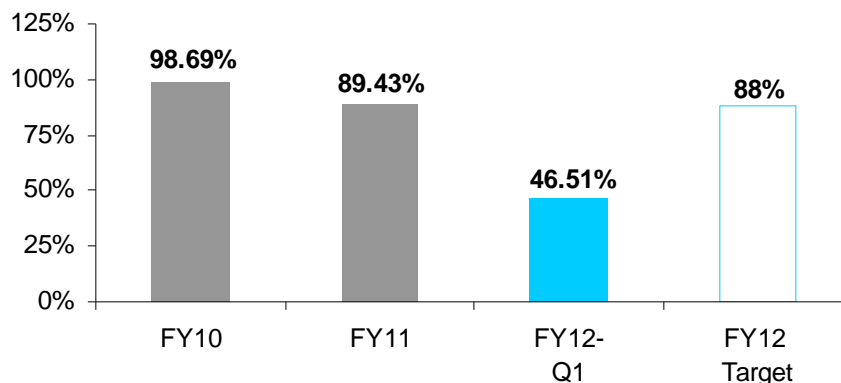
Data Source:

Laboratory Information Management System (LIMS)

Goal:

To meet the specified target of 88% of Office of Medical Investigator toxicology cases completed within 90 days.

Percent of Office of Medical Investigator Toxicology Cases Completed Within 90 Days



MEASURE HISTORY:

- The cause of death cases completed within 90 days in FY11 was affected by the volume of subpoenas for impaired driving cases coupled with 27% staff vacancy rate. The same scientists who analyze the cause of death samples, analyze impaired driving samples, and are subpoenaed to testify in court.
- In FY11, results for this measure were also negatively impacted due to the move and the need for the Toxicology Bureau to focus on reducing the impaired driving backlog.

ACTION PLAN:

- Continue training of new staff. New staff have been hired and training is needed to bring them up to the level required for the American Board of Forensic Toxicologists. This can take from 6 months to 2 years depending on the drug analysis.
- Continue cross-training of staff. Cross-training allows for in-house capability when sample volume is high.

QUARTER ONE ACTIVITIES:

- The staff that analyze samples for the OMI cause of death cases are the same staff that analyze samples for the impaired driving cases and testify in court. Toxicology Bureau has hired four new employees during this quarter. While they are getting up to speed quickly, it takes from six months to two years to become productive, depending on the drug analysis. The OMI cases have not met the turn-around times because the Toxicology Bureau has focused on reducing the impaired driving backlog. In order to maintain the focus, only 'pending' OMI cases are being analyzed which are the cases with no obvious cause of death. The 'non-pending' cases, cases with an obvious nondrug cause of death such as gunshot or suicide, are being given lower priority at this time.

FY12 QUARTER ONE SUCCESS STORIES

Chemistry Bureau:

- The Chemistry Bureau has been working with vendor to configure the Laboratory Information Management System (LIMS) for the organic and inorganic analyses in the Heavy Metals, Water Chemistry and Organic Sections. The go-live is expected to be in November.

Toxicology Bureau:

- The Toxicology Bureau was audited by the American Board of Forensic Toxicologists on September 1-2, 2011. The audit is a comprehensive review of all protocols and practices including Standard Operating Procedures, Quality Assurance records, training records, case folders, and instrumentation logs. Although the results of the audit will not be available until later in the year, the exit interview was very favorable.
- The Toxicology Bureau was inspected by the Drug Enforcement Agency on September 26, 2011. Because of the new facility, the inspection included the physical premises and security, as well as inventory and records of Schedules I-V controlled substances. The results of the inspection will be available during the next quarter.

