



FY07 Quarter Three Performance Report

January 1, 2007 - April 30, 2007

Michelle Lujan Grisham, Cabinet Secretary
Jessica Sutin, Deputy Secretary of Programs
Duffy Rodriguez, Deputy Secretary of Finance
Katrina Hotrum, Deputy Secretary of Facilities

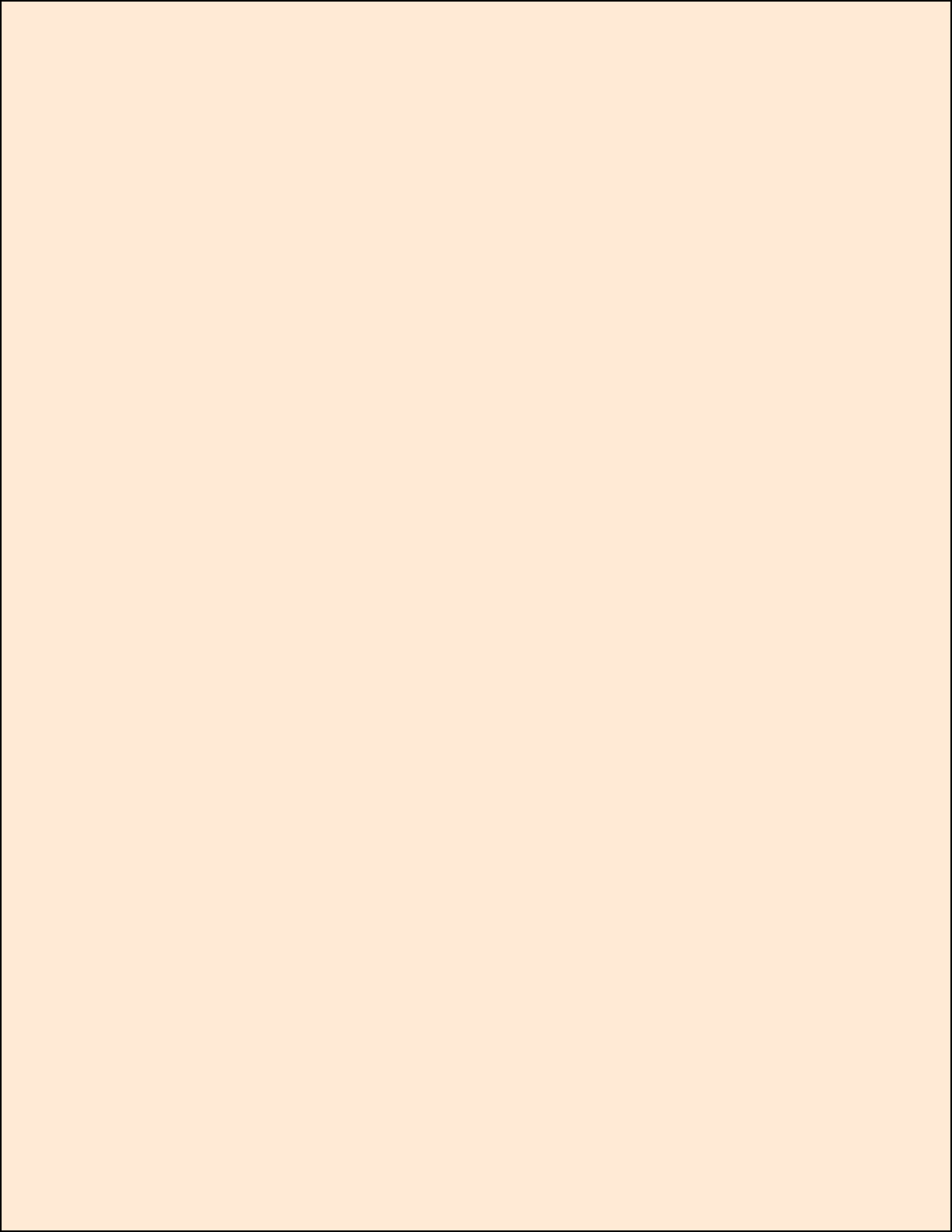
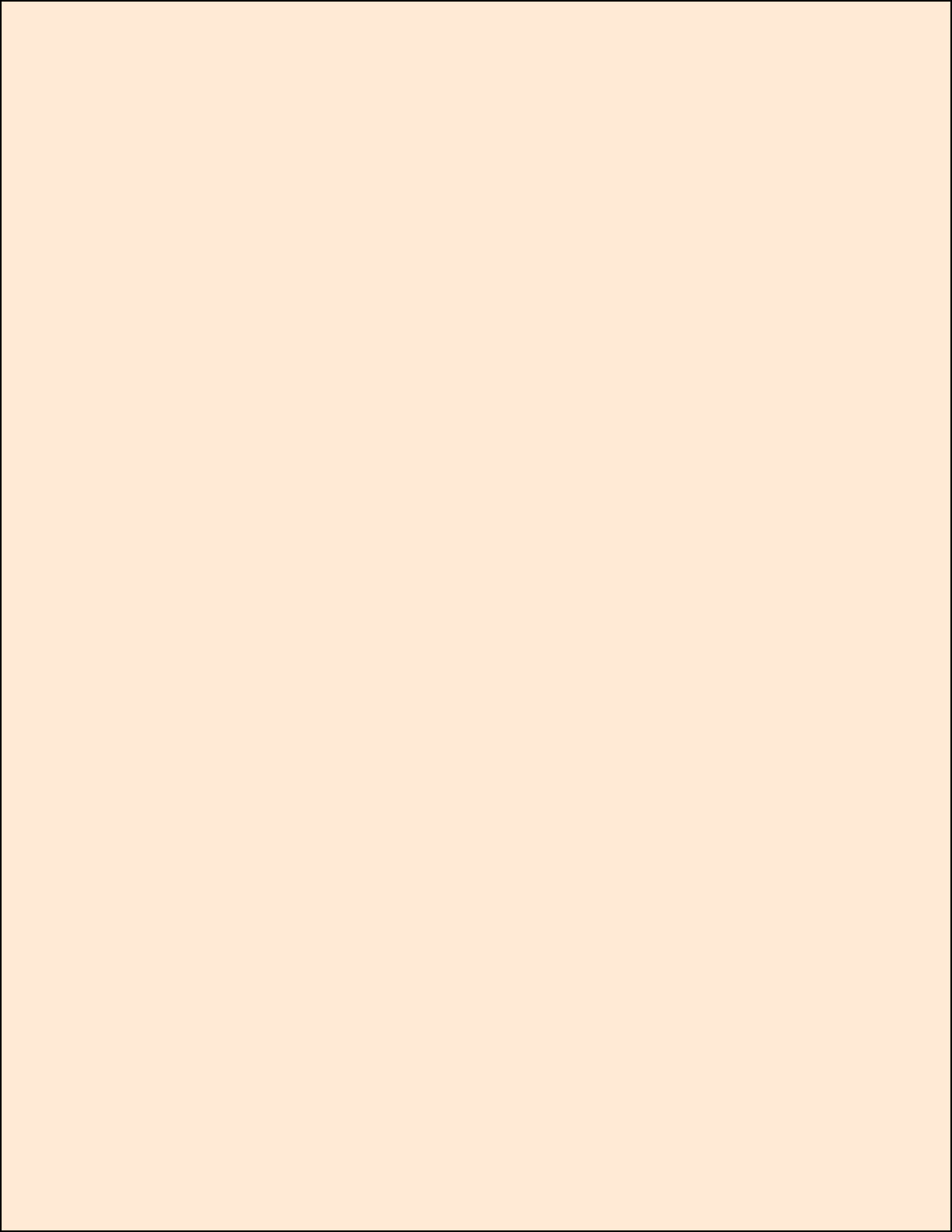


