NEW MEXICO
DEPARTMENT OF
HEALTH

**New Mexico Department of Health
FY17 Quarter 2
Key Performance Measures Report**

October 1 - December 31, 2016

Lynn Gallagher, Secretary Designate

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NEW MEXICO
DEPARTMENT OF
HEALTH

Produced by the
Office of Policy and Accountability
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NEW MEXICO DEPARTMENT OF HEALTH

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

FY17 OPERATING BUDGET:

General Funds: $287,558,800

Other Transfers: $32,931,700

Federal Funds: $110,435,900

Other State Funds: $112,897,500

Fund Balance: $2,952,000

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At-A-Glance							
Performance Measure	**FY13**	**FY14**	**FY15**	**FY16**	**FY17 Q1**	**FY17 Q2**	**FY17 Target**
Public Health (P002)							
Number of high school youth trained in the Evolvement youth engagement program to implement tobacco projects in their school/community					No data available	187	≥ 350
Percent of QUIT NOW enrollees who successfully quit using tobacco at 7-month follow-up	33.0%	32.0%	31.5%	32.5%	33.7%	26.1%	≥ 33%
Number of teens ages 15-17 receiving family planning services in DOH funded clinics	3,678	2,717	1,334	1,405	588	961	≥ 3,616
Percent of female clients ages 15-17 seen in DOH public health offices who are given effective contraceptives	65.0%	53.0%	54.6%	56.0%	59.5%	56.3%	≥ 66%
Epidemiology and Response (P003)							
Ratio of infant pertussis rate to total pertussis rate	6.0	4.5	7.3	6.1	13.2	6.6	≤ 4.4
Percent of vital records front counter customers who are satisfied with the service they received		80.0%	97.6%	95.3%	93.2%	95.9%	≥ 95%
Number of naloxone kits provided in conjunction with prescription opioids	35	154	381	1,331	Not tracked	Not tracked	≥ 1,000
Percent of New Mexico hospitals certified for stroke care		6.8%	9.3%	9.3%	14.0%	14.0%	≥ 14%
Number of New Mexicans who have completed an evidence-based or evidence-supported sexual assault primary prevention program					245	1,063	≥ 2,500
Percent of NM population served by methods other than open points of dispensing (POD) for antibiotics/ or vaccinations in the event of a public health emergency					11.5%	11.5%	≥ 10%
Scientific Laboratory (P004)							
Percent of blood alcohol tests from driving-while-intoxicated cases that are completed and reported to law enforcement within fifteen calendar days			93.6%	85.2%	83.1%	71.6%	≥ 90%

At-A-Glance							
Performance Measure	**FY13**	**FY14**	**FY15**	**FY16**	**FY17 Q1**	**FY17 Q2**	**FY17 Target**
Office of Facilities Management (P006)							
Percent of eligible third-party revenue collected at all agency facilities	56.6%	91.2%	88.0%	93.8%	88.0%	92.0%	≥ 92%
Vacancy rate for direct care positions					22%	24%	≤ 10%
Number of falls resulting in major injury per 1,000 long-term care patient days					0.2 per 1,000	0.2 per 1,000	≤ 3 per 1,000
Developmental Disabilities Supports (P007)							
Percent of developmental disabilities waiver applicants who have a service plan in place within ninety days of income and clinical eligibility determination	83.0%	75.0%	90.6%	53.0%	56.0%	73.0%	≥ 95%
Percent of adults receiving community inclusion services through the DD Waiver who receive employment services	30.0%	27.0%	29.0%	36.0%	34.0%	35.0%	≥ 33%
Number of individuals receiving developmental disabilities waiver services	3,829	4,403	4,610	4,660	4,619	4,635	≥ 4,700
Number of individuals on the developmental disabilities waiver waiting list	6,248	6,133	6,365	6,526	6,529	6,580	≤ 6,300
Health Improvement (P008)							
Abuse rate for DD Waiver and Mi Via waiver clients			11.9%	10.2%	10.8%	Pending	8%
Medical Cannabis (P787)							
Percent of complete medical cannabis client applications approved or denied within thirty calendar days of receipt	85.0%	90.0%	95.0%	68.0%	72.0%	92.0%	≥ 98.5%
Percent of registry identification cards issued within five days of application approval					100%	99.0%	≥ 85%

PROGRAM AREA 002: Public Health

Purpose:

Public Health fulfills the New Mexico Department of Health (NMDOH) mission by working with individuals, families, communities, and partners to improve health, eliminate disparities, and ensure timely access to quality, culturally competent health care. Public health assures access to health care through case management, and through recruitment and retention efforts including the J-1 Visa Program, licensing of midwives, tax credits for rural health providers, and administering funds for rural primary health care providers throughout the state. Public Health staff members promote healthy lifestyle choices in all of their work, and they provide safety net clinical services to New Mexicans who cannot otherwise access them.

FY17 OPERATING BUDGET:

General Funds: $51,446,700

Other Transfers: $16,590,300

Federal Funds: $72,586,900

Other State Funds: $34,079,200

Fund Balance: $2,952,000

### Total: $177,655,100

PROGRAM AREA 002: Public Health

ACCOMPLISHMENTS

During the second quarter of FY17, some of PHD's accomplishments included:

- New Mexico (NM) is one of only six states that purchase vaccines for fully insured children, at a cost of about $20 million annually. For both Q 1 & Q 2, (July-December 2016), revenue collections for the Vaccine Purchase Act from insurers exceeded 99% of invoiced amounts.

- Beginning in June 2016, New Mexico began using a new, state-of-the-art immunization registry that has improved vaccine ordering, reporting, data quality, and data exchange. In December of 2016, the immunization registry made a huge leap in making data exchange the way of the future when it implemented bi-directional capability. This new functionality will allow providers not only to upload patient immunization information into the registry, but also to use their Electronic Health Record (EHR) systems to query the registry and update their patients' electronic medical records within their own EHRs.

- One evidence-based strategy for improving immunization coverage is to issue reminder-recall notices to families when a child is due or late for a vaccine. In FY17-Q2, the Department began a new collaboration with the NM Pediatric Society to improve reminder/recall.

- The Tobacco Use Prevention and Control Program trained 94 health care providers statewide online on Treating Nicotine Dependence in NM and Family Tobacco Intervention for Health Care Providers in NM. A total of 1,036 providers have been trained since FY15, dramatically increasing capacity to screen for tobacco use, provide brief interventions, and refer to QUIT NOW and DEJELO YA Cessation Services.

- The New Mexico Family Planning Program (FPP) collaborated with the Northwest Public Health Region to re-open family planning services at University of New Mexico's Architecture, Construction, and Engineering (ACE) Leadership High School as an outreach site with services provided by clinicians at the Southwest Valley Public Health Office.

- Family Planning received funds from a private foundation to continue the successful social media campaign that was launched in 2016; the initial campaign consisted of mobile banner ads and Facebook ads directed to teens aged 13-19 to increase their awareness of the availability of long-acting, reversible contraception. The uses of hormonal implants and intrauterine devices by teens increased, between 2015 and 2016, by 19% and 134%, respectively.

Number of high school youth trained in the Evolvement youth engagement program to implement tobacco projects in their school/community

Number of high school youth trained in the Evolvement Program to implement tobacco projects

FY17 Target: ≥ 350
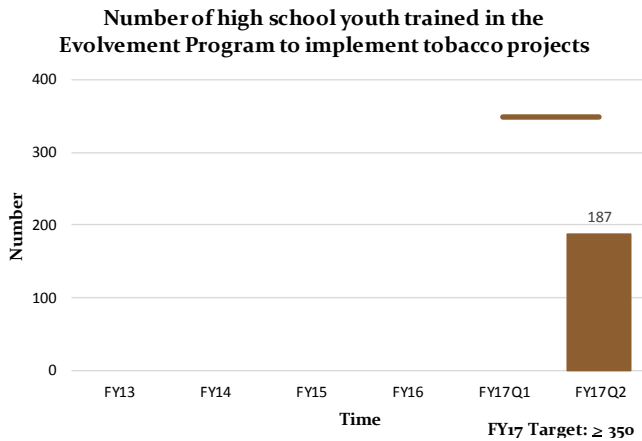
Partners

- Rescue (The Behavior Change Agency)
- NM School Districts
- NM Public Education Department
- Community-based Organizations
- NM Allied Council on Tobacco

Story Behind the Data

- Youth cigarette smoking is down to an historic low in New Mexico (11.4%), which is statistically similar to the national youth smoking rate of 10.8%.
- Decreases in smoking are important because it is the leading cause of preventable death and 90% of adult smokers start before age 18.
- A total of 187 high school youth statewide were trained in Evolvement youth engagement in quarter 2 of FY17, which is more than half of the target (350) for all of FY17.
- Success in Quarter 2 can be attributed to strong efforts in recruitment of schools and community-based organizations into the Evolvement youth engagement program. Four new schools joined Evolvement this quarter. Also, previous relationships with selected schools and staff ensured continued involvement of some of those schools into this fiscal year.
- The Tobacco Program and its contractor (Rescue) overseeing Evolvement program activities will ensure ongoing support and communication with recruited schools, as well prioritizing and expanding recruitment efforts into other parts of the state identified as having youth at increased risk for tobacco use.

Action Plan

Train a total of 350 youth in FY17 by:

- Q1: Planning and recruiting youth into the Evolvement youth engagement program. In progress.
- Q2: Training 50 youth leaders. Met and exceeded Q2 milestone: 187 youth leaders trained.
- Q3: Training 63 youth leaders.
- Q4: Training 100 youth leaders.