Biological Sciences Bureau:

- The Virology/Serology Section tested syringes that had stuck children who found them in a daycare toy box on July 13, 2011. The syringes were tested for HIV antibody, Hepatitis B Surface Antigen, and Hepatitis C Antibody. The test results were negative. Testing was performed on an emergency basis and results were reported that night.
- The General Microbiology and Environmental Microbiology Sections of the BSB were involved in the *Listeria monocytogenes* outbreak investigation, through the testing of clinical specimens and cantaloupe samples from both unopened packages as well as from patients' homes. The General Microbiology Section was also involved in the identification of Group B Strep isolates from neonates at a local NICU
- The Biological Services Bureau resumed its testing of *Coccidioides immitis* after its BSL-3 facility was inspected and approved for select agent work by the Centers of Disease Control and Prevention's Select Agent Program.
- The Virology/Serology supervisor, Adam Aragon, Environmental Microbiology supervisor, Paul Torres, and General Microbiology supervisor, Lisa Onischuk, were invited to speak at the first annual Emerging Infections Program Day meeting on August 12th about New Mexico Emerging Infections Program Laboratory Activities. The talks included an overview on influenza testing, and collection and shipping requirements; Active Bacterial Core Surveillance (ABCs) related lab testing, as well as enteric bacterial pathogen testing; an overview of the testing performed for FoodNet, and how pathogens found in food products are tested with Pulsed Field Gel Electrophoresis to provide a "fingerprint" for outbreak detection. This was demonstrated recently with *Salmonella* isolated from turkey submitted to SLD as part of FoodNet surveillance that was discovered to be specifically associated with human illness occurring across the nation.

PROGRAM AREA 6: FACILITIES MANAGEMENT

MISSION/PURPOSE:

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

FY11 OPERATING BUDGET:

General Funds: 62,477.0
Federal Funds: 0.00
Other State Funds: 76,178.8
Other Transfers: 713.8

SUMMARY AND RESULTS AT A GLANCE

Facilities Summary: Facilities has seven performance measures in FY11. A new Facilities Director has been hired and will be providing action plans for meeting target.

Performance Measures	Reporting Frequency	FY11 Actual	FY12 Target	FY12 Q1	FY12 Q2	FY12 Q3	FY12 Q4
Number of substantiated cases of ANE per one hundred residents in agency-operated long-term care programs confirmed by the division of health improvement	Quarterly	.24	0	0			
Percent of operational beds filled at all agency facilities	Quarterly	93.5%	89%	91.4%			
Percent of billed third party revenues at all agency facilities	Quarterly	60%	74%	62%			
Total dollar amount of uncompensated care at all facilities	Quarterly	\$41,377,947	\$38,684,000	\$40,034,657			

IMPROVE RESIDENT CARE AND SERVICES IN DOH FACILITIES.

Data Reported Quarterly

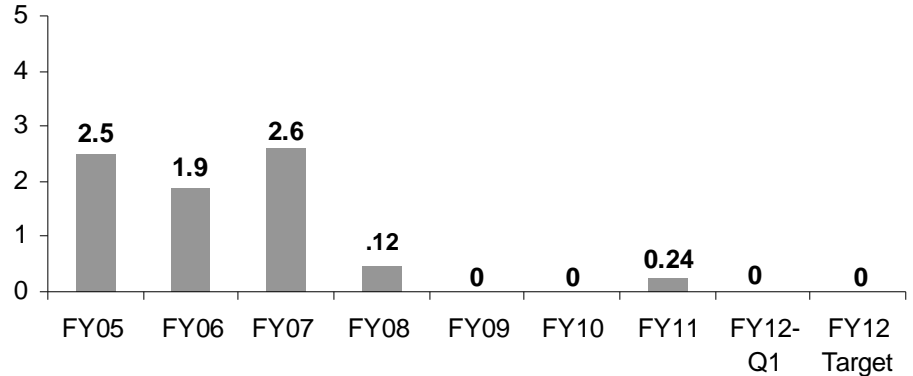
Data Source:

Incident Management System

Goal:

To maintain zero substantiated cases of abuse, neglect and exploitation.

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



MEASURE HISTORY:

- The long term care facilities continue to focus on preventing abuse, neglect and exploitation.
- In FY11-Q3, there was one substantiated case of abuse, neglect or exploitation, changing the successful two year trend of zero cases of abuse, neglect and exploitation.