TABLE OF CONTENTS

Department Information	1
Program Area 1: Administration.....	2-5
OBJECTIVE 1: Expand Healthcare Access in Rural and Underserved Areas through Telehealth Services.	
OBJECTIVE 2: Increase Awareness about Health Disparities.	
OBJECTIVE 3: Improve Fiscal Accountability within the Department of Health.	
Program Area 2: Public Health	6-25
OBJECTIVE 1: Increase Immunizations for Children and Adolescents.	
OBJECTIVE 2: Reduce Teen Pregnancy.	
OBJECTIVE 3: Decrease the Transmission of Infectious Disease Cases and Expand Services for Persons with Infectious Diseases.	
OBJECTIVE 4: Reduce Child and Adolescent Obesity and Diabetes in All Populations.	
OBJECTIVE 5: Reduce Suicide Among Youth.	
OBJECTIVE 6: Reduce Tobacco Use.	
OBJECTIVE 7: Expand Healthcare for School-Age Children and Youth Through School-Based Health Services.	
OBJECTIVE 8: Improve Access to Preventive and Restorative Oral Health Services Provided to Children, Low Income Rural Populations and People with Disabilities.	
Program Area 3: Epidemiology and Response	26-29
OBJECTIVE 1: Ensure Preparedness for Pandemic Influenza.	
OBJECTIVE 2: Improve the Trauma Care System Across the State.	
OBJECTIVE 3: Expand Access to Vital Records.	
Program Area 4: Laboratory Services.....	30-32
OBJECTIVE: Reduce Turnaround Time for Analysis and Improve Customer Service for Lab Testing.	
Program Area 5: Behavioral Health Services	33-37
OBJECTIVE: Improve Access, Quality, and Value of Mental Health and Substance Abuse Services.	
Program Area 6: Facilities Management.....	38-41
OBJECTIVE: Improve Resident Care and Services in Department of Health Facilities.	
Program Area 7: Developmental Disabilities Supports Services	42-47
OBJECTIVE: Improve Service Access and Outcomes for Individuals with Developmental Disabilities.	
Program Area 8: Health Certification, Licensing and Oversight	48-51
OBJECTIVE: Enforce “Zero Tolerance” of Abuse, Neglect or Exploitation of Children, Seniors and Vulnerable Adults.	



New Mexico Department of Health

MISSION:

The mission of the Department of Health is to promote health and sound health policy, prevent disease and disability, improve health services systems and assure that essential public health functions and safety net services are available to New Mexicans.

VISION:

Building a **HEALTHY** New Mexico!

OPERATING BUDGET:

General Funds: 264,470.1

Federal Funds: 108,636.5

Other State Funds: 40,512.1

Inter-Agency Transfer: 71,106.5

Contact Information

Office of the Secretary

(505) 827-2613

Public Information Office

(505) 827-2619

Administration and Finance

(505) 827-2555

Public Health Division

(505) 827-2389

Border Health

1-800-784-0394

Immunization Program

1-888-231-2367

Developmental Disabilities Supports Division

(505) 827-2574

Behavioral Health Services Division

(505) 827-2658

Office of Policy and Multicultural Health

(505) 827-1052

Scientific Laboratory Division

(505) 841-2500

Epidemiology and Response

(505) 827-0006

Information Technology Services Division

(505) 827-2744

Health Certification Licensing Oversight

(505) 827-2651

PROGRAM AREA 1: ADMINISTRATION

PURPOSE:

Administration provides leadership, policy development, information technology, administrative and legal support to the Department of Health so that the Department achieves a high level of accountability and excellence in services provided to the people of New Mexico.

GOAL:

Improve accountability and effectiveness of services and infrastructure.

PROGRAM AREA 1 OBJECTIVES:

OBJECTIVE 1:

Expand healthcare access in rural and underserved areas through telehealth services.

OBJECTIVE 2:

Increase awareness about health disparities.

OBJECTIVE 3:

Improve fiscal accountability within the Department of Health.