Percent of QUIT NOW enrollees who successfully quit using tobacco at 7-month follow-up

Percent of QUIT NOW enrollees who successfully quit using tobacco at 7-month follow-up

FY13: 33.0%
FY14: 32.0%
FY15: 31.5%
FY16: 32.5%
FY17Q1: 33.7%
FY17Q2: 26.1%

FY17 Target: ≥ 33.0%
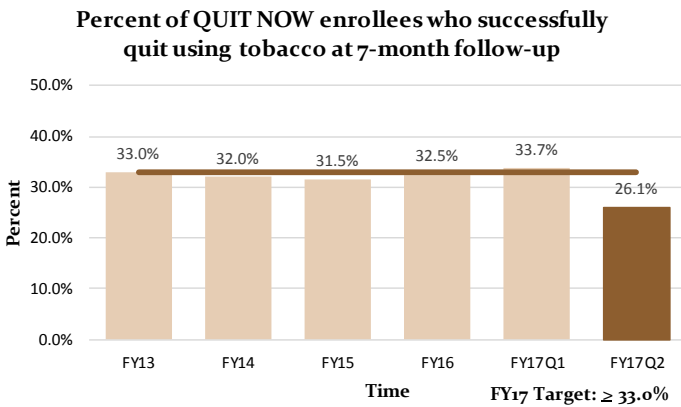
Partners

- Optum Health (tobacco cessation services provider)
- Media Matched (media contractor)
- TUPAC Evaluation Team
- TUPAC Statewide Contractor
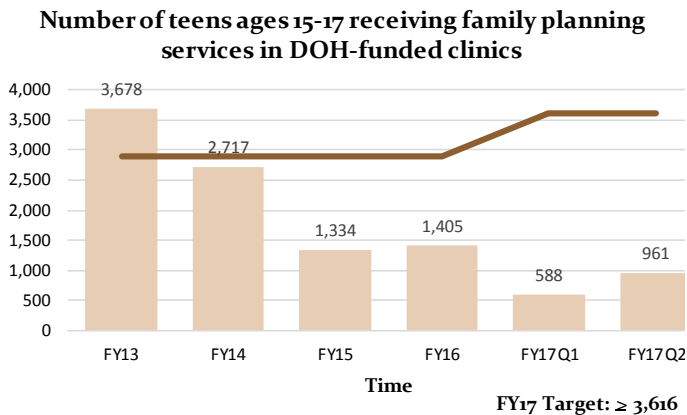- Health Care Providers

Story Behind the Data

- The 7-month quit rate among smokers in the U.S. averages 29% and is usually slightly higher among New Mexicans (about 33%).
- Tracking quit rates at 7-month follow-up is important in measuring the effectiveness of quitting services and support.
- The Q2 New Mexico smoking quit rate was 26.1%, which is lower than the target of 33%.
- The lower quit rate in Q2 is likely due to scaling back of services in April-June 2016, when people initially enrolled in the program. Budget shortfalls in late FY16 resulted in fewer free nicotine medications provided and a more limited set of support services, impacting participants' success in quitting tobacco. Unanticipated heavy promotion of quitting services nationally by the Centers for Disease Control and Prevention (CDC) increased use of services earlier in the year, which left fewer funds for late FY16.
- The Tobacco Use Prevention and Control Program is closely tracking use of quitting services and adjusting state-level promotion of services to account for additional national promotion by CDC. States are advising CDC to better communicate their plans for national promotion of services to allow states to anticipate impact on services and budgets.

Action Plan

- Q1: 33% of QUIT NOW enrollees successfully quit using tobacco at their 7-month follow-up. Completed. 33.7%
- Q2: 33% of QUIT NOW enrollees successfully quit using tobacco at their 7-month follow-up. Completed. 26.1%.
- Q3: 33% of QUIT NOW enrollees successfully quit using tobacco at their 7-month follow-up.
- Q4: 33% of QUIT NOW enrollees successfully quit using tobacco at their 7-month follow-up.

Number of teens ages 15-17 receiving family planning services in DOH-funded clinics

Number of teens ages 15-17 receiving family planning services in DOH-funded clinics

FY17 Target: ≥ 3,616

Partners

- Primary care clinics
- Community-based clinical providers
- Schools, after-school, and youth programs
- Community-based organizations
- County health councils
- School-based health centers
- Parent organizations
- Policy makers
- Indian Health Services
- NM Public Education Department
- NM Human Services Department
- NM Children, Youth, and Families Department
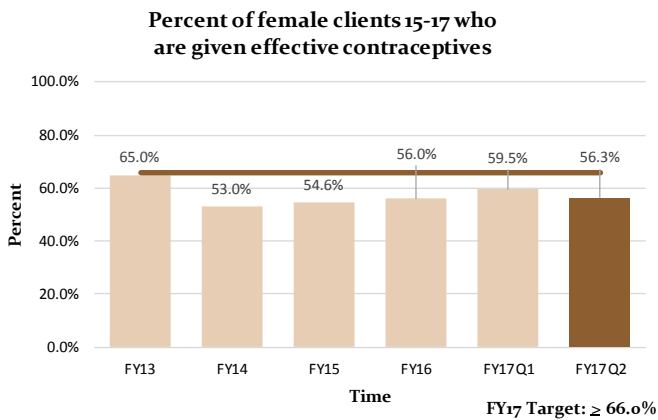
Story Behind the Data

- Since 2010, the teen birth rate in New Mexico (NM) for 15-17 year olds has declined by 43%, to 17.1 per 1,000 in 2015, which is greater than the national decline of 35% between the same years.
- A decreasing teen birth rate can be attributed to aspects of NM Family Planning Program (FPP)'s goals: increasing the use of effective contraceptives and providing educational programming to teens.
- In the second quarter, NM FPP saw 48% of the total number of clients aged 15-17 seen in FY16; this count is unduplicated by quarter. NM FPP will not meet the target of 3,616 set by the NM Legislative Finance Committee (LFC) and the NM Department of Finance and Administration (DFA) (that target has not been achieved since State Fiscal Year 2012). The chief reason for a decreasing client count is due to staff vacancies at public health offices (PHOs); some PHOs are offering very limited hours of operation or not able to offer any family planning services.
- NM FPP supports the provision of evidence-based family planning clinical services to facilitate the reproductive life plan for every NM Title X family planning client, including shared decision making for contraceptive counseling.
- With services provided year-round, NM FPP is committed to providing these services at local PHOs and community health clinics across the state by supporting the provision of evidence-based family planning clinical services.

Action Plan

- Q1: Provided family planning services to at least 450 teens aged 15-17 years. Completed.
- Q2: Provided family planning services to at least 450 teens aged 15-17 years. Completed.
  It is not expected that NM FPP will meet the target set by DFA/LFC, as our client count has been dropping each year for multiple reasons including PHOs offering limited hours of service and the increased reliance by teens on highly-effective, low-maintenance contraceptive methods that do not require annual reproductive health visits.
- Q3: Provide family planning services to at least 450 teens aged 15-17 years.
- Q4: Provide family planning services to at least 450 teens aged 15-17 years.

Percent of female clients ages 15-17 seen in DOH public health offices who are given effective contraceptives

Percent of female clients 15-17 who are given effective contraceptives

FY13	FY14	FY15	FY16	FY17Q1	FY17Q2
65.0%	53.0%	54.6%	56.0%	59.5%	56.3%

FY17 Target: ≥ 66.0%

Partners

- Primary care clinics
- Community-based clinical providers
- Schools and after-school and youth programs
- Community-based organizations
- County health councils
- School-based health centers
- Parent organizations
- Policy makers
- Indian Health Services
- NM Public Education Department
- NM Human Services Department
- NM Children, Youth, and Families Department

Story Behind the Data

- Since 2010, the teen birth rate in New Mexico (NM) for 15-17 year olds has declined by 43% to 17.1 per 1,000 in 2015, which is greater than the national decline of 35% between the same years.
- A decreasing teen birth rate can be attributed to aspects of NM Family Planning Program (NM FPP)'s goals: increasing the use of effective contraceptives and providing educational programming to teens.
- In FY17-Q2, 56.3% of teen clients were provided an effective contraceptive. The rate of use of most- and moderately-effective contraception in the teen population is higher (59.5%) than the target (55.6%) set by NM FPP but below the target set by DFA and LFC (66%).
- The chief reason for a decreasing client count is staff vacancies at public health offices (PHOs); some PHOs are offering very limited hours of operation or not able to offer any family planning services.
- NM FPP is committed to providing year-round services at local PHOs and community health clinics across the state by supporting the provision of evidence-based family planning clinical services and by increasing knowledge about and awareness of availability of highly- and moderately-effective contraceptives in this population. NM FPP will disseminate more mobile banner ads and Facebook ads in February 2017 and will be piloting a reproductive health learning collaborative connecting leaders in the field of reproductive health with rural clinicians throughout the state starting in January 2017.

Action Plan

- Q1: Highly- and moderately-effective contraceptives provided to teens will equal 55.6% of the total contraceptives provided in Quarter 1: Completed.
- Q2: Highly- and moderately-effective contraceptives provided to teens will equal 55.6% of the total contraceptives provided in Quarter 2: Completed.
- Q3-Q4: Highly- and moderately-effective contraceptives provided to teens will equal 55.6% of the total contraceptives provided per quarter in Quarters 3-4.

PROGRAM AREA 003: Epidemiology and Response

Purpose:

Epidemiology and Response fulfills the NMDOH 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.

FY17 OPERATING BUDGET:

General Funds: $11,679,000

Other Transfers: $612,300

Federal Funds: $14,515,500

Other State Funds: $841,500

Total: $27,648,300

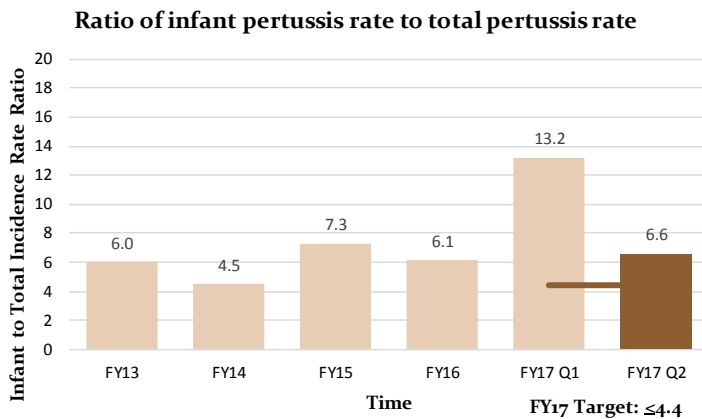# PROGRAM AREA 003: Epidemiology and Response

ACCOMPLISHMENTS

During the second quarter of FY17, some of ERD's accomplishments included:

- The efforts of various state, federal, local agencies, advocates and other partners were recognized and rewarded by a decline in NM's drug overdose death rate from 26.4 per 100,000 population in 2014 to 24.8 per 100,000 population in 2015, and an improvement in the death rate from 2nd highest in the nation to 8th highest.

