Department of Health

FY14 Quarter 1

Performance Report

July 1, 2013 - September 30, 2013

New Mexico Department of Health
Retta Ward, Cabinet Secretary

Table of Contents

Department Information 3

Goal 1: Improve Health Outcomes for the People of New Mexico 4
Program Area 2: Public Health
Program Area 3: Epidemiology and Response

Goal 2: Improve Healthcare Quality 13
Program Area 7: Developmental Disabilities Support
Program Area 8: Health Certification, Licensing and Oversight

Goal 5: Ensure that Technology Supports Timely, Data-Driven Decisions; Public Information and Education; and, Improves Business Operations 18
Program Area 4: Laboratory Services

Goal 6: Improve Fiscal Accountability 30
Program Area 1: Administration
Program Area 6: Facilities Management

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

VISION:
A healthier New Mexico!

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

FY14 OPERATING BUDGET:

General Funds: 302,270.6

Federal Funds: 107,246.9

Other State Funds: 109,683.5

Other Transfers: 25,979.7

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Goal 1: Improve Health Outcomes for the People of New Mexico

PROGRAM AREA 2: Public Health

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.

FY14 OPERATING-BUDGET:

General Funds: 67,536.0

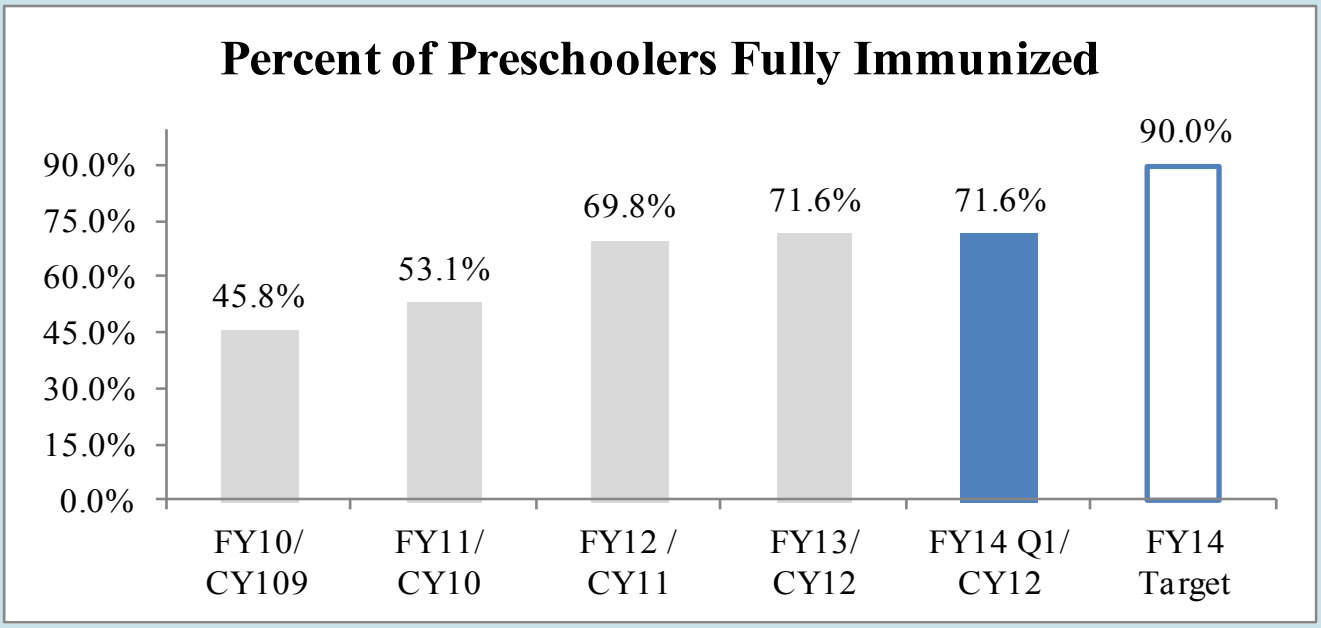
Federal Funds: 79,354.5

Other State Funds: 27,074.0

Other Transfers: 12,916.8

Results At-A-Glance

Program Area	Performance Measure	FY12	FY13	FY14 Q1	FY14 Target
Public Health	Percent of preschoolers (19 to 35 months) fully immunized	CY11 69.8%	CY12 76.1%	CY12 76.1%	90%
Public Health	Number of teen births prevented among 15-17 females seen in the department of health funded clinics	Measure didn't exist	552	448	850
TUPAC	Percentage of Quit Now enrollees who successfully quit using tobacco at 7-month follow-up	33.0%	33.0%	31.0%	40.0%



Measure History

Data for this measure come from the National Immunization Survey (NIS) conducted by the Centers for Disease Control and Prevention (CDC). The (NIS) has been conducted annually since 1994 by the National Immunization Program and the National Center for Health Statistics (NCHS), and the CDC. The NIS is a random digit dialing telephone survey of households with age-eligible children followed by a mail survey of the children's vaccination providers to validate immunization information. Given that New Mexico ultimately receives the data from the CDC, there is a lag in reporting; this lag results in the fact that Calendar Year 2012 (CY12) is the most currently available dataset.

Immunization coverage surveys were conducted at offices of selected Vaccines for Children (VFC) providers. VFC is a national program administered through CDC to ensure that all children 0-18 years of age are eligible to receive recommended vaccines regardless of their family's ability to pay for them.

For this fiscal year, the immunization series include: 4DTaP, 3 Polio, 1 MMR, 3 or 4 Hib*, 3 Hep B, 1 Varicella, and 4 Pneumococcal. In previous Quarterly Reports submitted to the LFC, the series was different. Therefore, the pre-schooler immunization data presented in this report should not be compared with data presented in Quarterly Reports from previous fiscal years.

Calendar Year 2012 (CY12) data indicate 71.6% of New Mexico pre-schoolers are fully immunized with the above-mentioned vaccine series. While not meeting the 90% target, relatively more New Mexico pre-schoolers are vaccinated relative to pre-schoolers throughout the U.S. (68.4%); see table below).

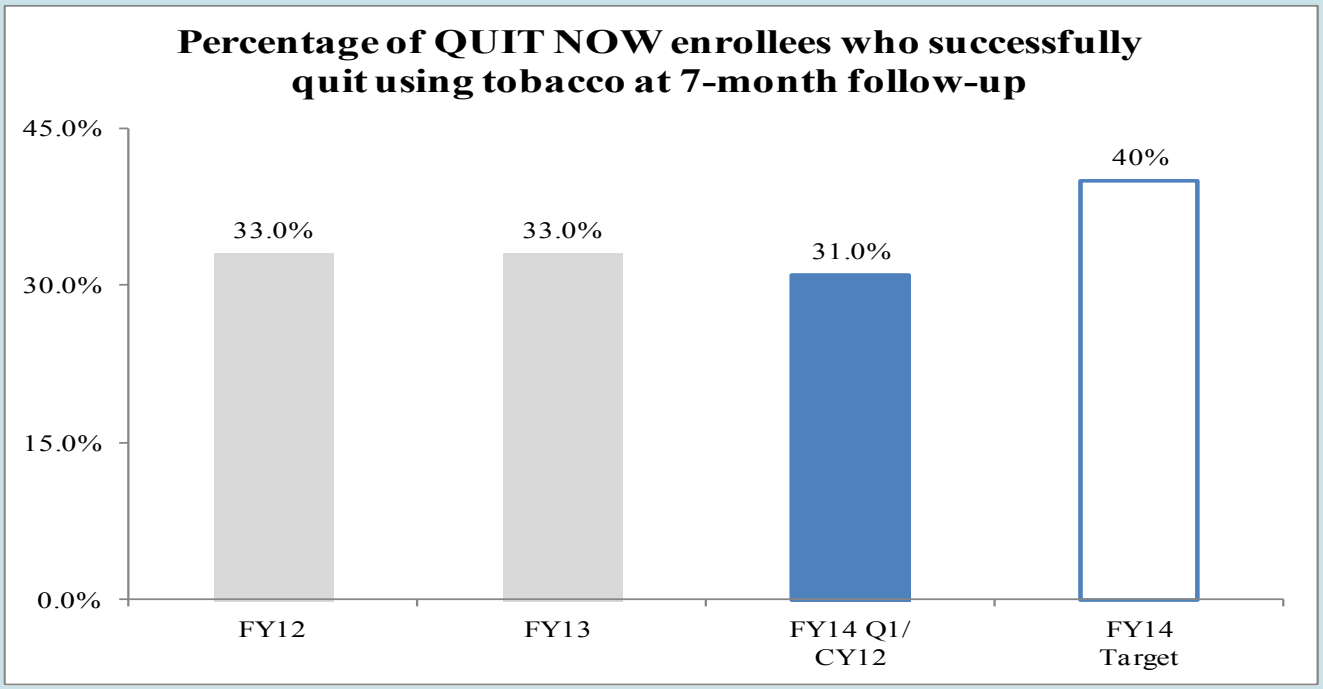
	FY10/ CY09	FY11/ CY10	FY12/ CY11	FY13/ CY12	FY14 Q1/ CY12
US	**44.3%**	**56.6%**	**68.5%**	**68.4%**	**68.4%**
NM	**45.8%**	**53.1%**	**69.8%**	**71.6%**	**71.6%**

Activities

- Began influenza vaccine distribution to Vaccines for Children (VFC) provider for the 2013-14 influenza season.
- Vaccine ordering continued through CDC's VTrcks system, initiated in New Mexico in May 2013.
- Mandatory recording of all immunizations delivered in New Mexico into NM Statewide Immunization Information System (NMSIIS) began in July 2013. Training was geared up to accommodate the surge of new NMSIIS users.
- Continued on-boarding of new providers into the data exchange process with NMSIIS.
- VFC quality assurance visits and coverage evaluation visits continued on track.
- Conducted 3 physician detailing visits to selected VFC provider offices to improve adolescent immunization rates.