ACTION PLAN:

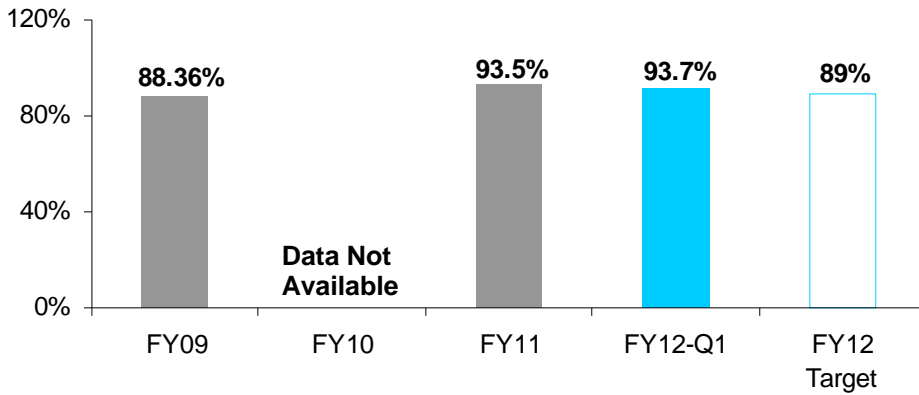
- Decrease the number of substantiated cases of abuse, neglect and exploitation by increasing the number of unannounced surveys.
- Provide mandatory annual training for all staff members on incident management. Update any changes in the process, review definitions and requirements for reporting and dealing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

Percent of Operational Capacity Beds Filled At All Agency Facilities

Data Reported Annually

Data Source:
Minimum Data Set

Goal:
To increase the percent of operational capacity beds filled at all agency facilities.



MEASURE HISTORY:

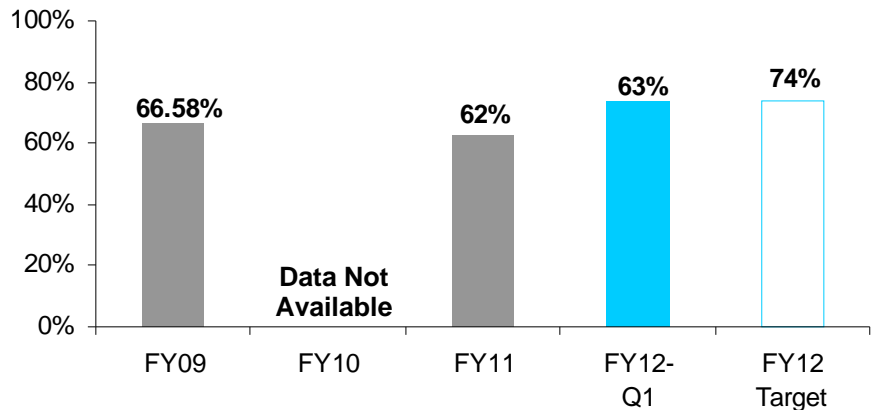
- This measure exceeded target in FY11 in spite of vacancies in administrative positions and direct care staff.

Data Reported Annually

Percent of Billed Third Party Revenues At All Agency Facilities

Data Source:
Minimum Data Set

Goal:
To increase the percent of billed third party revenues at all agency facilities.



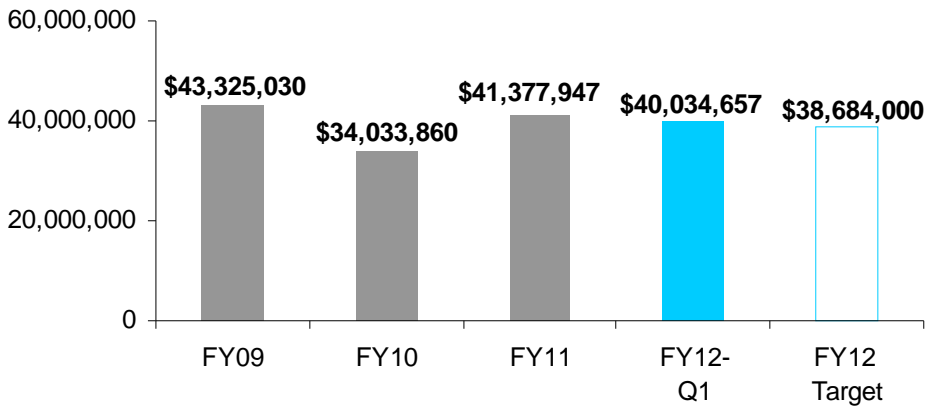
MEASURE HISTORY:

- Facilities continue to have difficulties with collections from some private pay revenues. The vacancies in administrative hiring has negatively impacted billing functions.

ACTION PLAN:

- To improve revenue collections, some facilities have implemented electronic billing and dragon speak transcription service and upgraded computers for faster processing. There is also a focus on hiring administrative (billing related) positions at Fort Bayard and Las Vegas.

Total Dollar Amount of Uncompensated Care At All Facilities



Data Reported Annually

Data Source:
Minimum Data Set

Goal:
To decrease the total dollar amount of uncompensated care at all facilities.

MEASURE HISTORY:

- In FY11, the total dollar amount of uncompensated care at all facilities missed the target by \$1.3 million.

PROGRAM AREA 7: DEVELOPMENTAL DISABILITIES SUPPORTS

MISSION/PURPOSE:

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

FY12 OPERATING BUDGET:

General Funds: 129,085.6
Federal Funds: 2,596.3
Other State Funds: 1,400.0
Other Transfers: 7,704.0

SUMMARY AND RESULTS AT A GLANCE

Developmental Disabilities Summary: DDSD has four quarterly measures in FY12. The two DD Waiver measures are informational only.

Performance Measures	Reporting Frequency	FY11 Actual	FY12 Target	FY12 Q1	FY12 Q2	FY12 Q3	FY12 Q4
Percent of adults receiving developmental disabilities day services who are engaged in community-integrated employment	Quarterly	32%	29%	35%			
Percent of developmental disabilities waiver applicants who have a service plan in place within ninety days of income and clinical eligibility determination	Quarterly	90%	93%	100%			
Percentage of requests to increase level of care (from level 3 to level 2 or from level 2 to level 1) reviewed by DOH	Quarterly	NA	39%	75%			
Number of individuals on the developmental disabilities waiver receiving services	Quarterly	3,801	3,792	3,815			
Number of individuals on the developmental disabilities waiver waiting list	Quarterly	5,401	4,720	5,542			

ENSURE QUALITY DEVELOPMENTAL DISABILITIES SERVICES FOR NEW MEXICANS.

Data Reported Quarterly

Data Source:

Supported Employment Unit,
Community Programs Bureau

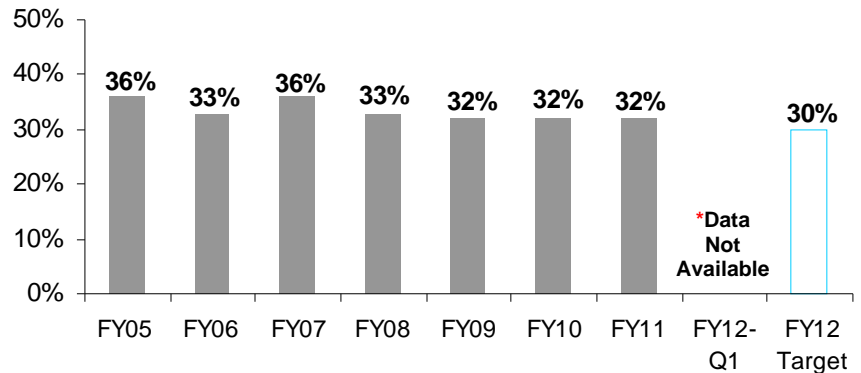
Goal:

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

Note:

* See action plan below.