- The Sexual Violence Prevention Program reached 1,063 students in five counties with evidence-based sexual violence prevention programming designed to increase rejection of rape myth, increase acceptance of flexible gender norms, and decrease acceptance of couple violence. Evaluation of these programs is underway.

- NMDOH encourages use of New Mexico's Indicator-based Information System for Public Health (NM-IBIS) to support evidence-based public health program and policy decision-making. During calendar year 2016, there were 62,114 visits to the website. This was a 37% increase over the number of sessions in 2015 and a 111% increase over the number of sessions in 2014.

- The Emergency Medical Systems (EMS) Bureau is transitioning the state's emergency medical services data system to the National Emergency Medical Services Information System (NEMSIS), version 3 standard. This has entailed revamping much of the current system's data dictionary and working with agencies to assist them in transitioning to the new data submission standard.

- The Bureau of Vital Records and Health Statistics (BVRHS) was able to continue to provide excellent customer service to the public despite the significant increase in customers being served due to the need for a birth certificate for the Motor Vehicle Division (MVD) implementation of the Real ID driver's license.

Ratio of infant pertussis rate to total pertussis rate

Ratio of infant pertussis rate to total pertussis rate

Chart showing Infant to Total Incidence Rate Ratio over Time:
- FY13: 6.0
- FY14: 4.5
- FY15: 7.3
- FY16: 6.1
- FY17 Q1: 13.2
- FY17 Q2: 6.6

FY17 Target: ≤4.4

Partners

- NM Immunization Coalition
- Regional immunization staff
- Immunization providers
- Indian Health Service
- NM Medicaid
- NM Medical Society
- NM Primary Care Association
- NM American Congress of Obstetricians and Gynecologists
- Pediatricians
- Hospital staff
- Infection Control Practitioners

Story Behind the Data

- Pertussis (whooping cough) is a vaccine preventable disease and continues to be common.
- Despite generally high childhood vaccination rates, and the introduction of an adolescent/adult pertussis vaccine (Tdap), the burden of disease among all age groups has increased. Given limited resources and the severity among infants, the focus is on strategies that decrease the proportion of infant cases.
- In Q2 for FY17, infants were seven times more likely than the total population to have a reported pertussis infection. This was an improvement from Q1 (13 times more likely) and progress towards meeting the goal of improving the ratio of infant pertussis rate to total pertussis rate to the FY 17 target of 4.4. The Q2 milestone of training on how to conduct pertussis investigations with public health nurses to assure provision of post-exposure prophylaxis contacts of cases will be executed in mid-January.
- Challenges include community-wide outbreaks that have recently occurred, and changes in testing methods, which make collecting samples to better understand possible genetic changes to the bacteria nearly impossible.
- Public health nurses and epidemiologists conducting public health investigations of pertussis continue to work hard to control the disease.
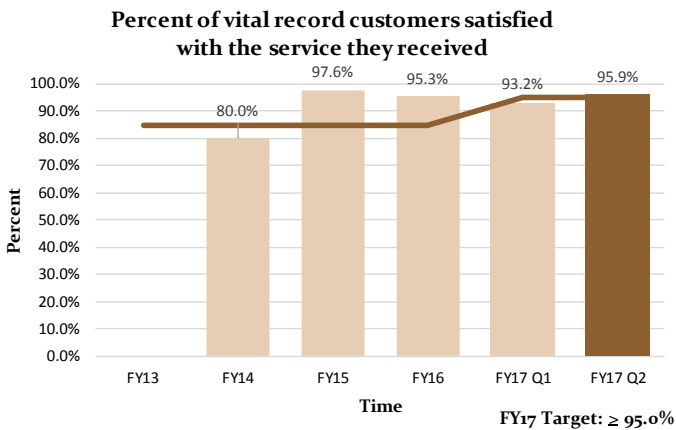
Action Plan

The Infectious Disease Epidemiology Bureau (IDEB) will work to decrease the ratio of infant pertussis rate to total pertussis rate to the FY 17 Target of 4.4 by:

- Q1: All IDEB on-call staff were trained in the use of the new Statewide Immunization Information System(NMSIIS) platform to allow for pertussis vaccination verification during pertussis investigations. In progress.
- Q2: A training on how to conduct pertussis investigations will be conducted with public health nurses to assure provision of post-exposure prophylaxis to contacts of cases. In progress.
- Q3: A fact sheet will be created to educate community members on the epidemiology of pertussis in New Mexico.
- Q4: IDEB staff will give an education presentation on pertussis with an outside organization such as the New Mexico Vaccine Coalition or New Mexico Immunization Practices Advisory Committee to further promote vaccine uptake.

Percent of vital records front counter customers who are satisfied with the service they received

Percent of vital record customers satisfied with the service they received

FY17 Target: ≥ 95.0%

Partners

- Hospitals
- Midwives
- Funeral homes
- Office of Medical Examiner
- Physicians
- Tribal authorities
- Family members

Story Behind the Data

- In the United States, the cost of obtaining a birth or death certificate (vital record) copy varies, and typically costs from $20 to $90. New Mexico has one of the lowest costs for obtaining a vital record copy, from $5 to $10 for a death or birth certificate copy.
- Vital records are important legal documents and are key to many essential activities such as applying for jobs, qualifying for benefits, and obtaining a driver's license or even a passport.
- At this time, only the Santa Fe office is conducting the customer satisfaction survey. This survey consists of a single question: "Please let us know how we did in serving you today." A single question survey is simple, low-cost, and accessible for all customers, including those with limited literacy skills.
- In Q2 of FY17, 197 surveys were collected from October 1st - December 31st, and the customer satisfaction rate was 95.9% at the Santa Fe office.
- Vital Records has seen a significant increase in customer business due to the implementation of the Real ID driver's license by MVD. While the amount of business has more than doubled, Vital Records has still been able to maintain a high customer satisfaction rating.
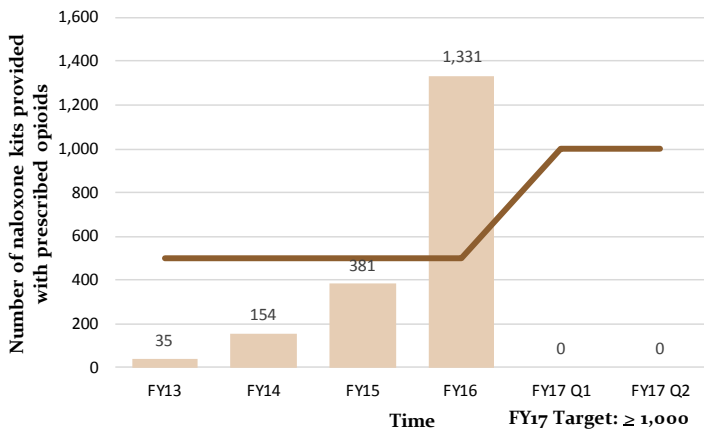
Action Plan

BVRHS will work to increase customer satisfaction to the FY17 target of 95% by achieving the following quarterly milestones:

- Q1: Achieved a customer satisfaction rating of 90% or higher using a short survey in English and Spanish. Completed for Q1.
- Q2: Analyzed the data from Q1 to determine the time of day that is busiest with customers so that they can supplement the front counter with additional staff. Due to the implementation of the Real ID driver's license, the volume of customers has caused the office to be continually busy all day long. Completed for Q2.
- Q3: Pilot test a new procedure for processing large birth requests, such as Tribal enrollment officer requests, by moving those requests to the back office for processing.
- Q4: Conduct the customer satisfaction survey in the Albuquerque office and established a quarterly baseline for the Albuquerque office.

Number of naloxone kits provided in conjunction with prescription opioids

Partners

- New Mexico Board of Pharmacy
- Human Services Department - Office of Substance Abuse and Prevention
- Human Services Department - Medicaid
- NMDOH Public Health Division
- Governor's Prescription Drug Misuse and Overdose Prevention and Pain Management Advisory Council
- Local community coalition and prevention alliances
- New Mexico Pharmacists' Association
- Local community pharmacies and pharmacists
- Local managed care organizations and insurance payers
- UNM College of Pharmacy

Story Behind the Data

- New Mexico had the second highest drug overdose death rate in 2014. Naloxone is a medication that reverses the effects of prescription opioids and heroin, thereby preventing opioid overdose death.
- In 2012, NMDOH launched naloxone co-prescription pilot programs in multiple communities in partnership with pharmacies and health care providers. Naloxone kits were provided to patients identified to be at risk for overdose.
- In 2016, the NM Legislature passed and Governor Susana Martinez signed Senate Bill 262 and House Bill 277 into law. These identical bills expand access to naloxone through the use of standing orders. NMDOH issued a statewide standing order authorizing all pharmacists in NM to dispense naloxone to individuals at risk for experiencing or witnessing an opioid overdose.
- In Q2 of FY17, the Statewide Overdose Prevention Coordinator provided technical assistance to numerous pharmacies with billing questions about naloxone. The statewide standing order was implemented at the large chain retail pharmacies of Walgreens and CVS. Efforts continue to urge Walmart to implement the standing order.
- In FY17, efforts are focused on supporting the pharmacist statewide standing order for naloxone, thereby improving prescribing practices, and supporting workgroups.
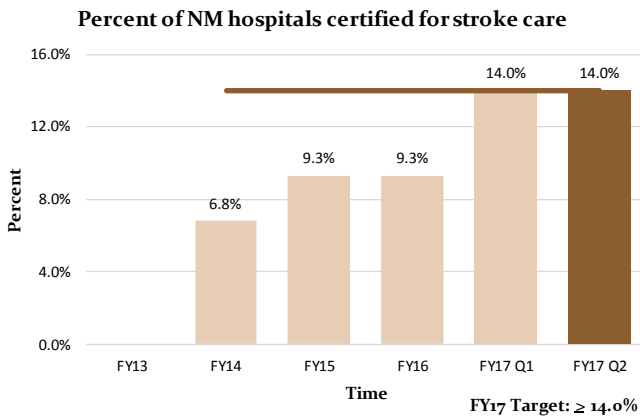
Action Plan

The Injury and Behavioral Epidemiology Bureau (IBEB) will work to increase the number of naloxone products dispensed through clinical initiatives and pharmacies to reach the FY17 target of 1,000 kits/ products as follows:

- Q1: Presented pharmacist statewide standing order for naloxone information at the annual NM Pharmacist Association meeting. Completed.
- Q2: Implemented the statewide standing order at all large chain retail pharmacies (Walgreens, Walmart, and CVS). Not yet completed by Walmart.
- Q3: Work with community multidisciplinary workgroups to identify pharmacies, law enforcement agencies, and detention centers within their communities.
- Q4: Work with community multidisciplinary workgroups to provide assistance to pharmacies, law enforcement agencies, and detention centers in implementing various naloxone standing orders.