Action Plan

- Implement dose-level accountability of VFC vaccines as mandated by the CDC as of October 1, 2013.
- Deliver all pediatric vaccine (~1.2 million doses) to approximately 500 VCF providers statewide.
- Provide education, training and approval for use of the NM Statewide Immunization Information System (NMSIIS). In addition to yielding reports and information for infectious disease control, NMSIIS will be accessed by providers to deliver needed immunizations on a timely basis, to reduce over- or under-immunization of the population.
- Conduct two more focus groups on improving immunization rates of adolescent clients.
- Continue physician detailing visits at selected VFC provider offices to improve adolescent coverage rates.
- Collaborate with healthcare providers and schools to conduct outreach immunization clinics (i.e. weekend and after-hours clinics, Tribal Health, school-located influenza immunizations).
- Provide oversight for protection of the state's vaccine supply through: professional education (CHILI trainings); distribute new vaccine storage thermometers to VFC providers, and consistent monitoring of vaccine storage and handling practices though site visits and vaccine storage temperature logs.
- Conduct annual quality assurance visits, with consultation for improving rates of immunization among children 19-35 months of age and adolescent clients to VFC providers



Measure History

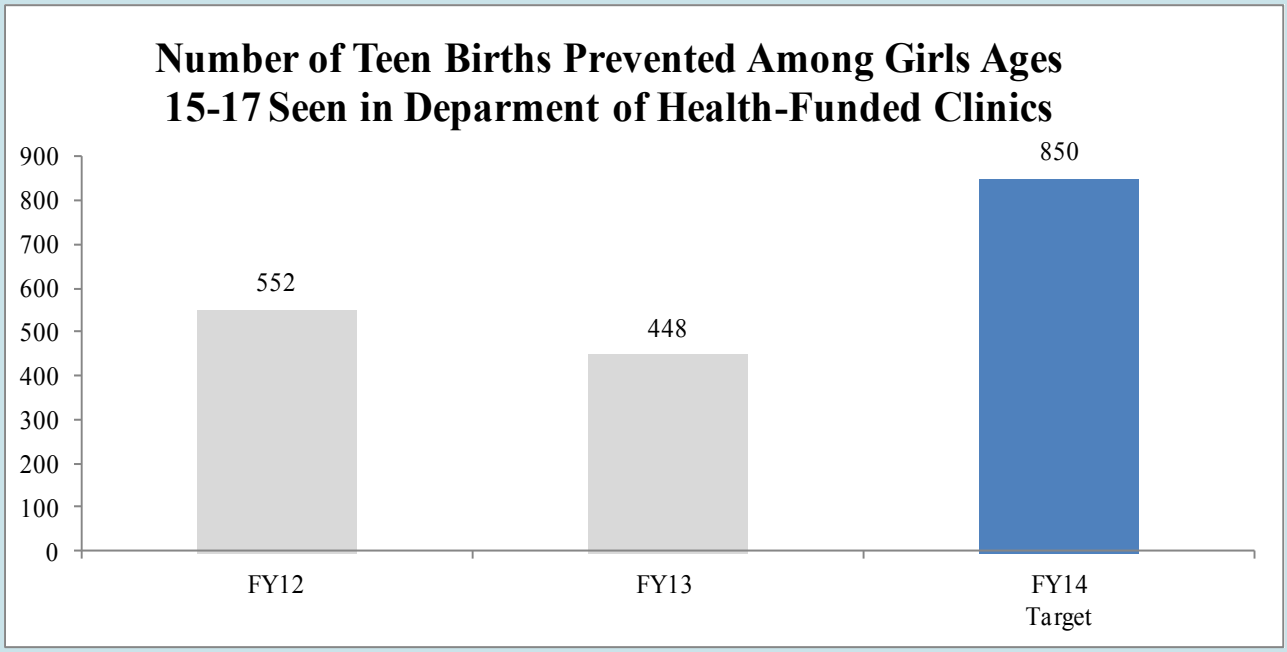
- New Mexico's adult smoking prevalence declined significantly between 2001-2010, following similar national trends. Despite decreases in overall adult smoking in NM, rates are still significantly higher among adults who have lower education, lower income, are unemployed, or uninsured.
- Smoking among NM high school youth remains stagnant and higher than the national rate (24% vs. 19.5% respectively). Especially high smoking rates are seen among youth with poor academic grades, American Indian youth, and youth experiencing food insecurity.
- Further, about 92% of New Mexicans are protected from secondhand smoke exposure by the 2007 Dee Johnson Clean Indoor Air Act; however, this law does not apply to tribal lands in the state.
- Enhanced methodology for the BRFSS was introduced in 2011, which prevents comparison of 2011 and later data to 2010 and earlier data. However, even with the new methods, there appears to be a decline in adult smoking from 2011 (21.5%) to 2012 (19.3%).

Activities

- New partnerships with *HealthInsight New Mexico* (physicians) and the NM Oral Health Council (dentists & oral hygienists) to promote online *Brief Tobacco Intervention Training* to providers.
- Ongoing work with the NM Pharmaceutical Association to provide QUIT NOW promotional kits and technical assistance to pharmacists at annual meetings.
- Developed a customized advertisement to promote online *Brief Tobacco Intervention Training* to nurses via *Nursing News & Views* (NM Board of Nursing) and *New Mexico Nurse* (NM Nurses Association) publications.
- TUPAC helped developed and implement plan to train WIC staff on delivering brief tobacco interventions, providing referrals to QUIT NOW, and disseminating population-specific materials, incentives.
- Ongoing QUIT NOW presentations, materials, and technical assistance to Diabetes, Breast & Cervical Cancer, and Colorectal Cancer Programs and their contractors statewide; NM Cancer Council; NM Chronic Disease Prevention Council; Indian Health Service; and UNM Project ECHO.
- TUPAC, its cessation services provider, and independent evaluators track QUIT NOW enrollment and follow-up activity on an ongoing basis to ensure quality of service and to make necessary program adjustments.

Action Plan

- The TUPAC Program will continue to seek new partners to promote availability of online *Brief Tobacco Intervention Training for Health Care Providers* to increase screening and brief interventions in health care settings and to increase referrals to free QUIT NOW services. New partners can order a variety of QUIT NOW and *DEJELO YA* cessation promotional materials (*e.g*., quit kits, cards) through www.nmtupac.com and disseminate this information within their professional, clinical, community, and specific population settings. Materials are available in English, Spanish, and Navajo. In addition, new partners can integrate QUIT NOW cessation information and resources into any existing health programming, social services, community events, and related projects. Enrollment and follow-up data will continue to be tracked on an ongoing basis to inform any programmatic adjustments related to budgets, quality of service, and reach into populations at greatest risk.
- Provide QUIT NOW telephone- and web-based cessation services supported by media, training, and community outreach designed to increase tobacco cessation awareness and referrals.
- Expand linkages between Tobacco Use Prevention and Control (TUPAC) Program and other DOH programs (e.g., WIC, Children's Medical Services, PRAMS, etc.) and community organizations (e.g., non-profits, health councils, tribal groups, priority population networks, etc) to promote QUIT NOW cessation services.
- Support smoke-free multi-unit housing community secondhand smoke education and voluntary policy efforts through use of data, strategic partnerships (CTG, TUPAC grantees and new community partners) and training statewide.
- Increasing the price of all tobacco products, including cigarettes, chew and snuff tobacco, cigars, and roll-your-own tobacco
- Regulating the time, place, and manner in which tobacco can be advertised and sold in order to prevent youth from initiating tobacco use
- Supporting the development of policies to protect all New Mexicans from secondhand smoke exposure, including locations not covered by Dee Johnson Clean Indoor Air Act
- Screening all patients in healthcare settings for tobacco use and providing brief interventions or referrals to 1-800-QUIT NOW



Measure History

Since 1998, the teen birth rate in New Mexico for 15-to-17 year olds has declined by 41%, which is comparable to national data. Yet, while rates are declining, Hispanic teens have the highest birth rates both in New Mexico and nationally, so there is still work to be done. Factors in the high teen pregnancy rates include: poverty, education, rural living, and access to services.

In 2011, New Mexico ranked 2nd in percentage of children living in poverty, one of the most important contributing factors to teenage pregnancy. Teens who have dropped out of school are more likely to become pregnant and have a child than their peers who stay in school. The NM high school dropout rate in 2011 was 37%, compared to 22% nationally.

The Family Planning Program (FPP) promotes and provides comprehensive family planning services, including clinic-based services and community education and outreach, to promote health and reproductive responsibility. Family planning is an integral component of the DOH's efforts to reduce teen pregnancy, prevent unintended pregnancies and STDs, reduce infant mortality and morbidity, and improve the health of women and men of all ages. Confidential reproductive health services are provided at low or no cost at all local Public Health Offices, and some community health centers and school-based health centers. The FPP also funds community education programs focusing on service learning, adult-teen communication and comprehensive sex education.

Service learning programs engage youth in constructive activities to build on their strengths and interests, and increase their motivation to delay childbearing by providing positive alternatives and leadership opportunities. The FPP implemented the Teen Outreach Program (TOP), a nine-month program that aims to decrease teen pregnancy and increase school success with curriculum guided activities and a community based service learning component to high risk teens during after school hours. Completing the TOP program with fidelity means that participants must: consent to participate; complete the pre- and post-survey; attend weekly curricula; complete at minimum 20 hours of community service learning; and attend the program for the full nine months. The FPP's goal was to serve 500 youth statewide with fidelity in TOP.

The annual count for FY14 will be available in February 2014 when the Family Planning Annual Report is completed. The cumulative number cannot be determined at this time because clients might have more than 1 visit per year, and these repeat visits have not yet been de-duplicated from the dataset.

And, the FPP works toward comprehensive sex education for Latino teenagers like *Cuidate!* ("*Take Care of Yourself!*") which focuses on reducing risk of contracting STIs (including HIV) and preventing unplanned pregnancy. Comprehensive sex education is provided through the *Cuidate!* program. *Cuidate!* is a Hispanic culturally-based HIV sexual risk reduction intervention. It consists of six 60 minute modules delivered to small groups (6-10) of males and females. The target population is English and Spanish-speaking Hispanic youth 13-18 years of age. *Cuidate!* emphasizes increasing skills and self-efficacy in communication and negotiation of abstinence or condom use. The program uses activities that allow youth to: (1) acquire correct and reliable information about risk and disease; (2) develop attitudes that support safe decision-making; (3) build skills to be able to abstain from sex and use condoms correctly; (4) reinforce confidence in their ability to practice safer sex.

The FPP also implements *Raíces y Alas*, a two-hour workshop for parents of adolescents. The workshop is designed to increase parents' confidence to talk with their children about sex and sexuality and to help parents give their children solid foundations of knowledge to make healthy decisions regarding their health and relationships. Each TOP must complete two *Raíces y Alas* workshops in their local community.

Activities

During FY13 Q1, the FPP launched the *BrdzNBz* text messaging service. *BrdsNBz* New Mexico offers teens and parents free, confidential, and accurate answers to sexual health questions via text message in either English or Spanish. A teen or parent texts a question and a trained educator responds within 24 hours with an average time of 6 to 8 hours. Teens text "NMTeen" to 66746 and parents text "NMParent" to 66746. Through the text line parents receive recommendations on ways they can increase their skills in talking to their teen about sexual health.