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



MEASURE HISTORY:

- * The data for this measure is reported one quarter behind.
- Extended medical leave and subsequent retirement of the Community Inclusion Manager position and vacancies in the Supported Employment Lead, the State General Fund Manager and two Regional Community Inclusion staff contributed to incomplete data tracking and entry in FY11 Quarter 2 and 3. DOH has filled the regional positions, reassigned the state general fund work and has posted and interviewed for the Supported Employment Lead and the Community Inclusion Manager. Reporting will be back on track for FY12.

ACTION PLAN:

- Continue to utilize the New Mexico Employment Institute in areas of job development and technical assistance to train and assist providers.
- Continue to schedule and conduct local Employment Leadership Network meetings to support employment efforts among providers, employers and individuals served.
- Also continue to work closely with the National Supported Employment Network of which we are a mentor state. Medicaid Infrastructure Grant funding has been secured to facilitate training of providers.

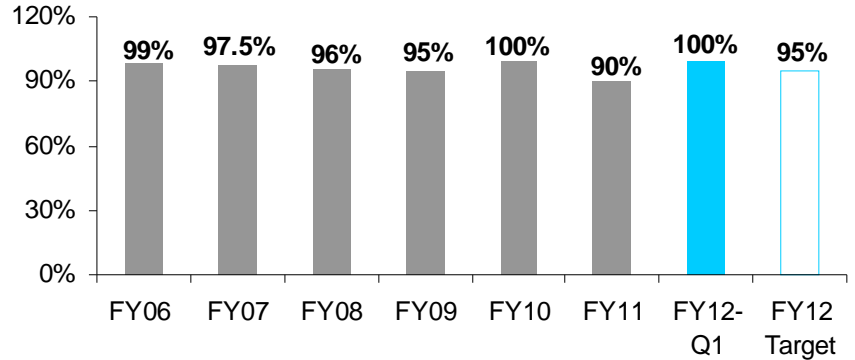
Data Reported Quarterly

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.

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



MEASURE HISTORY:

- In FY11, due to eligibility worker vacancies in the Northeast, Southeast, and Metro regions, DDSD was unable to maintain adequate tracking of allocated individuals getting into service plan within ninety days of financial and medical eligibility.

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.

QUARTER ONE ACTIVITIES:

- Percent of DD waiver applicants who have a service plan in place within 90 days of income and clinical eligibility determination is 9/9 (100%). The number of days was calculated by comparing the date of income/clinical eligibility determination (LOC/MAW) and the start date of the individual service plan (ISP). The data is collected from Case Management agencies and Income Support Division documents.

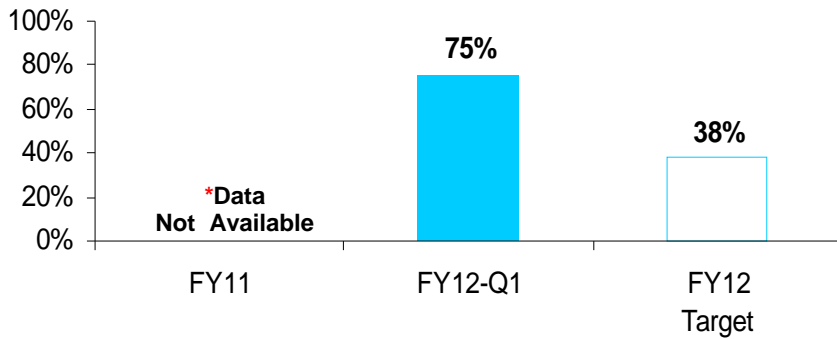
**Percent of Requests to Increase Level of Care
(From Level 3 to Level 2 or From Level 2 to
Level 1) Reviewed by DOH**

Data Reported Quarterly

Data Source:
Central Registry

Goal:
To increase the percent of
requests reviewed by DOH.