Percent of New Mexico hospitals certified for stroke care

Percent of NM hospitals certified for stroke care

FY17 Target: ≥ 14.0%

Partners

- NMDOH Public Health Division (PHD) Chronic Disease Bureau, Million Hearts Program
- NMDOH Epidemiology and Response Division (ERD) EMS Bureau
- NMDOH ERD Environmental Health Epidemiology Bureau (EHEB), Environmental Public Health Tracking Program (EPHTP)
- New Mexico Environment Department (NMED) Air Quality Bureau
- Cardiovascular Disease Mortality Health Status Workgroup
- Acute care hospitals
- EMS agencies
- American Heart Association
- American College of Cardiology

Story Behind the Data

- In the US and NM, stroke is the fifth leading cause of death and a leading cause of adult disability. There are three levels of stroke center certification. Six out of 43 acute care hospitals (14%) in NM are certified for stroke care, and four submit their data to the American Heart Association (AHA) Get with the Guidelines (GWTG) Stroke Registry.
- A benefit to communities is for patients to be directed in a timely manner to the nearest certified stroke care hospital. Stroke care center designation cannot be awarded until stroke data is submitted to a national registry, enabling facilities to analyze and improve healthcare outcomes.
- In Q2 of FY17, the milestone was achieved with two new hospitals from the southern and northwest parts of the state now submitting data. There is a benchmarking group for stroke data for the six hospitals now submitting data to GWTG-Stroke who can now review blinded data from the American Heart Association for process improvement in stroke care.
- The EMS Bureau Stroke Program assisted these two hospitals by initiating their data registry registration for their national accreditation process.
- Continued outreach to rural facilities will occur statewide.

Action Plan

The EMS Bureau will continue to work to increase the percent of NM hospitals certified in stroke care from the already achieved FY17 target of 14% by achieving the following quarterly milestones:

- Q1: Assisted two hospitals in the southern and central regions with national data registry and participation in stroke system of care activities. Completed.
- Q2: Assisted at least two new hospitals in the southern or central region not reporting to Get with the Guidelines (GWTG) to begin reporting their data directly to the EMS Bureau for quality improvement and benchmarking. Completed.
- Q3: Identify at least one hospital capable of becoming acute stroke ready by working with UNM Telemedicine.
- Q4: Continue outreach at quarterly meetings and document success stories to disseminate to hospitals for their use.

Number of New Mexicans who have completed an evidence-based or evidence-supported sexual assault primary prevention program

Number of New Mexicans who have completed a sexual assault primary prevention program

FY17 Target: ≥ 2,500
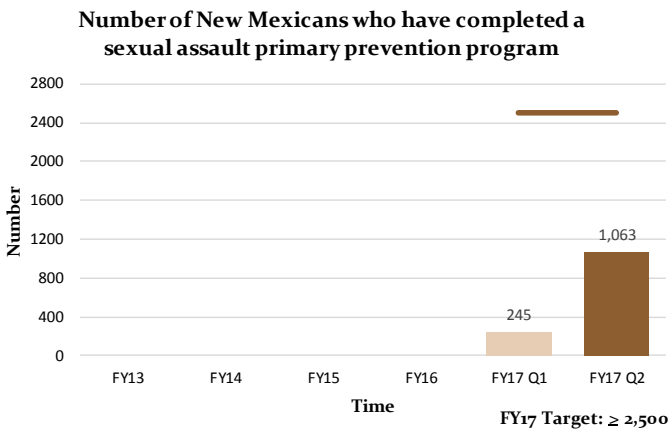
Story Behind the Data

- Sexual assault (also called rape, sexual violence, or sexual abuse) is any type of sexual activity to which a person does not consent. Sexual assault is never a victim's fault. It can happen to anyone.
- Findings from the National Intimate Partner and Sexual Violence Survey show that sexual violence in youth, without appropriate trauma-informed interventions, can result in immediate and lifelong consequences, including poor physical, emotional, behavioral, and social health, future violence victimization, or future violence perpetration, which continues the cycle in adulthood. Sexual violence can be prevented and efforts are best focused on stopping sexual violence before it starts.
- In FY17-Q2, evidence-based primary prevention education reached 1,063 students in six New Mexico counties and exceeded the Q2 milestone.
- The Injury and Behavioral Epidemiology Bureau continues to work with partners to lower the sexual assault rate by implementing multi-level prevention strategies such as a sexual violence primary prevention program.
- A sexual violence prevention coordinator is actively being hired to continue implementation of NM – Sexual Violence Free: A Statewide Strategic Plan for the Primary Prevention of Sexual Violence 2015-2020.

Partners

- NM Coalition of Sexual Assault Programs; Rape Crisis Center of Central New Mexico; Community Against Violence; La Pinon Sexual Trauma and Recovery Center; Solace Crisis Treatment Center; Sexual Assault Services of NW New Mexico; TEWA Women United; IMPACT Personal Safety; Arise; Silver Regional Sexual Assault Services; Valencia Shelter Services; Aging and Long Term Service Department- Adult Protective Services; Attorney General's Office; NM Asian Family Center; UNM Prevention Resource Center; Fierce Pride; Disability Advisory Group about Tobacco/Sexual Assault; NM Crime Victims Reparation Commission; CYFD - Domestic Violence; NM Coalition Against Domestic Violence; NM Public Education Department.

Action Plan

The IBEB Sexual Violence Prevention Program will work with partners to lower the sexual assault rate by implementing multi-level prevention strategies by training 3,000 New Mexicans (FY17 Target = 2,500) on an evidence-based or evidence-supported sexual assault primary prevention program.

- Q1: Delivered evidence-based primary prevention programming to at least 500 youth in New Mexico. Exceeded Q1 milestone with 745 youth.
- Q2: Delivered evidence-based primary prevention programming to at least 1,000 youth in New Provide technical assistance to 6 partners throughout the state working on environmental-level strategies for sexual violence prevention. Exceeded Q2 milestone with 1,063 students.
- Q3: Deliver evidence-based primary prevention programming to at least 1,000 youth in New Mexico.
- Q4: Deliver evidence-based primary prevention programming to at least 500 youth in New Mexico.

PROGRAM AREA 003: Epidemiology and Response

Percent of NM population served by methods other than open points of dispensing (POD) for antibiotics or vaccinations in the event of a public health emergency

Percent of NM population served by methods other than PODs in the event of a public health emergency

FY17 Target: ≥ 10.0%
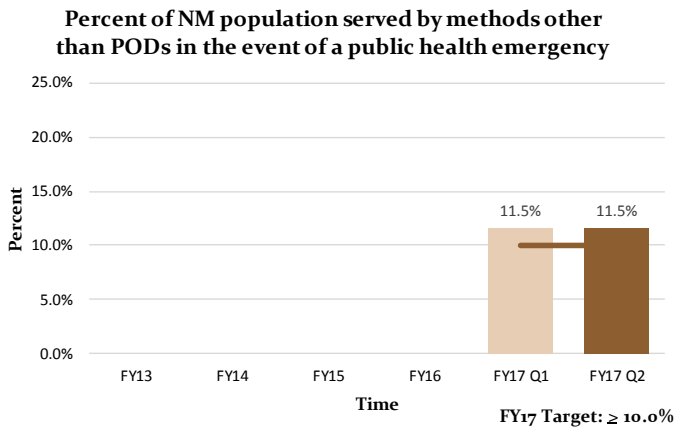
Partners

- NMDOH and statewide healthcare organizations
- Counties and municipalities
- Private sector businesses
- U.S. Department of Defense and federal installations
- Other state agencies

Story Behind the Data

- The Pandemic and All-Hazards Preparedness Reauthorization Act (PAHPRA) emphasizes that pandemic influenza response is a public health responsibility.
- The 2009 H1N1 influenza pandemic caused an estimated 270,000 hospitalizations and 12,270 deaths in the U.S. between April 2009 and March 2010.
- In FY17-Q2, the population served by private partners increased to approximately 2,050. The Q2 milestone is a work in progress. The New Mexico Gas Company (NMGCO) signed an agreement with NMDOH as a closed POD partner.
- Public health regions continue collecting information regarding the identification and development of closed Point of Dispensing (POD) partnerships, including the number of populations to be served.
- Bureau of Emergency Management staff have sought support for mass dispensing from commercial pharmacies within the state. These partnerships should assist with the administration of medical countermeasures to the public and serve as PODs for the provision of medical countermeasures to their own staff, family members, and critical contractors.

Action Plan

- Q1: Developed additional hospital closed POD Plans that will increase the population served by closed PODs by over 30,000. Held a meeting with the NMGCO to review a proposed closed POD plan that will serve another 2,100 state residents. Initiated formal agreement. Completed.