Action Plan

- The FPP 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 (SBHC).
- Continue with population-based strategies (service learning, adult-teen communication and comprehensive sex education) working in concert with the clinical family planning direct services to prevent teen pregnancy.
- Provide a *Cuidate!* training for health promotion staff and community based educational providers.
- Promote *BrdsNBz* with a Public Service Announcement

Goal 1: Improve Health Outcomes for the People of New Mexico

PROGRAM AREA 3: Epidemiology and Response Division

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.

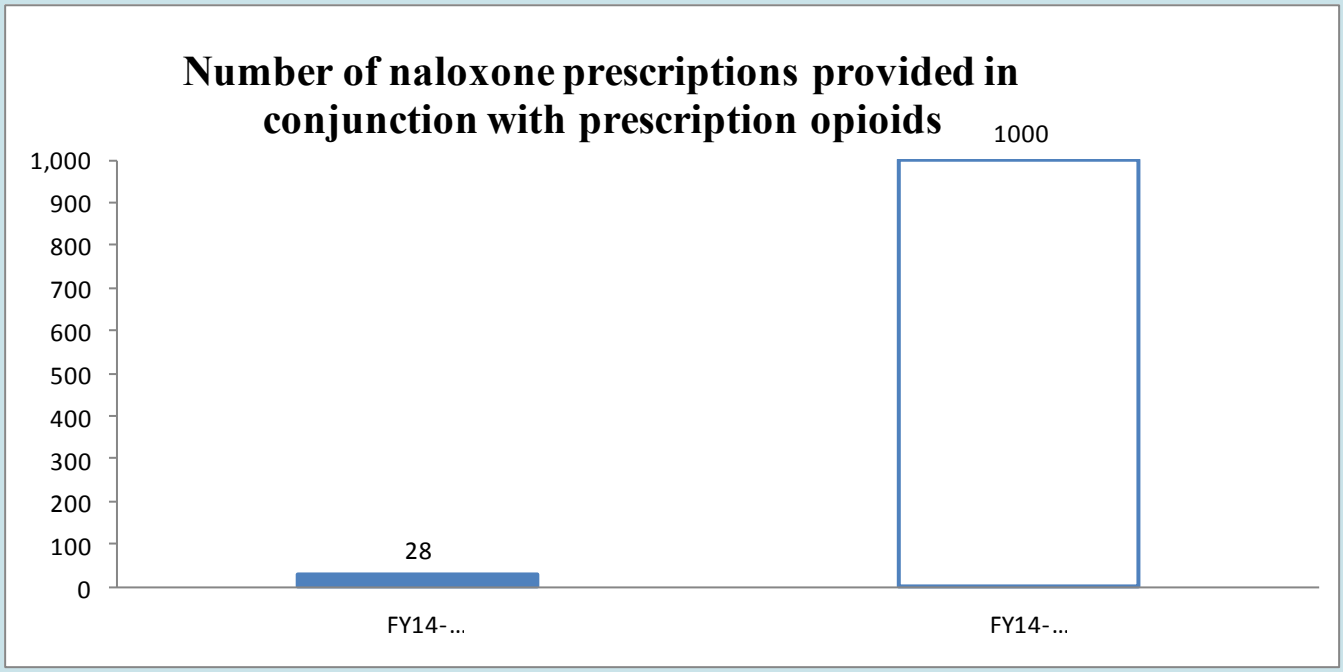
FY14 OPERATING BUDGET:

General Funds: 8,352.6

Federal Funds: 14,645.1

Other State Funds: 1,048.3

Other Transfers: 160.6



Measure History

- In 2012, New Mexico's drug overdose death rate was 24.2 per 100,000 persons. That year, 486 New Mexicans died of drug overdose
- In 2010, the Centers for Disease Control and Prevention reported that New Mexico had the second highest drug overdose death rate in the nation, and nearly double the U.S. rate.
- Since 2001, New Mexico's drug overdose death rate has increased by 80%.
- Drug overdose death surpassed motor vehicle injury death as the leading cause of unintentional injury death in New Mexico in 2007.
- There have been more prescripti8on drug overdose deaths than illicit drug overdose deaths in New Mexico since 2007.
- Unintentional overdose, or poisoning, accounts for 80 to 85% of drug-induced deaths in New Mexico.
- High drug overdose death rates among Hispanic males drives the overall high state rate.
- The consequences of opioid addiction continue to burden NM communities, with high rates of overdose death, crime, violence, homelessness, loss of productivity and spread of blood-borne disease.
- Naloxone reverses drug overdoses.
- Pilots where naloxone is provided for persons at high risk of overdose death have been started in several New Mexico communities.

Activities

- Launched the Santa Fe co-prescription pilot in collaboration with La Familia Medical Center and Medicap Pharmacy
- Expanded the Roswell co-prescription pilot by 2 medical practices – for total of 3 participating medical practices
- Expanded the Taos co-prescription pilot to a second provider site, specifically a behavioral health treatment provider (Tri-County Community Services)
- Initiated planning for pilot site in Albuquerque, in collaboration with the UNM Chronic Pain Clinic
- Initiated planning with both the San Miguel and Santa Fe County Adult Detention Centers – to provide overdose prevention education and naloxone rescue kits upon release to detainees identified as opioid dependent upon entry
- Provided technical assistance and expertise to the Española Department of Emergency Services in their development of naloxone carry and administer protocol for municipal law enforcement officers.
- Provided technical assistance and expertise to the Human Services Department Office of Medicaid on the development of the Letter of Direction with regard to managed care organizations' coverage of naloxone rescue kits.
- Provided technical assistance and expertise to inform the Prescription Drug Misuse and Overdose Prevention and Pain Management Advisory Council on their development of recommendations to the Office of the Governor.
- Provided technical assistance and expertise to community-based opioid overdose prevention planning groups in Taos, Espanola, Santa Fe, Roswell and Truth or Consequences

Action Plan

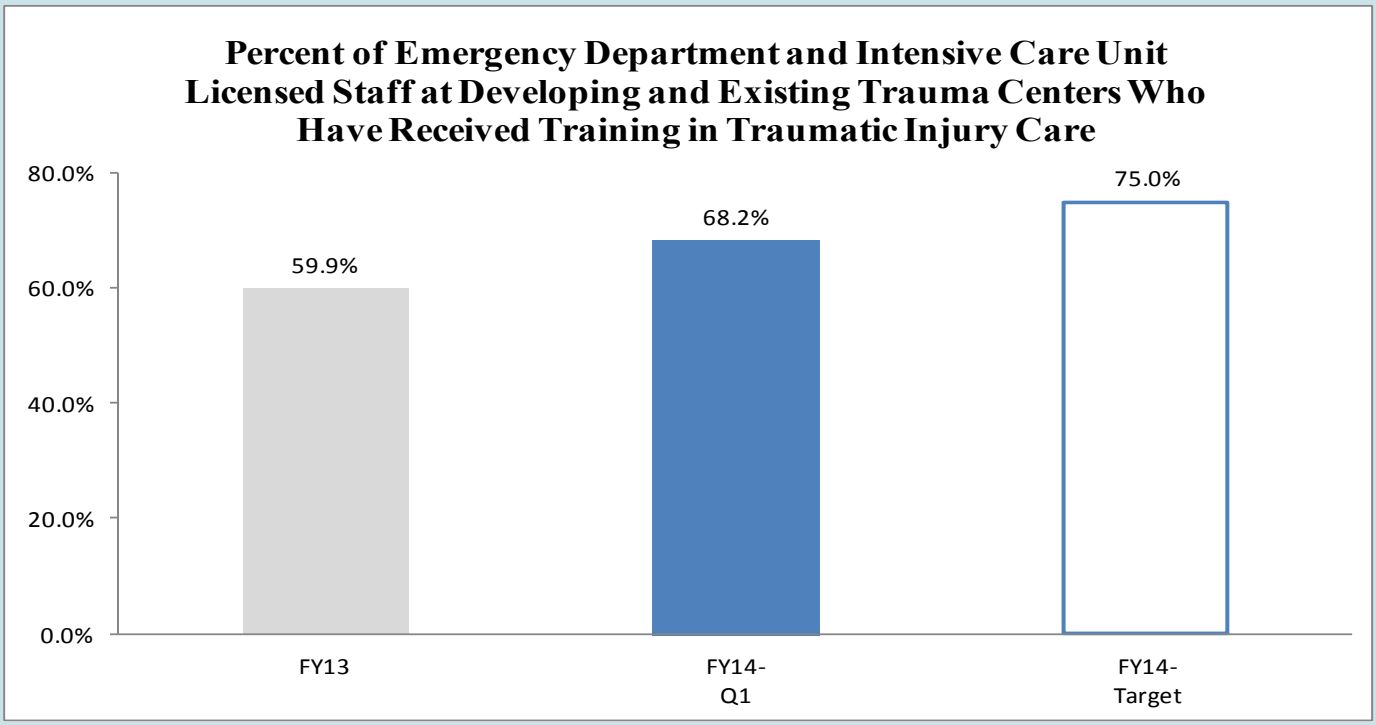
- Increase access to overdose prevention education and naloxone in clinical settings for persons at risk of misuse or overdose with prescription opioids by: (i) expanding existing pilots in Taos, Santa Fe and Roswell by adding medical provider sites in each community; and (ii) establishing naloxone co-prescription pilots in other communities (Espanola, Albuquerque).

- Collaborate with the Board of Pharmacy and New Mexico Pharmacy Association on educational outreach and training (on naloxone and overdose prevention education) to pharmacists across the state.

- Collaborate with Human Services Department Office of Medicaid, managed care organizations, and Medicaid providers on the co-prescription of naloxone rescue kits, reimbursable under 9/27/2013 Medicaid Letter of Direction.

- Expand professional education to healthcare providers on the role of overdose prevention education and naloxone for high risk patients receiving opioid pain medication.

- Increase reach and access to public health overdose prevention service delivery with naloxone.



Measure History

Trauma is an injury caused by external force applied to the body. Car crashes, violent acts such as shootings and stabbings, and falls are common mechanisms of injury. Major trauma is life-threatening or potentially life-threatening and is the leading cause of death and disability for people less than 45 years of age. Every year patients suffering from injuries due to motor vehicle crashes, falls, knife or gunshot wounds, burns, or sport and recreational accidents are transported to trauma centers. The time from the injury to highly specialized trauma hospital care is critical in saving lives and decreasing disabilities. Trauma centers provide the level of care that can make the difference between life and death.