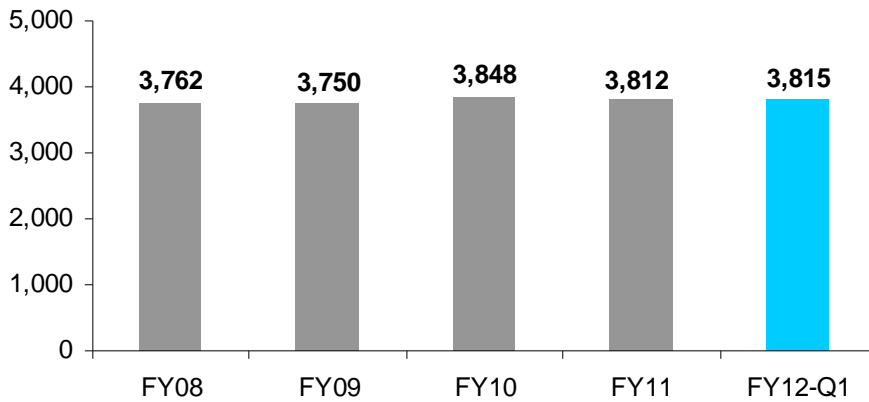
Note:
* New measure in FY12.



QUARTER ONE ACTIVITIES:

- The percentage of requests to increase level of care received vs. approved is 75% (9 out of 12) for FY12-Q1. The breakdown by region is as follows:
- Metro Region: 6 received and 5 approved
- Northwest Region: 1 received and 0 approved
- Northeast Region: 2 received and 2 approved
- Southeast Region: 1 received and 1 approved
- Southwest Region: 2 received and 1 approved

Number of Individuals on the Developmental Disabilities Waiver Receiving Services



Data Reported Annually

Data Source:
Central Registry

Goal:
To increase the number of individuals on the developmental disabilities waiver receiving services.

Note:
Measure is non-AGA, informational only.

QUARTER ONE ACTIVITIES:

For the first quarter of FY12, there were a total of 3,815 individuals receiving services on the waiver. Of this total, 181 received Mi Via Waiver services and 3,634 received Developmental Disabilities Waiver services. The data is a point in time measure from a report created on August 31, 2011 prepared by the Human Services Department, Medical Assistance Division, Long Term Services Bureau.

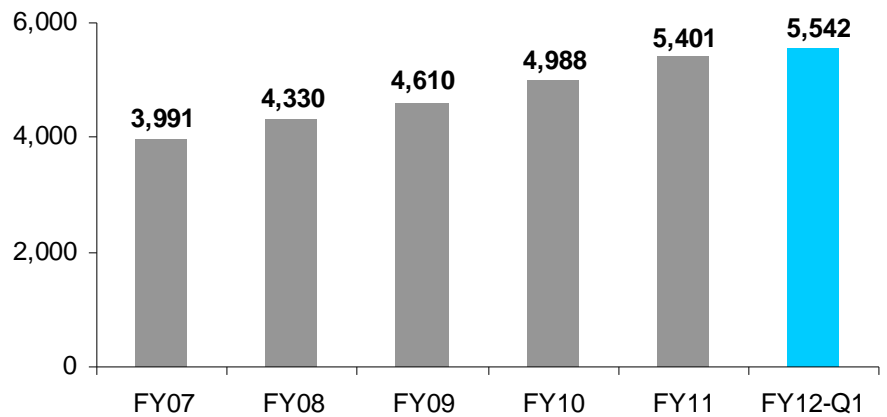
Data Reported Quarterly

Data Source:
Central Registry

Goal:
To decrease the number of individuals on the developmental disabilities waiver waiting list.

Note:
Measure is non-AGA, informational only.

Number of Individuals on the Developmental Disabilities Waiver Waiting List



QUARTER ONE ACTIVITIES:

- The number of persons waiting for DD Waiver services continues to increase. There are two major factors leading to the increase. First, the number of persons added to the DD waiver is limited because of funding availability. The second factor is that people continue to apply for DD waiver services. It is likely the number of people on the wait list will continue to increase until funding availability allows for substantial numbers to move from the wait list into DD waiver services.

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.