- Q2: Collect information from Public Health Regions regarding progress on the identification and development of closed POD partnerships including the number to be served. Increase the state's population served by closed PODs to 32,000. In progress.

- Q3: Ascertain the results of regional closed POD partnering efforts, calculate the increase and adjust recruitment efforts as needed to produce an 18,000 resident increase in those served by closed PODs.

- Q4: Recruit closed POD partners that will serve at least another 18,000 residents.

PROGRAM AREA 004: Scientific Laboratory

Purpose:

The Scientific Laboratory (SLD) fulfills the NMDOH 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 primary 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 primary laboratory for the New Mexico Department of Health, the New Mexico Environment Department, and the New Mexico Department of Agriculture.

FY17 OPERATING BUDGET:

General Funds: 7,575,000

Other Transfers: $1,168,400

Federal Funds: $2,368,000

Other State Funds: $1,368,200

Total: $12,479,600

PROGRAM AREA 004: Scientific Laboratory

ACCOMPLISHMENTS

During the second quarter of FY17, some of SLD's accomplishments included:

Chemistry Bureau:

- The Chemistry Bureau tested twelve high priority samples collected from the Cimarron River following a spill of about 1,000 gallons of petrochemical fuel products into the river from an over-turned tanker. The results, reported out within 48 hours of receipt, showed multiple gasoline and diesel type products in the water in parts-per-million levels. Subsequent samples will be collected to check the decrease in the contamination and ensure the safety of the water.
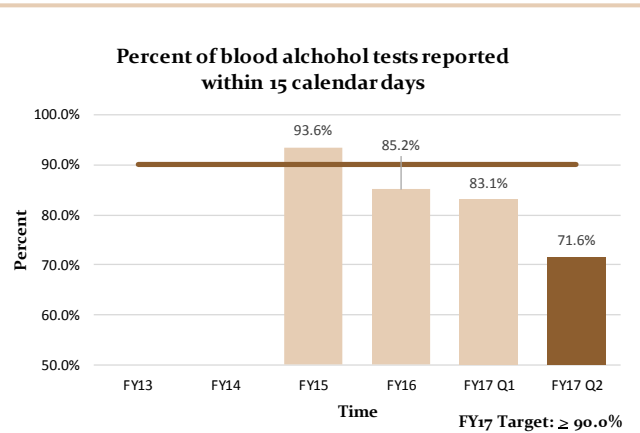
Biological Sciences Bureau:

- The Biological Sciences Bureau (BSB) completed validation and implemented the MALDI-TOF (Matrix-Assisted Laser Desorption-Ionization time of flight) instrumentation. This new technology reads protein profiles to determine bacterial identification. This results in faster, more cost effective reporting which will, in turn, allow for quicker treatment of patients in outbreak or unusual pathogen exposures.

- BSB tested both clinical and environmental samples in a Legionella investigation. Legionella is bacteria that can cause respiratory illnesses including a serious form called Legionnaire's Disease.

- BSB tested samples in a Shigellosis investigation in a day care. Shigellosis is caused by bacteria that results in diarrhea, fever, and stomach cramps. While most people recover after 5-7 days, Shigellosis can cause complications in young children and older people due to dehydration.

- BSB also tested samples in six Norovirus investigations; five were in assisted living centers and one was a community gathering. Norovirus is a virus that causes diarrhea, stomach cramps, nausea, and vomiting and usually lasts 1-3 days. However, it is a concern in the very young and the elderly because of the potential for severe dehydration.

Toxicology Bureau:

- The Toxicology Bureau's Breath Alcohol section was able to fill two of three vacant positions. This was critical because this section has only four staff and is responsible for validating and maintaining the intoxilyzers used throughout the state as well as training law enforcement personnel in the use of the intoxilyzers. The intoxilyzers are used by law enforcement personnel in the testing of potential drunk drivers in the field.

Percent of blood alcohol tests from driving-while-intoxicated cases that are completed and reported to law enforcement within 15 calendar days

Percent of blood alchohol tests reported within 15 calendar days

FY17 Target: ≥ 90.0%

Partners

- Courts
- Public safety officials (e.g., law enforcement)
- New Mexico Department of Transportation/Traffic Safety Bureau

Story Behind the Data

- New Mexico has the highest alcohol-related death rate in the nation since 1997.
- The Scientific Laboratory Division (SLD) Toxicology staff analyze samples for blood alcohol concentration (BAC) and drugs to determine cause of impairment in drivers. They also analyze samples from the Office of Medical Investigator (OMI) for cause of death, and serve as expert witnesses. The target turnaround time is within the reporting requirement for law enforcement.
- In Quarter 2, 71.6% of BAC testing was reported out in 15 calendar days. The target is 90%.
- The target was not met because duplicate testing is required per accreditation requirements which doubles testing time (started in FY16-Q3). The Drug Screening Section was short-staffed by two people (in a section of seven analysts), as well as having a new person start at the beginning of FY17-Q1. NOTE: It takes over a year to become proficient in testing and to become competent for expert witness testimony. The Laboratory Information Management System upgrade was also being tested during this quarter.
- SLD will continue to strive toward meeting the FY17 Action Plan to address challenges encountered in meeting the target. We will continue the endeavor to serve New Mexicans with the highest quality and most efficient program.

Action Plan

- Q1: Examine the process to determine feasibility: The process was delayed due to staffing shortage.
- Q2: Select one person to begin cross-training in Drug Screening. Process was delayed due to staffing shortage.
- Q3: Evaluate process and determine if more staff can begin cross-training.
- Q4: Follow-up on Q3 determination.

PROGRAM AREA 006: Office of Facilities Management

Purpose:

The Office of Facilities Management (OFM) fulfills the NMDOH mission by overseeing six healthcare 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 NMDOH 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 NMDOH facilities by court order.

FY17 OPERATING BUDGET:

General Funds: $60,050,700

Other Transfers: $1,114,000

Federal Funds: $7,787,500

Other State Funds: $71,583,600

Total: $140,535,800

ACCOMPLISHMENTS

During the second quarter of FY17, some of OFM's accomplishments included:

- Turquoise Lodge admitted 283 New Mexico residents into our Adult Detoxification during program this quarter, resulting in an 87% occupancy rate for the hospital.

- The occupancy rate for the New Mexico Behavioral Health Institute (NMBHI)-Long-Term Division gradually increased over the quarter. October occupancy rate 97.5%, November occupancy rate 98.75%, and December occupancy rate projected to be 100%.

- NMBHI initiated a six-session educational training for Long-Term Care staff on Psychopharmacology. The first training was completed in November and subsequent trainings will be conducted monthly for the next five months. Training aims to improve staff knowledge and skill in monitoring, management, and documentation of behaviors and interventions related to both physical and mental health.

- Fort Bayard Medical Center implemented a recruitment and retention project to gather feedback from employees on the successes and failures in recruiting and retaining staff. This data will be used during the 3rd Quarter. Recruited a Director of Nursing, which was vacant for nine months and recruited a Pharmacist, which was vacant for four months. Both positions are key staffing positions that impact patient care. Health outcomes should improve over the next quarter.

Percent of eligible third-party revenue collected at all agency facilities

Percent of eligible third-party revenue collected at all agency facilities

FY17 Target: ≥ 92.0%
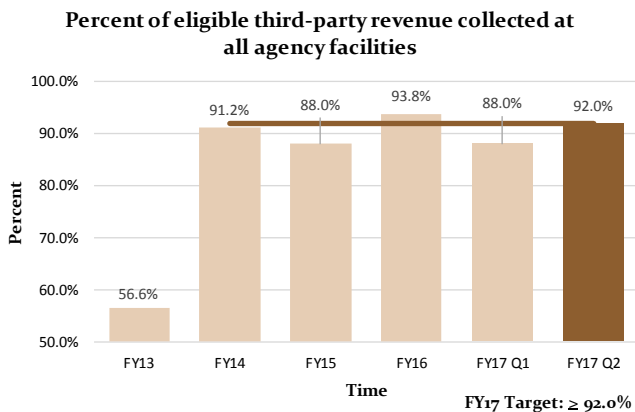
Story Behind the Data

- The NMDOH mission is fulfilled by operating six health care facilities and one community program offering safety net services for those individuals who have no financial resources yet need treatment. The safety net services provided throughout New Mexico include programs in mental health, substance abuse, long term care, and physical rehabilitation.
- This performance measure is based on the rate of collection for those services with a billable pay source.
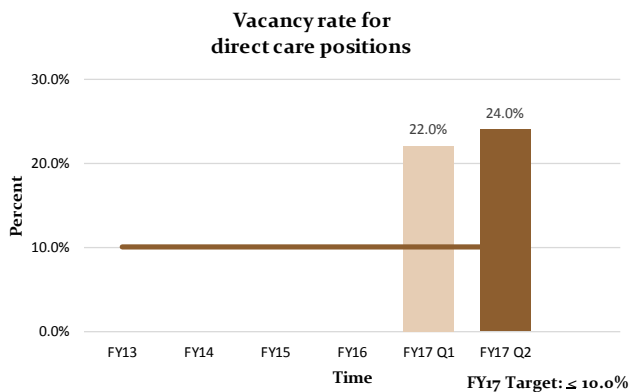- The Department met the target of 92% during FY17-Q2.

Partners

- Facility and community program financial managers and billing/collection staff
- Managed care organizations under Centennial Care
- Commercial insurance providers
- Human Resources Department
- Veterans Administration

Action Plan

- Q1-Q4: Recognize revenue on a monthly basis following the new policy "Recording Patient Revenue and Accounts Receivable." In Q2: The recognition journals were submitted on a monthly basis and the timeliness has improved.

- Q1-Q4: Review monthly Revenue Actual and Projected Collections reports (include facility projections) for collection rate efficiency along with discussions regarding resolutions when rates fall below the target. In Q2: Rate is 92%, which is the target collection rate for the program. We continue to work on this measure in an effort to surpass our target.