The 2006 House Memorial 20 Task Force issued a report titled the *New Mexico Trauma Care Crisis*, stating that only 60% of the state's population lived within 90 miles of a trauma center. As a result of this report, legislative funding was allocated to support existing trauma centers, developing trauma centers and trauma system development. In 2006 there were three designated trauma centers; one level I trauma center in Albuquerque (University of NM Hospital), and two Level II trauma centers, Farmington (San Juan Regional Medical Center) and Santa Fe (CHRISTUS-St. Vincent Regional Medical Center). As a result of education, funding and dedication to the timely treatment of patients with major trauma, the State now has 14 designated trauma centers with a majority of the population within 90 miles of a trauma center.

It is expected that each trauma center participate in performance improvement activities to continuously monitor trauma care delivered at their facilities. The goal is to make trauma care improvements throughout the continuity of care for the trauma patient, and to provide high level education (required per NMAC 7.27.7) to all providers caring for the traumatically injured patient. Training includes Trauma Nursing Core Course (TNCC) and 6 hours of continuing education (CEs) in trauma for nurses and Advanced Trauma Life Support and 6 continuing medical education (CMEs) units of trauma education for physicians. No requirements are specified for paramedics working in a hospital setting, however, training is strongly encouraged.

Quarterly meetings (e.g., Trauma Nurse Coordinator Forum/Trauma Registry Workgroup (TNCF/TRW)) are held for all stakeholders. Trauma program managers focus on consistency of trauma care, receive guidance from the EMS Bureau Trauma Program, and share educational opportunities.

The Trauma Advisory and System Stakeholder Committee (TASSC) meets quarterly and regional reports are given by the EMS Regional office. Reports are given by each facility participating in statewide trauma care, and changes in physician coverage, general issues of trauma care, and specific success stories are brought forth for consideration and discussion.

Regional Trauma Advisory Committee (ReTrAC's) meetings are held quarterly in each of the three EMS Regional Areas and focus on issues related to trauma care in their specific region.

The Trauma System Fund Authority (TSFA) meetings are held quarterly The members of the TSFA are appointed by the Governor. The TSFA's main mission is to administer the Trauma Fund. Updates on pending TSFA awards to designated trauma centers, developing trauma centers and trauma system development are presented by the EMS Bureau Trauma Program. This meeting is attended by representatives from the trauma system, including pre-hospital personnel and hospitals from all over the State.

Activities

- The TNCF/TRW and TASSC met August 20-21, 2013. This new performance measure was discussed by the State Trauma Coordinator. A reporting format was developed by the EMS Bureau and distributed at the meetings as well as provided electronically. This performance measure is useful for both the DOH and individual trauma centers for tracking required staff training. The requirements for reporting the education are in each existing and developing trauma center's Memorandum of Agreement awarded by the TSFA.
- The TSFA met on September 4, 2013, at which time the same reporting information was discussed.

Action Plan

- On November 13-14, the State Trauma Coordinator will visit Union County General Hospital to perform a technical site visit which entails reviewing the requirements of a trauma center, and evaluating how close they are to meeting the regulations. Included in the discussion will be the types of educational requirements needed for their Emergency Department personnel.
- On November 19-20, the TNCF/TRW and TASSC will meet. A report on the first quarter findings regarding trauma care training of licensed personnel will be given to help increase the quality of the reporting and encourage continued trauma education; in particular paramedics, whose trauma education, as reported, was 28%.
- On November 21, the State Trauma Coordinator will be visiting Miner's Colfax Medical Center in Raton to attend their ReTrAC.

Goal 5: Ensure that Technology Supports Timely, Data-Driven Decisions; Public Information and Education; and, Improves Business Operations

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 the Scientific Laboratory Division (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.

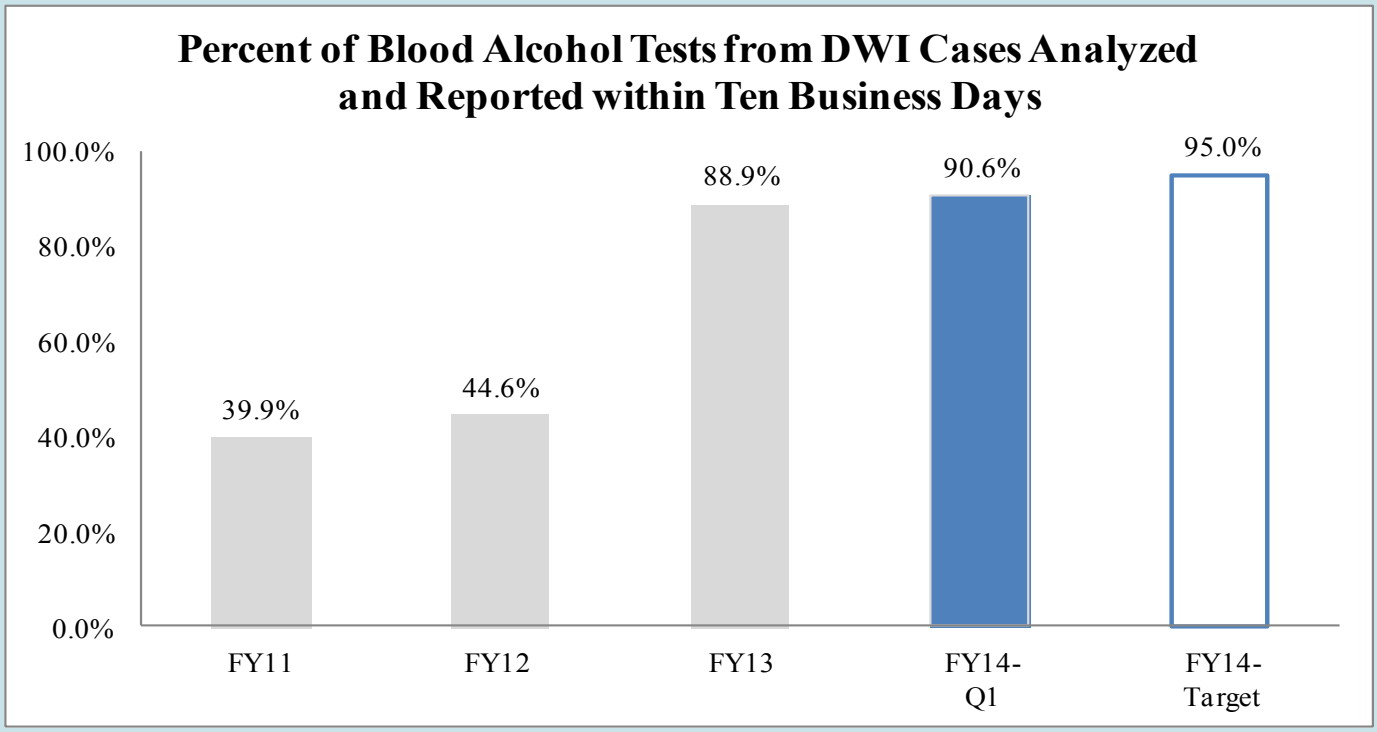
FY14 OPERATING BUDGET:

General Funds: 7,606.1

Federal Funds: 2,138.7

Other State Funds: 2,837.5

Other Transfers: 0



Measure History

For cases involving impaired drivers, blood alcohol (BA) testing is the first test completed. If the BA level is ≥ 0.08, no further testing for drugs is conducted because the minimum statutory level has been demonstrated. However, if the BA level is < 0.08, additional drug screening is conducted to determine cause of impairment. If the drug screens are positive, then drug confirmation testing is completed. The Drug Screening Section is responsible for the BA testing and accompanying court testimony, as well as the drug screening. And, BA testing is not only done on impaired driving cases, but also cause-of-death cases; the same analysts run both impaired driving and cause-of-death testing. These cause-of-death tests are intensive, with more quality controls and case reviews than traditional clinical and environmental testing. Even though ten days business days comprises the measure, 30 days is within the time frame that the judicial system needs the information to adjudicate cases and would allow the SLD to accommodate periods of heavy demands for court testimony and still maintain turn-around times.

Overall, the percent of blood alcohol samples reported within ten business days improved from 44.6% in FY12 to 90.6% in Q1 of FY14. During FY14 Q1, 90.6% of blood alcohol samples were tested and reported within 10 business days. The 95% target for was not met for the following reasons:

1. The SLD not only analyzes samples for alcohol but also analyzes those same samples for drug screening on Office of the Medical Investigator (OMI) samples. OMI samples have increased more than 20%, with more time spent on the relatively more complex 18 drug-panel screening which takes 3.5 days to complete.

2. However, in Q1, SLD completed 96% of the samples within 13 days. And, the SLD increased the speed of case completion, reporting on 99% of OMI cases within 90 days in Q4, up 62% in Q1.

Activities

In 2013, the Toxicology Bureau agreed to increase the number of samples accepted from the Office of the Medical Investigator by 20%. At the end of FY 13, the overall average time to complete and report the results for a drug case by the Toxicology Bureau was 23 days (19 days for DWI cases and 29 days for autopsy investigations). This was 30% faster than the previous quarter and reflects the positive impact of increased staffing and assessment and revision of lab work flow processes using LEAN strategies.

During the last quarterly meeting between DWB and the Scientific Laboratory Division Chemistry Bureau, the NM Environmental Department (NMED) Drinking Water Bureau (DWB) requested a reduction in their sample turn-around time from 98% of samples completed within 90 days to 98% of samples completed within 60 days . While this is a deviation from the NMED-SLD MOA, the Chemistry Bureau was willing to accommodate this request, and able to meet this new, shorter result turnaround time requirement with 99.2% of all DWB samples reported out in less than 60 days.

Action Plan

- ***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, travel time plus testimony time can take up to 2 days away from the SLD building.
- ***Monitor and maintain equipment***. The SLD last received dedicated legislative funding for capital equipment replacement in FY09. As a result, a growing number of analytical instruments are failing, and these instruments are in constant use.
- ***Continue method development***. Evaluation and validation of new methods is critical to develop better turn-around times and efficient usage of available staff.
- ***Continue staff training***. It takes from 6 months to one year for employees to become proficient in analysis of samples, depending on the type of testing.

Goal 2: Improve Healthcare Quality

Program Area 7: Developmental Disabilities Support

Purpose:

Developmental Disabilities Supports Division (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.

FY14 OPERATING BUDGET:

General Funds: 137,676.5

Federal Funds: 2,805.2

Other State Funds: 1,200.0

Other Transfers: 8.066.4

PROGRAM AREA 8: Health Certification, Licensing and Oversight

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.