FY12 OPERATING BUDGET:

General Funds: 4,393.0
Federal Funds: 1,929.6
Other State Funds: 2,290.9
Other Transfers: 3,427.7

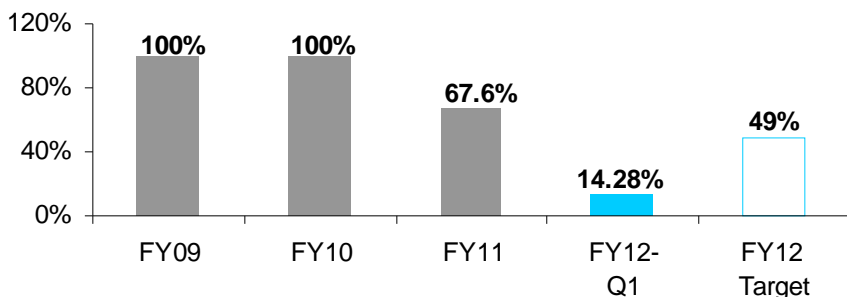
SUMMARY AND RESULTS AT A GLANCE

Q4 Health Certification Licensing and Oversight Summary: HCLO has four quarterly measures in FY11.

Performance Measures	Reporting Frequency	FY11 Actual	FY12 Target	FY12 Q1	FY12 Q2	FY12 Q3	FY12 Q4
Percent of developmental disabilities, family infant toddler, medically fragile and behavioral health providers receiving a survey by the quality management bureau	Quarterly	67.6%	49%	14.28%			
Percent of required compliance surveys completed for adult residential care and adult day care facilities	Quarterly	44.5%	74%	9%			
Percent of abuse, neglect and exploitation incidents for community-based programs investigated within 45 days	Quarterly	92.04%	93%	95.16%			

ELIMINATE ABUSE, NEGLECT, OR EXPLOITATION OF SENIORS AND VULNERABLE ADULTS:

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



Data Reported Quarterly

Data Source:

QMB and HFLC Systems

Goal:

To increase the percent of DD, FIT, MF and behavioral health providers receiving a survey from QMB.

MEASURE HISTORY:

- The total number of community providers is 224. The purpose of community provider surveys is to ensure compliances with state and federal regulations, statues, requirements, standards and policies in order to protect the health and safety of people served.
- Division of Health Improvement's Quality Management Bureau conducts compliance surveys of community based providers for the following services: The CMS Medicaid Waivers for Developmental Disabilities (DDW) and Medically Fragile (MFW), the Family Infant Toddler (FIT) Program, Behavioral Health Services (BH), Community Mental Health Centers (CMHC), and Comprehensive Community Support Services (CCSS).
- The frequency of provider surveys is based on their historical/current performance or service type. DDW, MFW, FIT providers are surveyed based on the previous determination of compliance, Substantial Compliance, (3 year) Partial compliance (2 year), or Non compliance (1 year). BH surveys are conducted on an 18-24 month review cycle for each service, CMHC and CCSS.

ACTION PLAN:

- In FY12, QMB will be making significant changes to its survey processes to realign survey tools and processes with the new DDW standards and requirements (including Conditions of Participation CoPs) and with BH guidelines for a single compliance tool for youth and adult services.
- The SFY12 data will be used to create a new benchmark for the QMB performance measure data.

QUARTER ONE ACTIVITIES:

- In FY12-Q1, QMB conducted the following surveys: DDW: 22 of 125 providers = 17.6%; MF: 1 of 13 providers = 7.7%; FIT: 3 of 36 = 8.3%; CMHC: 6 of 25 = 24%; CCSS: 0 of 25 = 0%.
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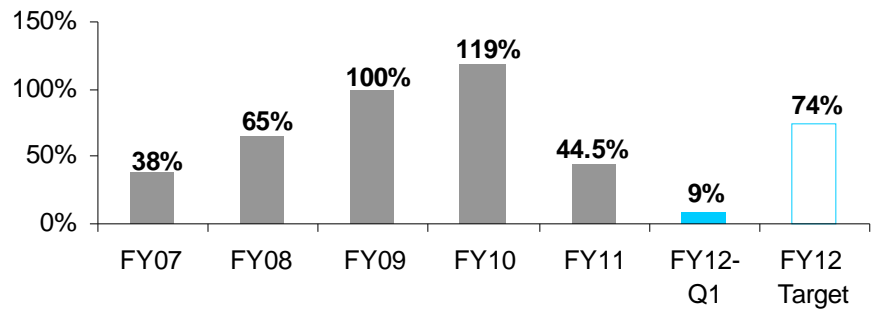
Data Source:

Incident Management Bureau database

Goal:

To increase the percent of compliance surveys completed for adult residential care and adult day care facilities.

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



MEASURE HISTORY:

- Due to budget constraints, this program is currently staffed by two licensed only surveyors.
- Survey oversight of assisted living and adult day care facilities is statutorily required as well as needed to protect our vulnerable NM residents living in these settings. We survey for health and safety in accordance with our regulations 7.8.2 NMAC.

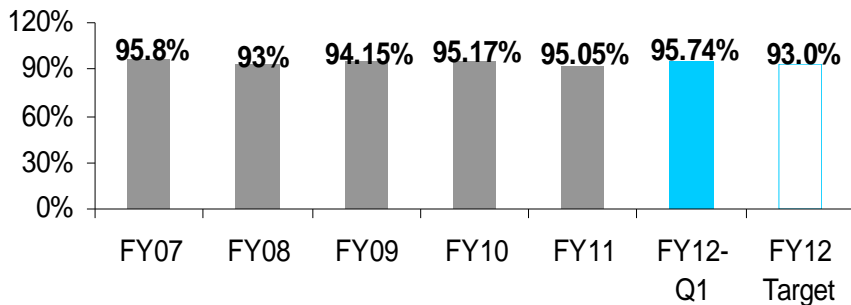
ACTION PLAN:

- Conduct unannounced state licensing surveys of assisted living and adult day care facilities to ensure the health and safety of vulnerable NM residents.
- HFL&C is conducting Complaint Based Surveys on these facility types to ensure the health and safety of residents residing and receiving services is ensured.

QUARTER ONE ACTIVITIES:

- During the months of July, August, and September, seventeen complaint surveys and four revisit surveys were investigated. Twenty one total surveys were conducted in Q1.

Percent of Abuse, Neglect and Exploitation Incidents for Community-Based Programs Investigated Within 45 Days



Data Reported Quarterly

Data Source:

Incident Management Bureau database

Goal:

To increase the percent of abuse, neglect and exploitation incidents investigated within 45 days.

MEASURE HISTORY:

- To protect consumers that receive community-based services from abuse, neglect and exploitation perpetrated by paid caregivers.
- In order to protect the health and safety of covered populations, home and community-based service providers are required to file Incident Reports (IR) of abuse, neglect, exploitation and other reportable incidents with the Incident Management Bureau (IMB), as required by regulation. Covered populations include people served through: the Developmental Disabilities (DD) Waiver; Medically Fragile Waiver; Family, Infant, Toddler Program, DD State General Fund; Traumatic Brain Injury Crisis Interim Fund; and some people served through the DD Mi Via Waiver.

ACTION PLAN:

- Investigator caseloads have been monitored weekly and additional cases assigned to investigators with lower caseloads in different regions to best maintain timelines. All incident reports of emergency service use and law enforcement involvement (except those received for Jackson class members) have been closed at intake unless there is obvious concern about abuse, neglect or exploitation.
- 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.

QUARTER ONE ACTIVITIES:

- 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.
- 739 cases were closed within FY12-Q1. 137 cases were closed with a confirmation of abuse, neglect or exploitation.

ACTION PLAN:

- Investigator caseloads have been monitored weekly and additional cases assigned to investigators with lower caseloads in different regions to best maintain timelines. All incident reports of emergency service use and law enforcement involvement (except those received for Jackson class members) have been closed at intake unless there is obvious concern about abuse, neglect or exploitation.
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