PROGRAM AREA 006: Office of Facilities Management

Vacancy rate for direct care positions

Vacancy rate for direct care positions


FY17 Target: ≤ 10.0%

Partners

- State Personnel Office
- Human Resource Bureau
- Public Health Division
- Statewide higher education institutions
- Referral agencies – clinics, hospitals, long term care facilities, assisted living facilities
- Veterans Administration
- Facility Employees and other state-operated health care facilities
- Community Members

Story Behind the Data

- Facilities 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 NMDOH 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 complex individuals, many of whom are remanded to NMDOH facilities by court order.
- This performance metric measures the vacancy rate of direct care providers in the NMDOH facilities and community program to determine human resource metrics for market rates and hiring practices, correlations to reliance on contract staffing, and area direct care staff data.
- NMDOH facilities and community program experienced a 24% vacancy rate among direct care positions during the second quarter of FY17.
- Shortages in nursing and doctors across the nation restrict our ability to effectively compete for experienced healthcare providers.
- Although market rates for healthcare positions are quite competitive, we continue to focus on our recruiting efforts in order to drive this performance measure down.

Action Plan

- Q1-Q4: Explore efficiencies in the way services can be provided and share talent and resources within the department to utilize the resources in the most efficient, cost-effect manner. In process.
- Q1-Q4: Develop a task force for recruitment and retention of health care staff, and particularly nurses, which is the most critical shortage in this area. In process.

Number of falls resulting in major injury per 1,000 long-term care days

Number of falls resulting in major injury per 1,000 LTC days

FY17 Target: ≤ 3.0
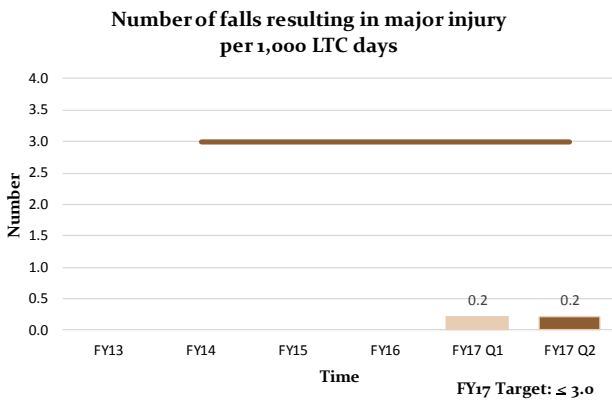
Partners

- Centers for Medicare and Medicaid Services
- NMDOH Epidemiology and Response Division
- University of New Mexico
- New Mexico Health Care Association
- U.S. Department of Veterans Affairs
- Health Insight New Mexico

Story Behind the Data

- Falls are common in long term care facilities and they often have serious consequences, especially in frail older residents. Falls are a major safety concern for long-term care facilities.
- Many long-term care facilities have falls programs in place, but recognize that there is always room for improvement. Tracking and prevention of falls with major injuries is a major effort within our long-term care facilities.
- While not all falls and injuries can be prevented, it is critical to have a systematic process of assessment, intervention, and monitoring that results in minimizing fall risk.
  - Falls data are aggregated across the three NMDOH nursing homes. The FY17-Q2 data follows:
    - ⇒ Total number of falls: 277
    - ⇒ Total number of falls with any injury: 90
    - ⇒ Total number of falls with major injury: 8
    - ⇒ Total number of resident days: 38,714
    - ⇒ Total number of falls with major injury: 0.21
- The nursing facilities are exceeding their goal. This outcome compared to the goal is exceptional. This is the same outcome as Q1 demonstrating consistency in prevention of falls with major injury. Going forward, we would like to be able to see a decrease in this number approaching zero.

Action Plan

- Q1: Q1 milestone was met, the outcome was below the target of 3.
- Q2: Q2 milestone had hoped to be below the Q1 outcome by 10%, this was not met as the outcome was unchanged.
  This milestone will be carried over to Q3.
- Q3: 0.19 to indicate this level of improvement.
- Q4: A 10% decrease again or 0.17.

Purpose:

Developmental Disabilities Supports Division (DDSD) fulfills the NMDOH 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. DDSD is the primary state agency that funds community services and supports for people with disabilities and their families in New Mexico.

FY17 OPERATING BUDGET:

General Funds: $147,407,700

Other Transfers: $8,845,000

Federal Funds: $2,819,200

Other State Funds: $1,600,000
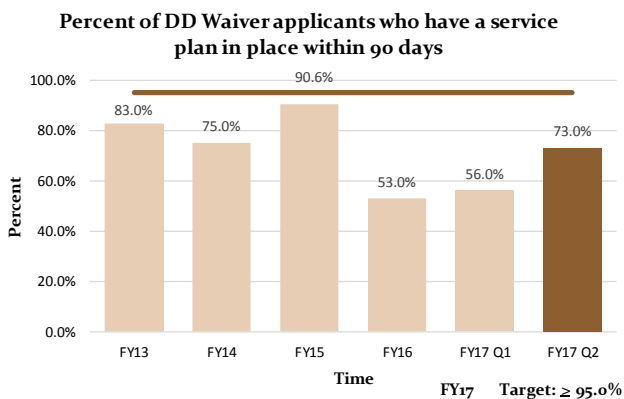
Total: $160,671,900

ACCOMPLISHMENTS

During the second quarter of FY17, some of DDSD's accomplishments included:

- DDSD began contracted work to expand the Know Your Rights Campaign and hosted statewide town hall meetings to inform individuals with Intellectual and/or Developmental Disabilities (IDD), families, and guardians about the Centers for Medicare & Medicaid Services (CMS) Final Rule: Home and Community Based Services Settings Requirements. Significant progress was made this quarter toward related validation activities as required by CMS.

- NMDOH collaborated with the Human Services Department (HSD) to prepare the Mi Via Waiver Amendment and completed public comment regarding the Amendment.

- Developmental Disabilities (DD) Waiver was revised and is currently out for public comment.

- The Community Programs Bureau hosted statewide Individual Service Plans (ISP) Strategic Plan stakeholder meetings to begin an ISP redesign initiative.

- The Pre-Admission Screening and Resident Review unit finalized the new Level I Screening Tool and has begun training appropriate staff at all Medicaid-Certified Hospitals and Nursing Facilities. On-line access to the training provided through the Hospital Association will be available by the end of January 2017. The new screening tool addresses the deficiencies referenced in the LFC Report #16-10, Cost, Quality and Performance of Nursing Homes in New Mexico. The targeted started date for the new tool is February 1, 2017.

- The Central Registry Unit (CRU) has been diligently working to clean up the backlog of applications for individuals on the waiting list. During the past quarter, the CRU was able to make determinations or appropriately close the case on over 100 backlogged applications. Clean up of the waiting list will result in a fewer number of individuals on the waiting list who are not eligible for waiver services.

Percent of developmental disabilities waiver applicants who have a service plan in place within 90 days of income and clinical eligibility determination

Percent of DD Waiver applicants who have a service plan in place within 90 days

	FY13	FY14	FY15	FY16	FY17 Q1	FY17 Q2
	83.0%	75.0%	90.6%	53.0%	56.0%	73.0%

Time

FY17   **Target: ≥ 95.0%**

Partners

- Human Services Division's (HSD) Medical Assistance Division (MAD)
- Human Services Division's (HSD) Income Support Division (ISD)
- Qualis (HSD's contracted Third Party Assessor)
- UNM Center for Development and Disability (CDD)
- New Mexico Department of Health's (NMDOH) Outside Review
- Advisory Groups
- NMDOH DDSD Mi Via Program
- Community Providers
- Case Management and Consultant Agencies
- Managed Care Organizations

Story Behind the Data

- DDSD's Intake & Eligibility Bureau works closely with other entities to ensure applicants complete the necessary steps to start receiving DD Waiver services. Over the last three years, about 73.2% of the applicants who were allocated had a service plan in place within 90 days of their income and clinical eligibility.
- This performance measure is important for the enhancement of the quality of life of individuals with developmental disabilities and in ensuring those allocated receive needed services timely.
- During FY17 Q2, 73% of the 26 individuals who came into service during the quarter had a service plan in place within 90 days of income and clinical eligibility (a 17% improvement from FY17-Q1).
- CRU staff rely on reports from case managers/consultants to track applicant allocation progress. The CRU has worked to improve communication with the case managers/consultants and regularly communicate the importance of applicants receiving services in a timely manner.
- The CRU staff will continue to communicate with providers in order to obtain accurate and timely information regarding applicant service plans. In addition, DDSD anticipates that the development of the Client Data Management System (CDMS) (in process) will help alleviate allocation tracking issues.

Action Plan

- Q1-Q4: Have provided two regional Allocation Fairs prior to new allocation groups to educate applicants on the allocation process. In process.
- Q1-Q4: Increase direct contact with applicants who have not completed income and clinical eligibility; troubleshoot issues that are keeping the applicant from proceeding with the allocation process. Where appropriate, place the applicant's allocation on hold. In process.
- Q1-Q4: Standardize statewide reporting from all case managers and consultants to ensure each applicant is followed through the allocation process and into services. In process.
- Q2-Q4: Track all expedited allocations to ensure the small percentage of individuals who were allocated proceed through the income and clinical eligibility process in a timely manner. In process.
- Q2-Q4: Discontinue initial and routine Supports Intensity Scale (SIS) assessments for adults on the DD Waiver. New adult participants will receive budget approvals solely through the Outside Review (OR) process. In process.