FY14 OPERATING BUDGET:

General Funds: 4,462.2

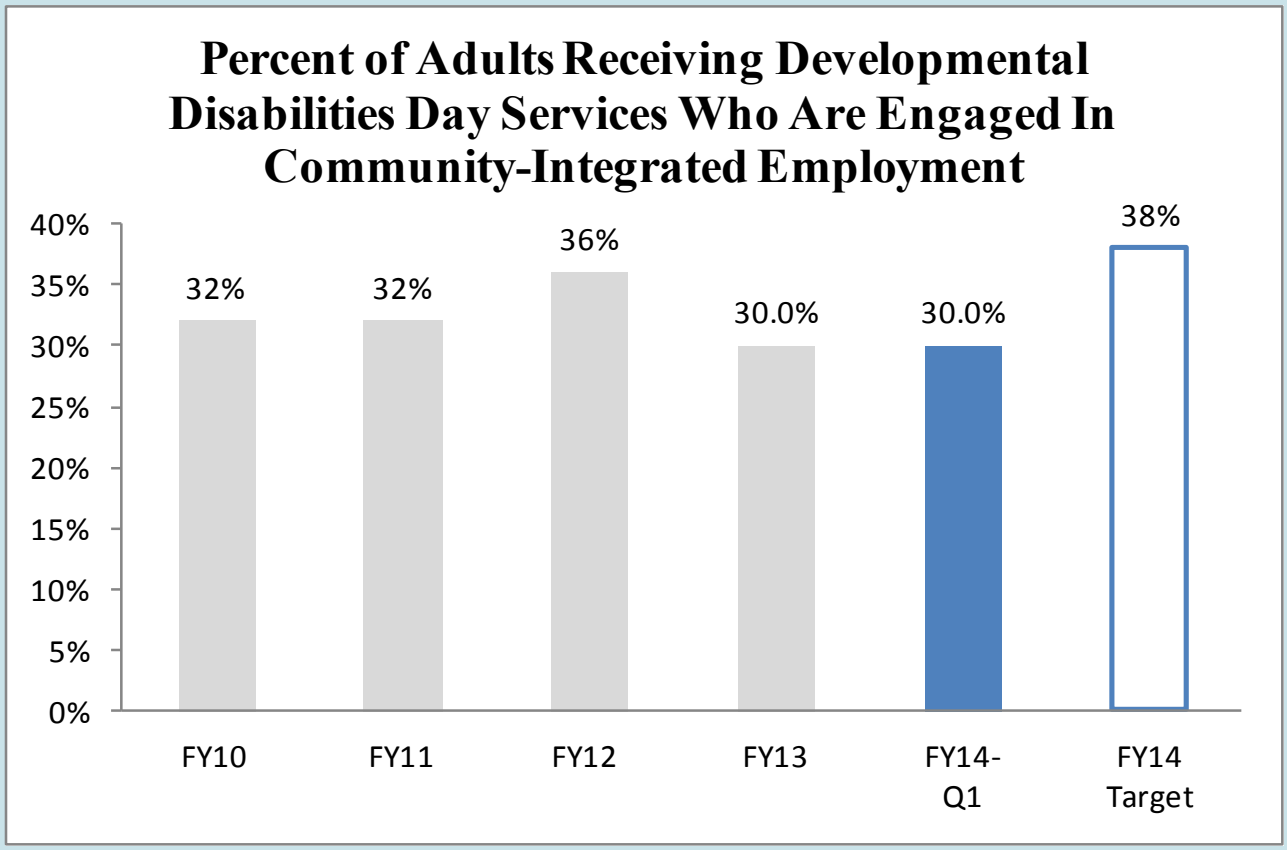
Federal Funds: 2,967.0

Other State Funds: 2,800.0

Other Transfers: 3,444.9

Results At-A-Glance

Program Area	Performance Measure	FY12	FY13	FY14 Q1	FY14 Target
Developmental Disabilities Support	Percent of adults receiving developmental disabilities day services who are engaged in community-integrated employment	36.0%	30.0%	30.0%	38.0%
Developmental Disabilities Support	Percent of developmental disabilities waiver applicants who have a service plan in place within 90 days of income and clinical eligibility	98.3%	84.0%	88.0%	100.0%
Developmental Disabilities Support	Number of individuals on the developmental disabilities waiver waiting list	5,911	6,248	6,292	No target; informational only
Developmental Disabilities Support	Number of individuals on the developmental disabilities waiver receiving services	3,888	3,829	3,752	No target; informational only
Health Certification, Licensing and Oversight	Percent of developmental disabilities, medically fragile, behavioral health and family, infant toddler providers receiving a survey by the quality management bureau	71.0%	100.0%	78.0%	100.0%



Measure History

Individuals with developmental disabilities (IDD) experience greater levels of unemployment, underemployment, low wages, and poverty compared to those without disabilities. There remains a significant gap in national employment rates between people with and without disabilities. In 2010, individuals with disabilities ages 18 to 64 had an employment rate of 33.4%, compared with an employment rate of 72.8% for those without disabilities (American Community Survey 2010, Stats RRTC 2011). Labor force statistics estimate that 18% of working-age adults (ages 16 and over) with disabilities are employed compared with 64% of those without disabilities (Bureau of Labor Statistics 2011).

Although nationwide resources and priorities have not realigned to expand employment, there is substantial evidence that states are increasing efforts around community employment and focusing on outcomes. NM has made steady progress in increasing outcomes and performs above the national average but strives to be included in the group of states exhibiting increased successful employment outcomes.

The Developmental Disabilities Waiver (DDW) program is designed to provide services to allow eligible individuals with developmental disabilities to participate as active community members. The DDW is one of several waiver programs available, and the DDW program serves as an alternative to institutional care, providing an array of residential, habilitation, employment, therapeutic and family support services.

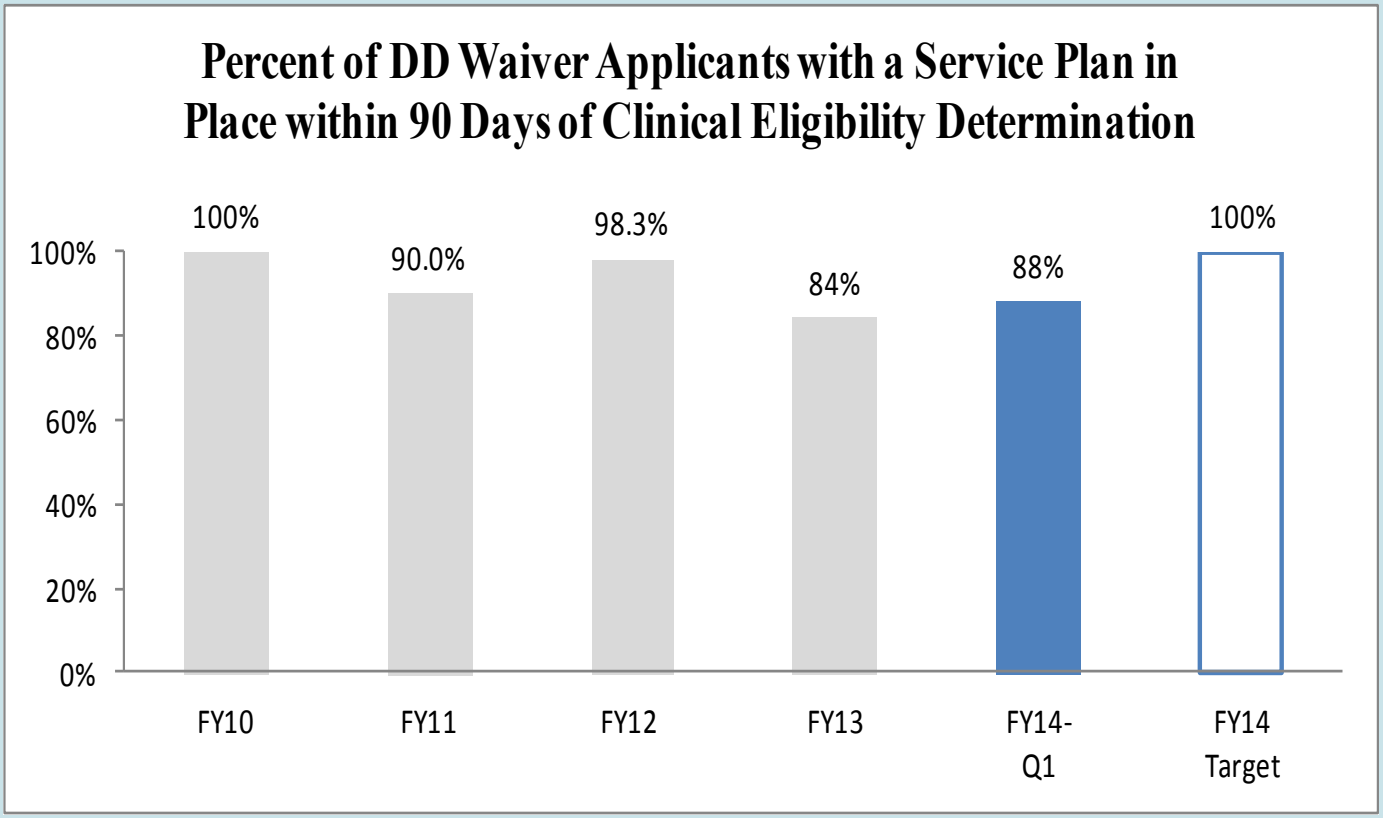
In Q1, 30% of adults receiving day services were engaged in community-integrated employment.

Activities

The DOH is making significant efforts to increase employment for IDD. Eligibility workers across the state process applications within timelines. Eligibility workers also process promptly case closures and other changes. Status reports are reviewed to determine if systemic or case-specific problems are encountered during the process of eligibility determination. Accomplishing these activities helps ensure that the data reported are current. Processing applications, closures, and other changes helps to ensure accurate data.

Action Plan

- Continue to utilize consultants, Division of Vocational Rehabilitation (DVR), and regional community inclusion leads/coordinators in areas of job development and technical assistance to train and assist providers.
- Assist providers and interdisciplinary teams (IDT) to plan effectively using new service standards and service options
- Continue and enhance monitoring provider performance data and provide assistance or intervention as needed
- Work closely with stakeholders on developing employment First New Mexico (enhanced Institute) to build a sustainable system expertise and local networks to support employment.
- DDSD hopes to improve performance and reach the 38% target in the future, through the development and implementation of Mentor, Champion, Facilitator Project trainings from national speakers; utilization of other consultants; DVR supports for assessment and Discovery and continued emphasis on Employment First by DDSD staff.
- Continue to schedule and conduct local Employment Leadership Network meetings to support employment efforts among providers, employers and individuals served.
- Continue to work closely with the Supported Employment Leadership Network of which we are a member.



Measure History

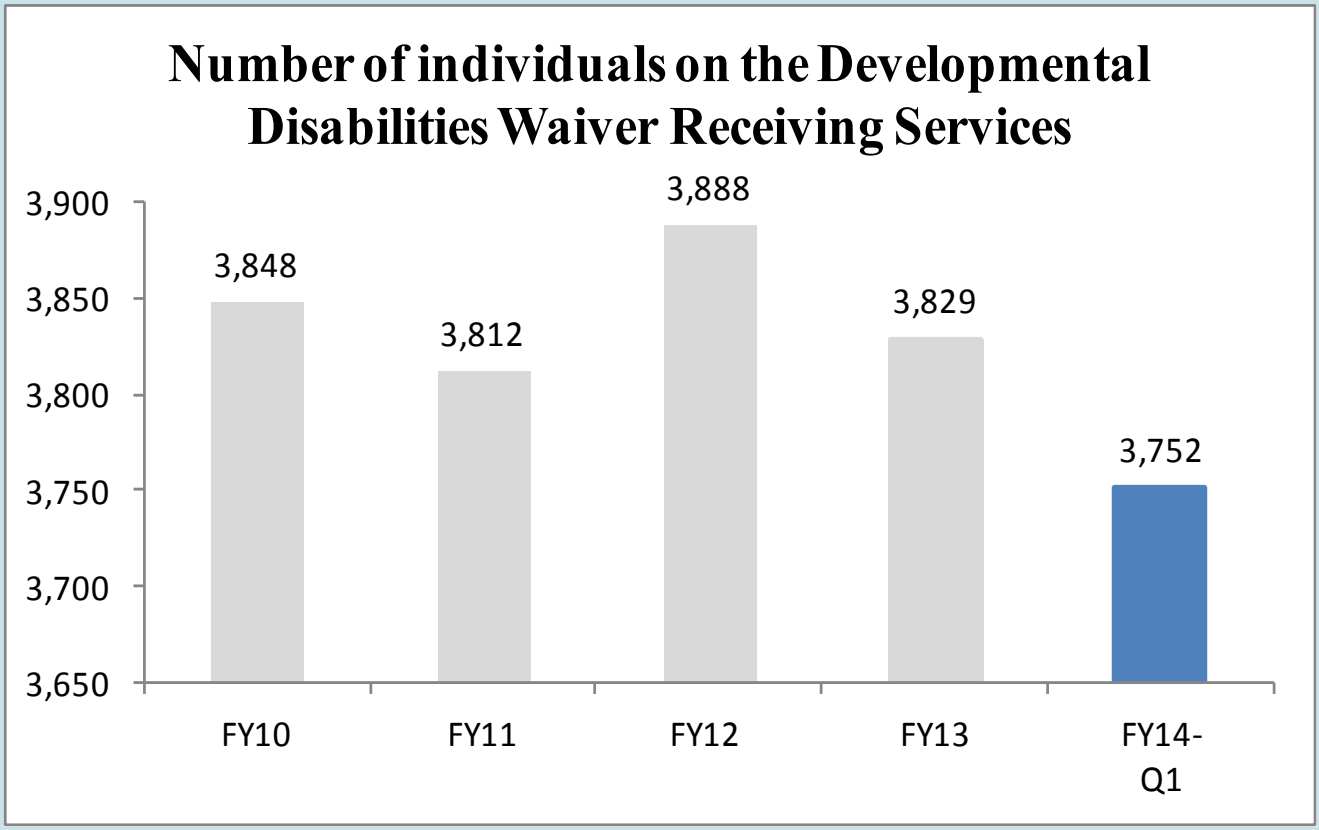
The Developmental Disabilities Waiver (DDW) program serves as an alternative to institutional care and is designed to provide services and support to allow eligible individuals with developmental disabilities (IDD) to participate as active members of their community.

Activities

Eligibility workers receive biweekly status reports from Case Managers (or from applicants, if the applicant chose the *Mi Via* waiver). Status reports identify potential barriers to the completion of eligibility determinations. Eligibility workers also process case closures and other changes promptly. Subsequently, information obtained from status reports is provided to appropriate DDSD personnel. The number of days for a status report review is calculated by subtracting the date of income and clinical eligibility determination from ISP initiation. Status reports are reviewed to determine if systemic or case-specific problems are encountered during the process of eligibility determination.

The DDSD representatives participate in bi-weekly meetings with HSD-Medical Assistance Division and Income Support Division representatives to review the DD waiver allocation process, identify barriers and troubleshoot potential problem areas. The representative of these agencies have developed methods to identify barriers and track progress.

In addition, an internal DDSD Allocation Meeting occurs weekly to maintain the momentum of moving individuals through the allocation process and ensure we are meeting our timelines.



Action Plan

The Developmental Disabilities Support Division (DDSD) has made vast improvements to our allocation process, after the FY14 allocations proved to be remedial. For FY14, the DDSD has charged reforms on our allocation process to ensure facilitation of an efficient, smooth and timely determination of eligibility and entrance into DD Waiver services. The DDSD has collaborated with the Medical Assistance Division (MAD), the Income Support Division (ISD) and Molina, our Third Party Assessor (TPA), to articulate and outline the entire allocation process. Collectively we identified roles and responsibilities of each party involved, including the individuals/guardians. DDSD has revised our Allocation Tracking Form to incorporate all pertinent information necessary to inform the division of when key benchmarks are accomplished and identify any delays. DDSD has communicated to all providers that allocating individuals to the waiver is a priority and has provided trainings, in conjunction with MAD and Molina, to case managers and DDSD staff on the allocation process on numerous occasions.

The number of people choosing the Mi Via Waiver has been increasing significantly as follows: FY10: 145 participants; FY11: 174 participants, FY12: 192 participants; FY13 320 participants; FY14 (August 2013): 409 participants; projected number by Dec. 2013: 600 participants.

Allocation Process Improvements

Background:

DDSD experienced several barriers with the FY14 allocations; these barriers justified the need for improvements to the allocation process:

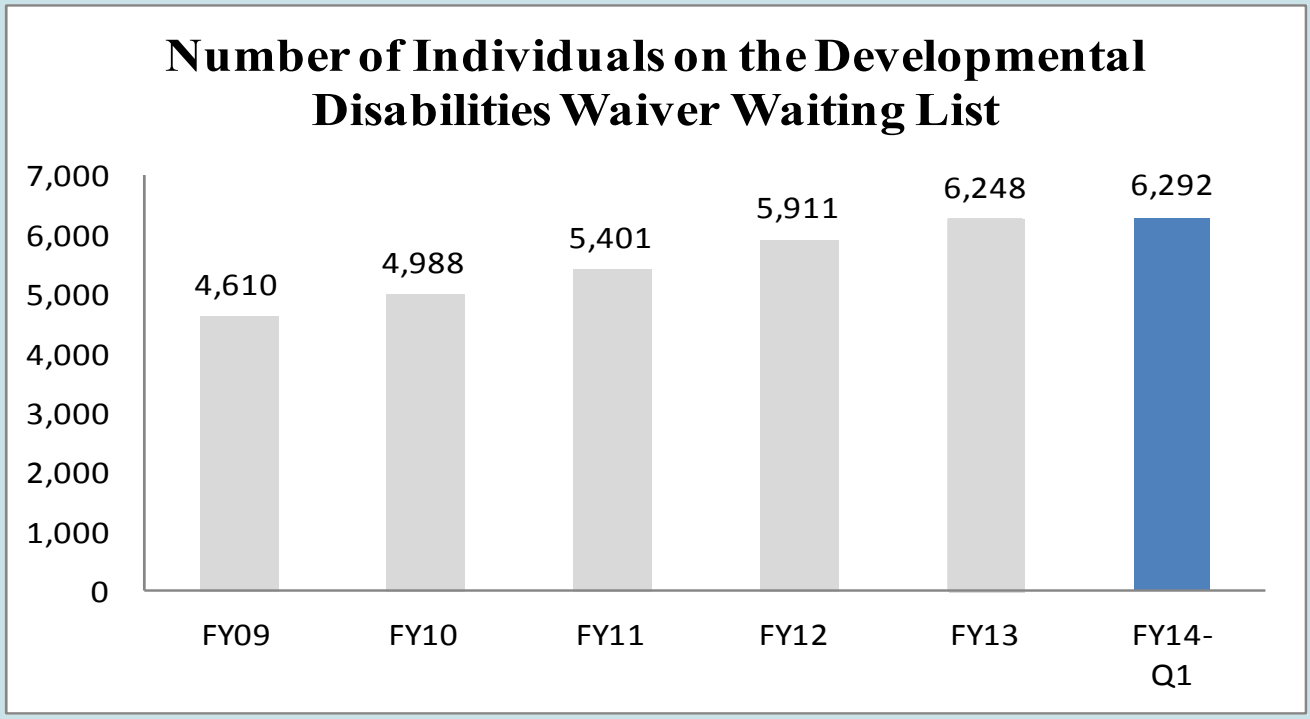
- 30% of the past two allocation groups are either closed due to lack of response or ask for allocation on-hold status.
- Entry into services was historically more rapid. Addition of SIS Assessments and changes in ISD procedures have added to timeframes between receipt of Primary Freedom of Choice and Confirmation of Eligibility and then ISP approval.
- When individuals pick *Mi Via*, Individual/Family is responsible to obtain LOC from physician and complete service planning process fairly independently—leading to longer timeframes for this group.

Recent Improvements:

- To better outline the entire allocation process, DDSD now collaborates with the Medical Assistance Division (MAD), the Income Support Division (ISD) and Molina (the DOH's Third Party Assessor). Collectively, we identified roles and responsibilities of each party, including individuals/guardians.
- DDSD revised the Allocation Tracking Form to incorporate all pertinent information necessary regarding when key benchmarks are accomplished and to identify delays.
- DDSD participates in semi-monthly Allocation Meetings with MAD, ISD, and Molina. In addition, an internal DDSD Allocation Meeting occurs at least semi-monthly to maintain momentum and ensure we are meeting our planned timelines.
- DDSD communicated to all providers that allocating individuals to the waiver is a priority. Also, DDSD has provided trainings on the allocation process, in conjunction with MAD and Molina, to case managers and DDSD staff .
- For FY13 allocations, we sent letters of interest on May 10th in order to maximize the number of individuals who enter and receive services for the majority of the fiscal year. In projecting the number of new allocations that DDSD could afford for FY14, we included projected attrition during the year and included those in the May 10th group solicitation.
- DDSD alerted the American Association on Intellectual and Developmental Disabilities (AAIDD) to expand their capacity to conduct Supports Intensity Scale (SIS)® assessments for new allocations between July and October 2013.