Percent of adults receiving community inclusion services through the DD Waiver who receive employment services

Percent of adults receiving community inclusion services who receive employment services

FY17 Target: ≥ 33.3%
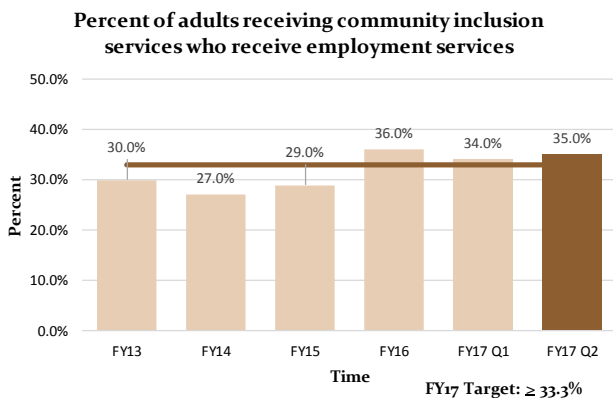
Partners

- Individuals with IDD and their support networks including parents and guardians
- DD Waiver Supported Employment Providers
- Partners for Employment, which includes the Division of Vocational Rehabilitation and the UNM Center for Development and Disability
- Supported Employment Leadership Network (SELN)
- Local business owners
- Community leaders

Story Behind the Data

- Nationally, individuals with intellectual/ developmental disabilities (IDD) experience greater levels of unemployment, underemployment, low wages, and poverty compared to those without disabilities.[1] New Mexico has made steady progress toward increasing community-integrated outcomes and performs above the national average.
- Community-Integrated Employment (CIE) includes job development so individuals with developmental disabilities may participate as active community members and realize the benefits of employment.
- In FY17-Q2, 35% of adults receiving CIE received employment services. This is the fifth quarter that the division performed above the 33% target.
- Currently, a community inclusion and supported employment client database is being automated as a web application. While the performance measure applies to consumers with DD Waiver funding, the new reporting mechanism is also capturing the employment status of individuals who receive State General Funds, Mi Via Waiver funding and other funding sources. Hence, the 35% reported for this quarter provides a broader snapshot of DDSD clients with funded employment services.
- DDSD anticipates the new database will officially enter the production phase in FY17-Q3 and will continue to work with the Information Technology Division to separate data by funding source.
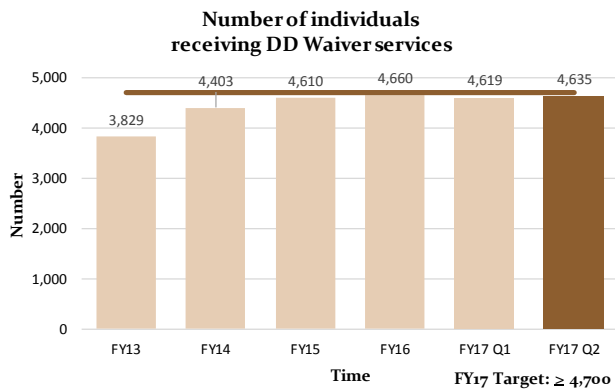
[1] *National Snapshot of Adults with Intellectual Disabilities in the Labor Force.* Disabilities-Cooperative Agreement/Grant Number: U01 DD000302-05

Action Plan

- Q1-Q2: Developed an Employment First Policy/Procedure and Communication Plan. Completed.
- Q1-Q3: Launch the Supported Employment database. In process.
- Q3: Communicate the Employment First Policy/Procedure to stakeholders statewide.
- Q4: Continue modifying and designing program goals and operating practices that clearly relate to the achievement of community integrated objectives. Continue to work with Partners for Employment to provide opportunities for outreach to key stakeholders and training on best practices in supported employment.

Number of individuals receiving developmental disabilities waiver services

Number of individuals receiving DD Waiver services

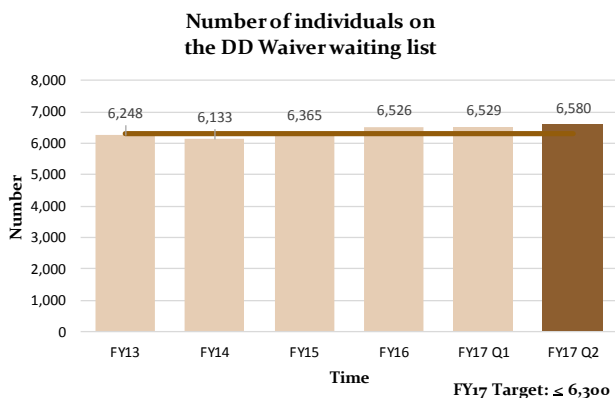| Time	FY13	FY14	FY15	FY16	FY17 Q1	FY17 Q2
Number	3,829	4,403	4,610	4,660	4,619	4,635

FY17 Target: ≥ 4,700

Partners

- Human Services Division's (HSD) Medical Assistance Division (MAD)

- Human Services Division's (HSD) Income Support Division (ISD)

- Qualis (replaced Molina), Third Party Assessor (TPA)

- Healthcare providers, parent support groups, and case managers

- Community Providers

- Case Management Agencies

Story Behind the Data

- Nationwide, forty-four (44) states and the District of Columbia provide home and community-based Medicaid waiver services to people with developmental disabilities.

- The DD Waiver program serves as an alternative to institutional care, providing an array of services so that people with developmental disabilities can live as independently as possible and participate as active community members.

- At the end of FY17-Q2, there were 4,635 persons receiving DD Waiver services, an increase of 16 participants from FY17-Q1. With no appropriations, this small increase reflects allocation slots that were carried over from the previous year or which became available because a current recipient was no longer eligible for services (eg., moved out of state or deceased).

- Since FY12, DDSD, with legislative appropriations, has increased the number of individuals served on the DDW program by almost 20%. Due to current appropriations/budgetary constraints, funding to offer services to those on the waiting list is expected to be severely limited for FY17.

- Currently, NMDOH is undertaking a rate study, which may result in monies that could potentially allow more people to be added to waiver services in FY17.

Action Plan

- Q1: Presented information on the Performance Management Scorecard project to stakeholders for feedback and evaluation. Completed: The Scorecard was presented at all statewide provider regional meetings. Feedback from these meetings is being incorporated.

- Q1-Q3: Develop the web-based Provider Scorecard project to facilitate participant selection of providers services. The Office of General Counsel has reviewed this project and input is currently being incorporated.

- Q1-Q4: Explore provider capacity, compensation, and services, statewide. In process: DDSD's Data Management Unit is currently assisting with a statewide rate study to identify, and incentivize, underserved areas.

Number of individuals on the developmental disabilities waiter waiting list

Number of individuals on the DD Waiver waiting list

Time	Number
FY13	6,248
FY14	6,133
FY15	6,365
FY16	6,526
FY17 Q1	6,529
FY17 Q2	6,580

FY17 Target: ≤ 6,300

Partners

- Human Services Division's (HSD) Medical Assistance Division (MAD)
- Human Services Division's (HSD) Income Support Division (ISD)
- Qualis (replaced Molina), Third Party Assessor (TPA)
- Healthcare providers, parent support groups, and case managers
- Department of Health's DDSD Mi Via Waiver Program
- NMDOH's Bureau of Vital Records and Health Statistics (BVRHS)
- Community Providers

Story Behind the Data

- According to the Kaiser Foundation, wait lists for IDD waiver services vary widely. Registrants are offered waiver services once the Legislature makes funding available to provide services to additional individuals. The average wait time for persons who have applied for DD Waiver services is 10.2 years.
- The DD Waiver program is designed to provide services to allow individuals with developmental disabilities to live as independently as possible and actively participate as community members. This measure is important in gauging and responding to the need for services.
- The target of 6,300 individuals on the waiting list was not met because the number of individuals added to the waiting list exceeds the number of individuals who received an allocation.
- The DDSD is focused on reducing the backlog of applications, which will reduce the number of individuals on the waiting list who have not completed enrollment. Included in the waiting list count are a backlog of applications that are still in process due to staff vacancies and/or hiring freezes.
- CRU staff are also referral specialists and provide information to help individuals access non-waiver services through other sources.

Action Plan

- Q1-Q4: Continue to conduct trainings for Case Managers, Consultants, and DDSD staff in FY17 on the allocation process as well as DD Waiver eligibility criteria. In process.
- Q1-Q4: Continue monthly meetings with the Medical Assistance Division, Income Support Division, Qualis Healthcare, and other agencies involved in the allocation process. In process.
- Q1-Q4: Conduct trainings on the allocation process for case managers and DDSD staff. In process.
- Q2 to Q4: Refer individuals with mental and behavioral health issues to the appropriate behavioral health system; track referrals. In process.
- Q3: Develop a written plan to systemically address the backlog of applications.

PROGRAM AREA 008: Heath Improvement
(Health Certification, Licensing and Oversight)

Purpose:

The Division of Health Improvement (DHI) plays a critical role in the Department's mission of improving the health outcomes and ensuring the safety of New Mexicans. DHI ensures that healthcare facilities and providers and community support services deliver safe and effective healthcare and community services in accordance with laws, regulations, and standards of practice.

DHI works closely with key stakeholders to promote and protect the health, safety, and quality of life of New Mexicans. Our stakeholders include executive and legislative policy makers; providers; facilities and contractors; other state, local, and federal government agencies; advocacy groups; professional organizations; provider associations; various task forces and commissions; and all persons in New Mexico.

Key DHI enforcement activities include: conducting various health and safety surveys for: facilities and community-based programs; conducting investigations of alleged abuse, neglect, exploitation, death or environmental hazards; and processing over 44,000 caregiver criminal history screenings annually.

FY17 OPERATING BUDGET:

General Funds: $4,178,600

Other Transfers: $4,188,800

Federal Funds: $2,517,000

Other State Funds: $1,911,800

Total: $12,796,200

PROGRAM AREA 008: Heath Improvement
(Health Certification, Licensing and Oversight)

ACCOMPLISHMENTS

During the second quarter of FY17, some of DHI's accomplishments included:

- Completed its website upgrade and migration to nmhealth.org. The updated DHI website is more user friendly and simpler to find key resources and information;
- Completed the development phase for the new Employee Abuse Registry application or Consolidated On-line Report. Beta testing is now in progress.

Program Operations Bureau (POB):
- Processed and licensed 13 new health facilities;
- Renewed 244 licenses of existing health facilities;
- Processed 86 health facility surveys to the Centers for Medicare and Medicaid;
- Provided training via live webinar for the New Mexico Hospital Association on Incident Management reporting regulations for Hospitals (webinar set record for high attendance);
- Provided training on federal regulation changes for nursing homes at quarterly association meetings;
- Implemented new review procedure focused on improving writing accuracy and quality of citations for Actual Harm and Immediate Jeopardy;
- Ensured Prometric's data connection for searching the Certified Nurse Aide Registry is compatible with Caregivers Criminal History Screening Program system.

Quality Management Bureau (QMB):
- Improved on-time distribution of Report of Findings from 54.3% in FY16 to 86.3% in FY17-Q1;
- Completed milestone in database development; entry of the regulations and standards reference library;
- Development of the Individual Quality Review Tool (IQR) is now in beta testing with the Jackson class community monitor.

Incident Management Bureau (IMB):

- Successfully closed all outstanding investigations backlogged from 2014 and 2015 during FY17-Q1;
- Published the 2016 annual report on Abuse, Neglect, and Exploitation;
- Jackson disengagement: Submitted evidence of compliance for six components. So far, three of six components have be accepted and approved by the Jackson Compliance Administrator. The other three are still under review;
- 321 agency staff, DDSD, and DHI personnel and other stakeholders, completed the new Recognizing and Reporting Abuse, Neglect, and Exploitation training.

Abuse rate for DD Waiver and Mi Via waiver clients

Abuse rate for DD Waiver and Mi Via waiver clients

FY17 Target: ≤ 8.0%
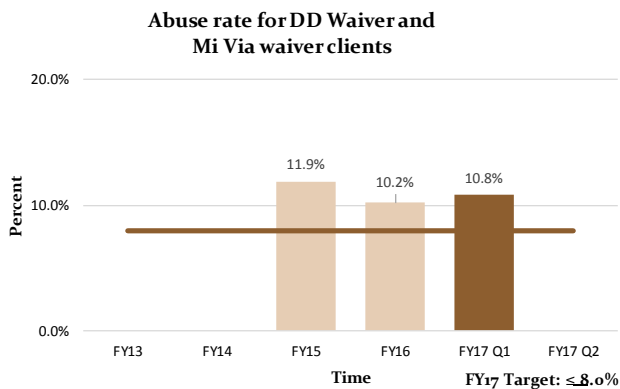
* The Abuse Rate is calculated as a 12 month rolling average. Each quarter the previous 12 months are reviewed. There is a data lag due to the 45 day cycle time of an   investigation; therefore, the prior quarter data is reported.

Partners

- Developmental Disabilities Supports Division (DDSD)
- Human Services Division (HSD)
- Community-based Providers

Story Behind the Data

- Abuse, neglect, and exploitation (ANE) of individuals with IDD has a direct impact on their quality of life and results in increased emergency room visits, additional medications, and related medical treatment. It is important to measure ANE because many adults with IDD are unable to recognize danger, understand their rights, and protect themselves against actions or in actions that are illegal, abusive, or threatening to their health and well-being.
- The Abuse rate increased slightly during FY17-Q1 from 10.2% to 10.8%. This minor variation in rate is expected due to the small sample size. It reflects an increase of 27 cases over the prior quarter total of 480 substantiated cases.
- During FY17-Q1, IMB successfully closed all outstanding ANE investigations.
- Because of the care our consumers require, neglect is the most common allegation. Lack of adequate supervision, failure to follow health care plans, and staff training are the most common reasons for substantiated neglect
- IMB is implementing a new statewide ANE training that focuses on recognizing and reporting ANE and uses a train-the-trainer model with a focus on adult learning styles and a competency based evaluation.

Action Plan

- Q1: Complete and close all outstanding ANE investigations. Completed.
- Q2: Develop a new on-line annual recertification training on recognizing and reporting ANE. In progress.
- Q3: Continue development and pilot of a new on-line annual recertification training on recognizing and reporting ANE. Conduct fidelity monitoring or checks of certified trainers on ANE curriculum.
- Q4: Implement a new on-line annual recertification training on recognizing and reporting ANE.

PROGRAM AREA 787: Medical Cannabis

Purpose:

The Medical Cannabis Program (MCP) was created under the Lynn and Erin Compassionate Use Act. The purpose of this Act is to allow the beneficial use of medical cannabis in a regulated system for alleviating symptoms caused by debilitating medical conditions and their medical treatments. NMDOH administers the MCP in accordance with the Act while at the same time ensuring proper enforcement of any criminal laws for behavior that has been deemed illicit by the state.

FY17 OPERATING BUDGET:

Other State Funds: $1,513,200

Total: $1,513,200
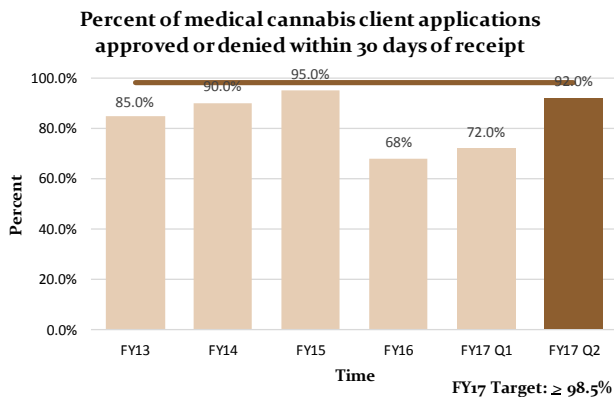
PROGRAM AREA 787: Medical Cannabis

ACCOMPLISHMENTS

During the second quarter of FY17, some of the MCP's accomplishments included:

- Hired and trained five new information and records clerks to process and approve applications.
- Conducted four educational presentations to about 170 law enforcement officers and lawyers about the Medical Cannabis Program.
- Hired a new management analyst to process and respond to Inspection of Public Records requests.
- Met with BioTrack seed to sale (software utilized for the program) to talk about improvements to data quality.
- Continued exploring options to outsourcing of printing patient registry cards.
- Customer Service Training for all MCP staff.
- Internal BioTrack seed to sale software training for all information and records clerks.

Percent of complete medical cannabis applications approved or denied within 30 calendar days of receipt

Percent of medical cannabis client applications approved or denied within 30 days of receipt

FY17 Target: ≥ 98.5%

Partners

- Patients and their families; caregivers
- Advocates
- Licensed non-profit producers (LNPP)
- Licensed couriers, manufacturers and labs
- Legislature
- Medical and Nursing Boards
- Medical practitioner associations
- NMDOH and private IT networking and expertise
- State and local law enforcement
- BioTrack seed to sale software
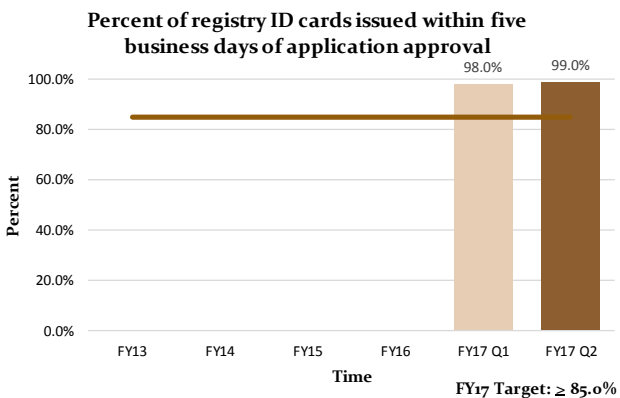
Story Behind the Data

- The Lynn and Erin Compassionate Use Act, which was passed in 2007, allows individuals with debilitating conditions to use medical cannabis as an alternate form of relief. About 25 states across the country now have medical cannabis programs.
- Timely review and approval of applications is important to ensure patients have safe access to medicine.
- Patient enrollment has increased substantially. About 26,000 patients were enrolled in the Medical Cannabis Program at the start of fiscal year 2017. Each week, the Program is approving about 1,000 applications and printing and mailing about 1,000 patient registry cards. During FY17-Q2, the Program processed 92% of completed applications within 30 calendar days of receipt, up from 72% in the first quarter, improving the average processing time for completed applications to 24 days.
- While the program did not meet its target of approving 98.5% of completed applications in 30 calendar days, tremendous process improvements to streamline the approval of applications have been made from the first quarter, including hiring and training additional staff.
- As part of the development of a sustainability plan for the program, standard operating procedures were developed and implemented, and training was provided to all employees who process applications in an effort to standardize processes.

Action Plan

- Q1: Review current application process and identify strategies to expedite review and approval of applications. Begin the hiring process for five employees in the Patient Services Program. Completed.

- Q2: Hire and train five new staff. Completed.

- Q3: Explore plans for electronic submission of applications. In progress.

- Q4: Identify a strategy for electronic records storage. In progress.

Percent of registry identification cards issued within 5 business days of application approval

Percent of registry ID cards issued within five business days of application approval

FY17 Target: ≥ 85.0%

Story Behind the Data

- About 25 states allow for the use of medical cannabis. In New Mexico, there are 21 qualifying conditions to become a patient in the program. The Lynn and Erin Compassionate Use Act allows for the use of medical cannabis to provide individuals relief from debilitating conditions.

- In the second quarter of FY17, the Medical Cannabis Program printed and mailed 99% of patient registry ID cards within five days of an application being approved.

- The day an application is approved, the registry identification card is printed. The card is mailed within 24 to 48 business hours after printing.

- Hiring additional staff helped lead to exceeding our target goal in this area, as well as the implementation of a streamlined process where patient registry cards are printed the same day an application is approved.

- As patient enrollment increases, the program will continue to utilize the process currently in place and explore opportunities for commercial printing of cards.

Partners

- Patients and their families, caregivers

- Advocates

- Licensed non-profit producers (LNPP)

- Licensed couriers, manufacturers, and labs

- Legislature

- Medical and Nursing Boards

- Medical practitioner associations

- NMDOH and private IT networking and expertise

- State and local law enforcement

- BioTrack seed to sale software

Action Plan

- Q1: Explore options for printing of cards off site. In progress.

- Q2: Review current mailing process. In progress. Develop standard operating procedures for application approval and printing of registry ID cards. Completed.

- Q3: Develop a plan for printing cards offsite. In progress.

- Q4: Identify systems within BioTrack seed to sale (software utilized by the program) that will allow enrollees to see when their identification card was mailed.

NOTES

New Mexico Department of Health Vision

A Healthier New Mexico!

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