Future Improvement Opportunities:

- DDSD is working with ITSD to build a more up-to-date and robust Central Registry database.
- Streamline *Mi Via* to make it easier for individuals and their families to complete the application more independently.
- Reinstitute annual "keeping in touch" mailings to maintain current contact info and find out when people move out-of-state, die or decide they are no longer interested in services.
- Automatic crosswalk with Vital Statistics to identify deaths (exploratory conversations with Vital Statistics are underway).



Central Registry Status Categories

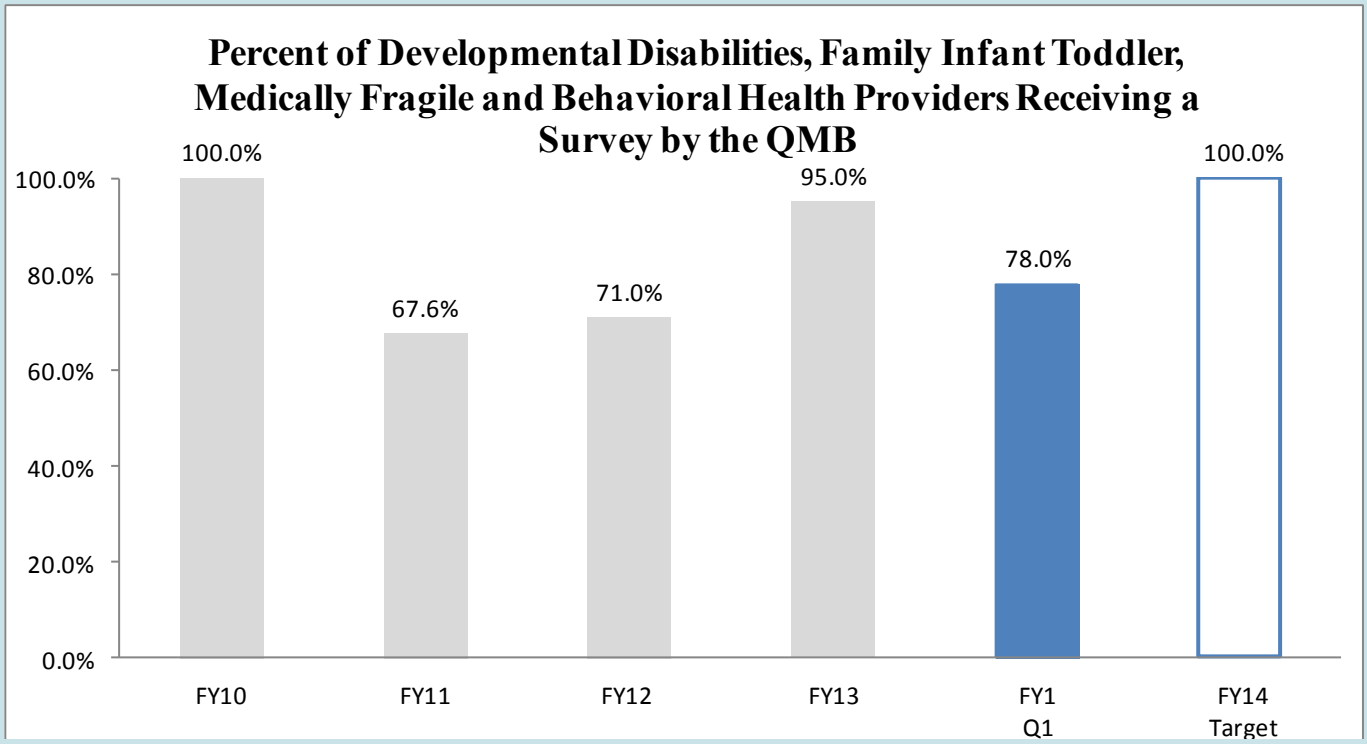
The Central Registry (CR) contains several status categories reflecting the applicants progress in the application/allocation process. Cases in these status categories comprise the total reported as the CR "Wait List". A brief description of CR status categories is presented below:

Start Status: An applicant has submitted an application for DD waiver services but verification of intellectual/development disability (I/DD) has not been completed. (Historically, about two-thirds of applicants in this category will be later determined to not match the definition of I/DD, be moved to pending status or be closed due to lack of response to requests for documentation of I/DD.)

Pending Status: This status is reserved for applications of children younger than age eight who have a confirmed specific related condition but do not have documentation of substantial functional limitations in three or more areas of life activities. An undetermined percentage of applicants in this category will be later determined to not match the definition.

Completed Status: Applicants who have completed the application process, determined to match the definition of intellectual/developmental disability and are waiting for allocation.

Allocation on Hold: This status is for persons who have been offered allocation to the DD waiver and have chosen to not accept an allocation currently. Persons in this status keep an original registration date but are not identified for an allocation offer until they request status change from "Allocation on Hold" back to "Completed Status".



Measure History

The purpose of community provider surveys is to monitor compliance with state and federal regulations, statues, requirements, standards and policies in order to protect the health and safety of people served. The Division of Health Improvement's (DHI) Quality Management Bureau (QMB) conducts compliance surveys of community based providers for the following services: Developmental Disabilities Waiver (DDW); Medically Fragile Waiver (MFW); Family Infant Toddler (FIT) program; Behavioral Health Services (BHS); Community Mental Health Centers (CMHC); Comprehensive Community Support Services (CCSS).

Activities

During Q1, 78% of the surveys were completed. Surveys were postponed at the request of the HSD, due to an ongoing Medicaid Fraud Investigation. Once the HSD and the Office of the Attorney General's Medicaid Fraud Control Unit agree that Behavioral Health Surveys can continue, the QMB will then add providers back to the schedule. A breakdown of the survey types and completion status are as follows:

- Developmental Disabilities Waiver - 22 surveys, 22 completed;
- Medically fragile waiver - 0 survey scheduled, 0 completed;
- Family Infant and Toddler (FIT) - 2 surveys scheduled, 2 completed;
- Behavioral Health Program - 7 surveys scheduled, 1 completed

Action Plan

The frequency of provider surveys is based on historical and current performance or service type. For example, the DDW, MFW, and FIT providers are surveyed based on the previous determination of compliance, Compliance with Conditions of Participation (3 years), Partial compliance with Conditions of Participation (2 years), and Noncompliance with Conditions of Participation (1 year). The BHS surveys are conducted on an 18-24 month review cycle for each service, CMHC and CCSS.

Providers must develop and implement a Corrective Action Plan for all citations of noncompliance. This Corrective Action Plan is verified by the QMB.

Goal 6: Improve Fiscal Accountability

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.

FY14 OPERATING BUDGET:

General Funds: 12,163.8

Federal Funds: 5,335.5

Other State Funds: 50.6

Other Transfers: 675.0

Program Area 6: Facilities Management

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.

FY14 OPERATING BUDGET:

General Funds: 64,473.4

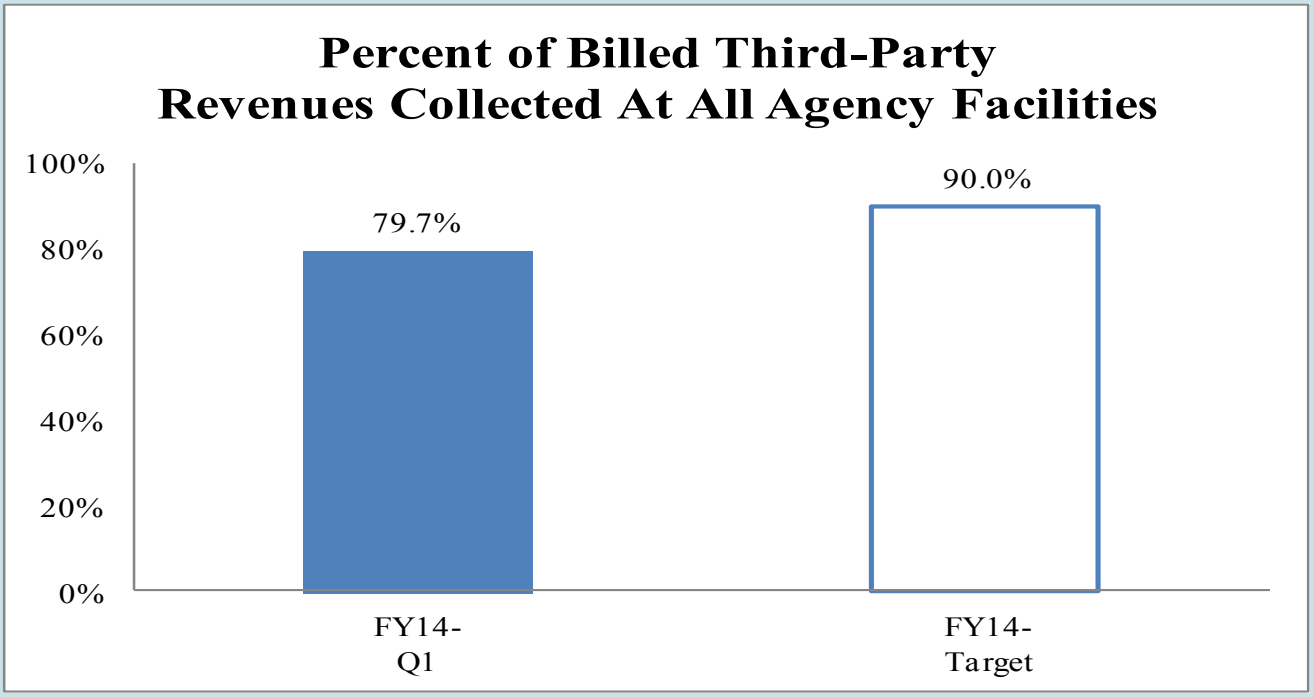
Federal Funds:

Other State Funds: 73,893.1

Other Transfers: 716.0

Results At-A-Glance

Program Area	Performance Measure	FY11	FY12	FY13	FY14 Q1	FY14 Target
Facilities Management and Administration	Percent of billed third-party revenues collected at all facilities	63.0%	59.8%	56.6%	79.7%	90.0%
Facilities Management and Administration	Total dollar amount in millions of uncompensated care at all agency facilities	$41	$35	$43	$10	$37
Facilities Management and Administration	Percent of operational capacity (staffed) beds filled at all facilities	93.5%	87.0%	86.2%	83.0%	100.0%

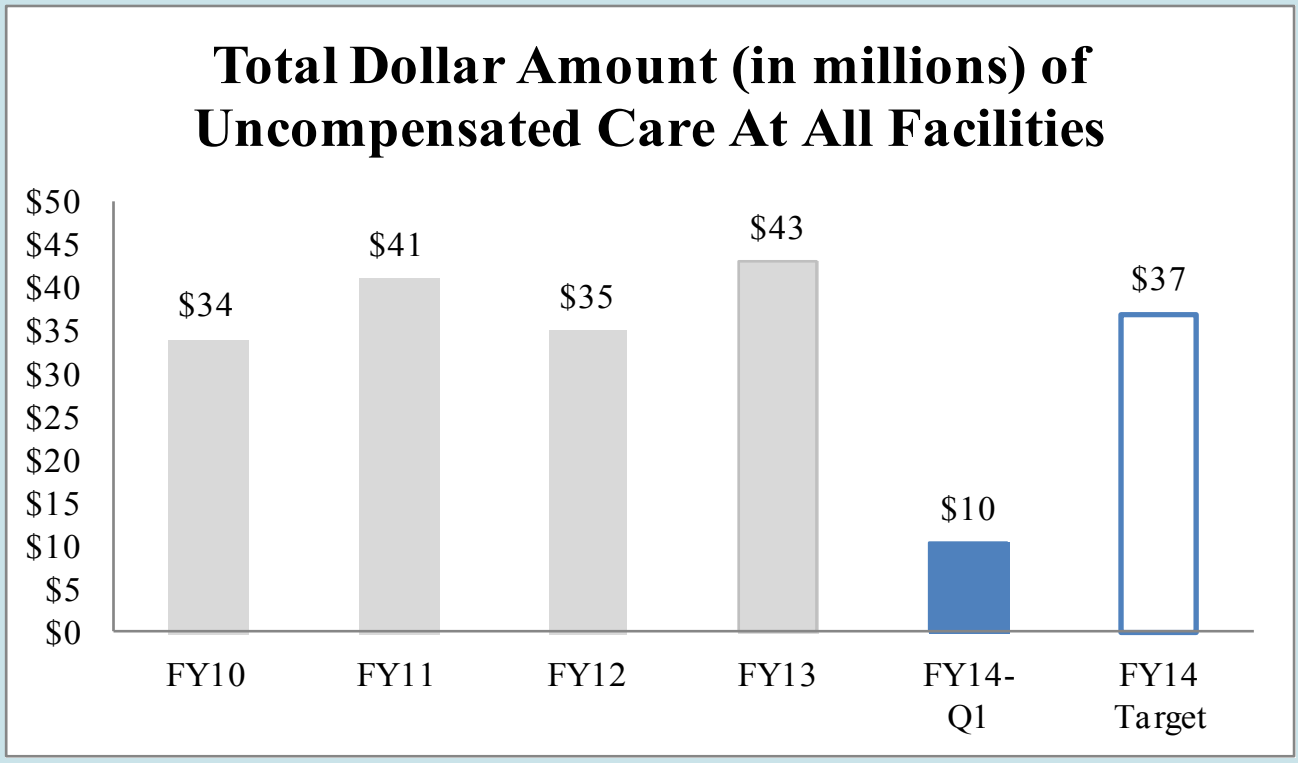


Measure History

This Program Area has made tremendous strides in refining the data collection methodology for this particular Performance Measure. Many DOH financial directors met periodically to develop standardized methodologies necessary to calculate data for these Program Area 6 performance measures. For example, 'billed third-party revenues collected at all agency facilities' do not really represent all billable charges, because some uncompensated care cannot be billed to those clients without a payer source (e.g., Medicaid). Also, because the General Fund appropriation differs among facilities (see table below) weighted average cost of capital is necessitated; these weightings determine the relative importance of each quantity on the percentage across all facilities. We are confident that the data collection methodology currently under development for FY14 will more accurately represent billable revenues.

	Appropriation	% of Total Appropration
TLH	$ 7,524,100	5.5%
NMBHI	$ 56,493,100	41.4%
NMRC	$ 6,665,100	4.9%
SATC	$ 7,897,200	5.8%
NMSVH	$ 14,110,100	10.3%
FBMC	$ 27,271,300	20.0%
LLCP	$ 16,605,800	12.2%
TOTAL PA6	$ 136,566,700	100.0%

Facilities continue to have difficulties with collections from some private pay revenues. For FY14 Q1, the facilities have collected 79.7% of billed amounts. While billing is a priority, revenue posting could be delayed; thus, it is likely that revenues collected this quarter have not yet been posted.

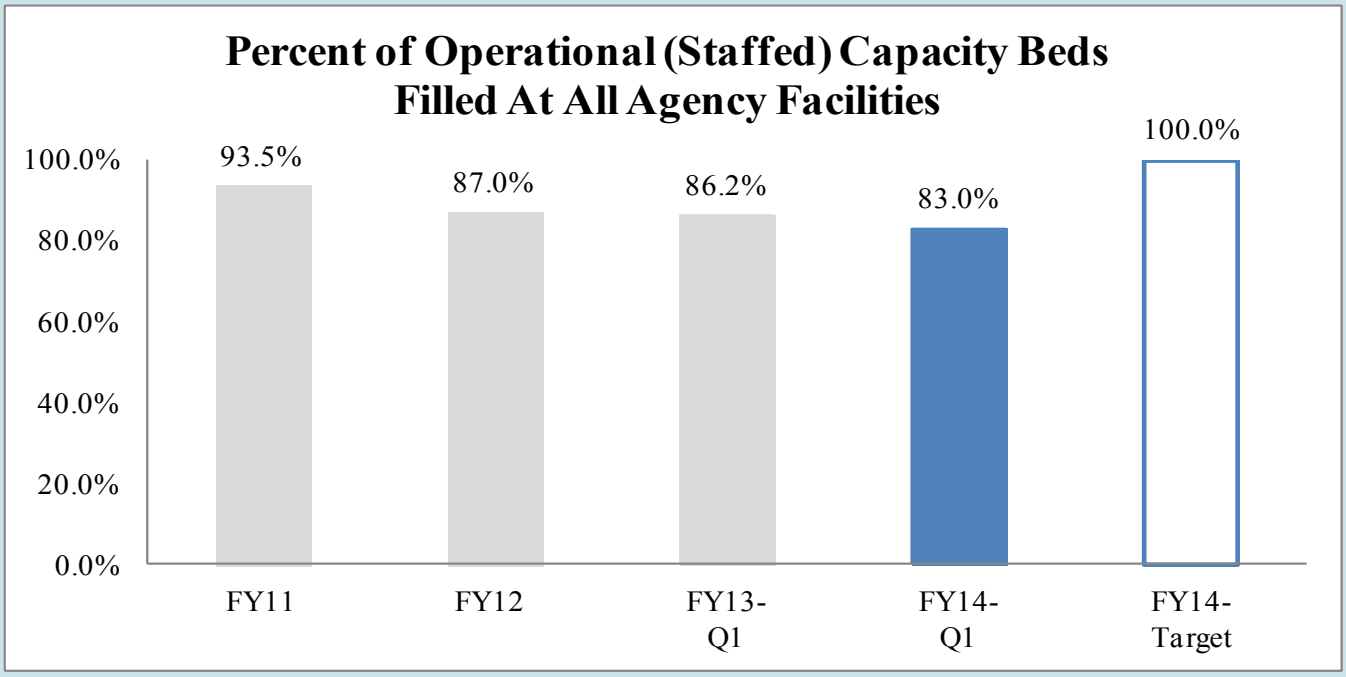


Activities

- Improved revenue collections by implementing electronic billing, dragon speak transcription services.
- Upgraded computers for faster processing; ensuring accurate billing.
- Focus on hiring additional administrative (billing-related) staff at Fort Bayard and Las Vegas facilities.
- This quarter the facilities team met with our payer sources to improve and optimize our reimbursements.
- Ensure quality residential care services in DOH facilities.
- This quarter the facilities worked with the payer sources to find ways to minimize uncompensated care.
- The facilities are also working toward Joint Commission certifications to aid in improved reimbursement of care.

Action Plan

- Continue to improve revenue collections through the implementation of electronic billing and dragon speak transcription services.
- Fill vacant administrative (billing related) positions at Fort Bayard and Las Vegas facilities.
- Improve payment by continuing to ensure accurate billing.
- Continue to conduct ongoing, monthly meetings with third-party payers to improve revenue.
- Re-calculate percents for previous fiscal years, in order to make accurate comparisons to FY14.
- The DOH facilities are working to meet the target of $37 million for uncompensated care. With a focus on billing, facilities are working to capture all possible revenues.



Measure History

The DOH is committed to follow healthcare and public health standards, and the industry standard is to report on "staffed" beds. This performance measure aims to increase the percent of operational capacity beds filled across all agency facilities. Historically, the target has been 90%, and for FY14 it is 100%; for FY14 Q1 the census is 83.0%.

Activities

- At the NMBHI, census was relatively low due to moving into new building (i.e., census was purposefully maintained low for an easier move) and FTU & APD were filled, due mostly to shortage in staff.
- The NM Rehab Center is monitoring it's referrals and working with area case managers as well as state-wide case managers to market the facility and the benefits of our intensive therapy and maximizing re-entry into the community instead of a skilled nursing facility. For example, the Center is setting up a marketing team to visit the local physicians and orthopedics to explain the benefits we can offer their patients. The NM Rehab Center contracted with two additional, licensed counselors who will: be responsible for the clinical oversight and develop educational activities. This approach will give a structured program seven days a week and will add additional one -on-one counseling sessions to the program. The Center also employs a new psychiatric and internal medicine physician, and both will be able to treat most medical and psychological needs of the clients we admit.

Action Plan

- The NM Rehab Center plans to visit UNM in Albuquerque to discuss our services with that hospital since they are NMBHI's biggest referral source.
- Because the NM Rehab Center has contracted with two additional counselors, the Center intends to increase census starting late October.
- Sequoyah will revise its admission process to allow for a 5 day turn-around process from receipt of referral to decision.
- Sequoyah will update its admission criteria to reflect the minimum information needed to determine eligibility and assist in reducing turn-a-round time for decision making.
- Sequoyah will schedule the pre-admission assessment on the day that the admission decision is confirmed.
- Although Turquoise Lodge Hospital (TLH) has a 99% occupancy rate, the plan to increase census at TLH is focused on the new adolescent wing. The TLH target is to increase census by an additional 50% to 15 average beds by December 31, 2014.
- Adolescent management staff will also do outreach by going out into different communities once a month. Several locations will be covered within the same geographic area at one time.

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