OPERATING BUDGET:

General Funds: 8,154.1

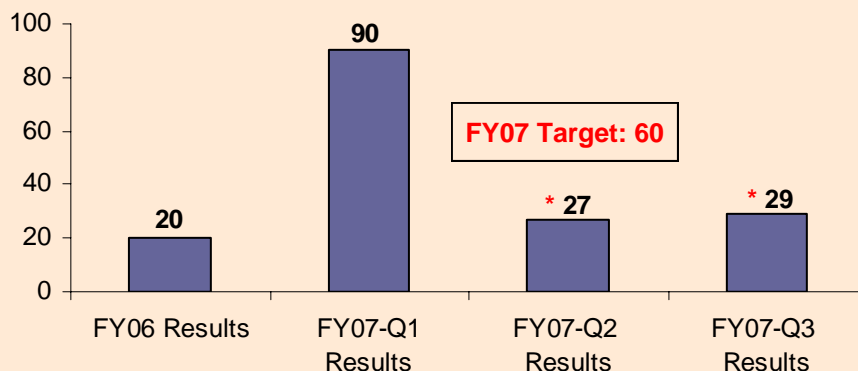
Federal Funds: 4,630.4

Other State Funds: 172.6

Inter-Agency Transfer: 1,026.0

OBJECTIVE 1: EXPAND HEALTHCARE ACCESS IN RURAL AND UNDERSERVED AREAS THROUGH TELEHEALTH SERVICES.

Number of Telehealth Sites Throughout the State Used for Patient Services



Data Reported Quarterly

Data Source:

Telehealth database

Goal:

To increase the number of telehealth sites by 40.

Note:

Q2 & Q3 results include sites at DOH and UNM only. Data from sites at Corrections, Center for Telehealth, and Indian Health Services will be added in Q4.

ACTION PLAN:

- The Master Price Agreement with Sangre de Cristo Community Health Partnership, the vendor who will provide and install the telehealth equipment in the School Based Health Centers, has been executed.

Data Reported Quarterly

Data Source:

Telehealth database

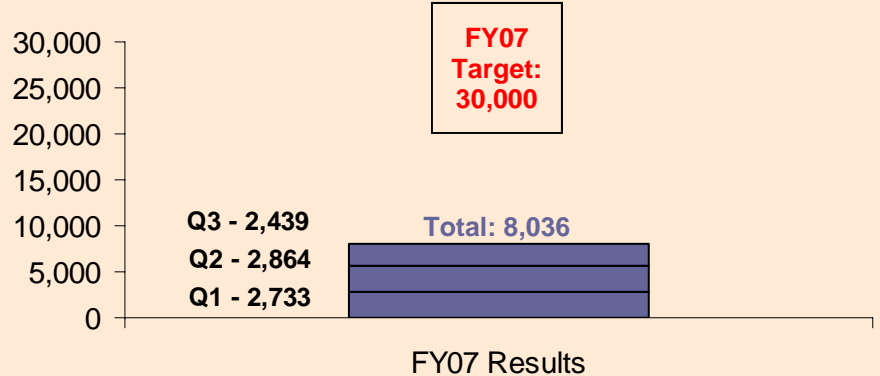
Goal:

To provide 30,000 patient encounters in FY07.

Note:

FY07 will serve as the baseline.

Number of Patient Encounters Provided Through Telehealth Sites Statewide

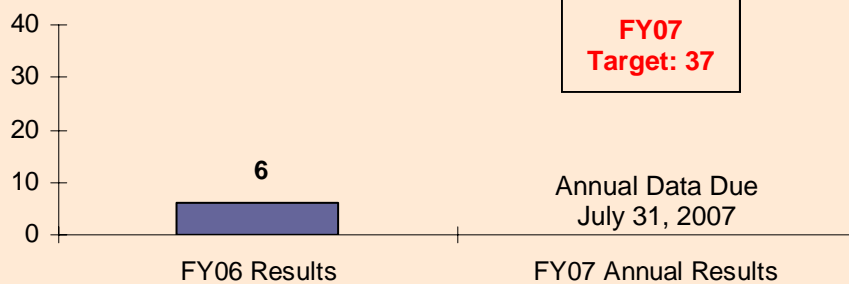


ACTION PLAN:

- Seventeen School Based Health Centers (SBHC) have been identified as possible telehealth sites: Gallup High School, Pojoaque Valley High School, Carlsbad High School, Silver City High School, Dulce Schools, Belen High School, West Las Vegas High School, Cuba Middle School, Des Moines Consolidated Schools, Santa Rosa Schools, Career Prep Alternative HS (Shiprock), Mountainair HS, Gadsen High School, Mescalero Apache School, Carlos Vigil MS (Española), Roy Consolidated Schools, and Socorro. Finalizing the selection of sites is dependent upon the availability of connectivity and the overall cost to purchase connectivity for one year.
- Equipment and circuits for all the sites have been ordered and installation is planned for February 15, 2007. Gallup High School, Carlsbad, Pojoaque, Gadsen and Belen are all priority areas.
- Contracts are in place for child psychiatry services and obesity prevention demonstration that will enable provider-to-provider consultation and direct service to children and their families once telehealth equipment is installed. One child psychiatrist has begun telephone consultation with providers in an effort to prepare and promote telehealth utilization.
- Execute contracts with the University of New Mexico to provide behavioral health services at 4 Indian Health Services sites.
- Provide access to additional telehealth sites to expand the number of clients seen by REACH a telehealth project at UNM's Center for Development and Disability.
- Fund an additional 1.5 FTE (1 full time nutritionist and .5 clinician) to expand the Envision program, which is a pediatric health care initiative that addresses the trend of increasingly overweight children.
- Require Value Options to conduct four new telehealth pilots (2 to be located in SBHCs and 2 to be located in public health offices).

OBJECTIVE 2: INCREASE AWARENESS ABOUT HEALTH DISPARITIES.

Number of Community Health Improvement Councils that Include Health Disparities in Their Plans



Data Reported Annually

Data Source:

Office of Health Improvement

Goal:

To increase the number of councils that include health disparities in their plans by 31.

ACTION PLAN:

- Working with the Office of Health Improvement and Promotion to have Community Health Improvement Councils address health disparities.
- Developed language in the contracts for Fiscal Year 07 so that the plans for all 37 existing community health councils now address health disparities.
- Monitor and offer technical assistance as needed to councils for addressing disparities.
- Assure councils identify populations more likely to face barriers to access and care and provide appropriate educational/informational materials in the language and culture of the targeted groups.
- OPMH staff have worked with the CLAS Work Group and the Department Training Unit to develop a presentation on CLAS (Culturally and Linguistically Appropriate Standards) to be included in New Employee Orientation for all newly hired department employees.
- OPMH continues to offer Spanish medical interpreter training at various locations around the state. In the past year, 36 staff have been trained in Spanish medical interpretation. One class was held in Las Cruces during February and March. Additional classes are scheduled for Espanola, Albuquerque, Las Vegas, Roswell, Las Cruces and Silver City. A Navajo training is being planned in Farmington.
- DOH has hired an official interpreter/translator to translate program materials into Spanish. Through the interpreter and a contractor, 25 documents have been translated into Spanish since September.
- The staffs of the Office of Health Improvement and Promotion, Epidemiology and Response and the Office of Policy and Multicultural Health have collaborated so that training on council planning now includes a section on including health disparities.
- The staff of OPMH and ERD have developed questions relating to health disparities which have been included in the 2007 Behavioral Risk Factor Surveillance System (BRFSS) Survey. These questions are related to a general awareness of health disparities, health coverage and the specific conditions of diabetes and obesity.

OBJECTIVE 3: IMPROVE FISCAL ACCOUNTABILITY.

Data Reported Quarterly

Data Source:

Capital Project Fund Spreadsheet

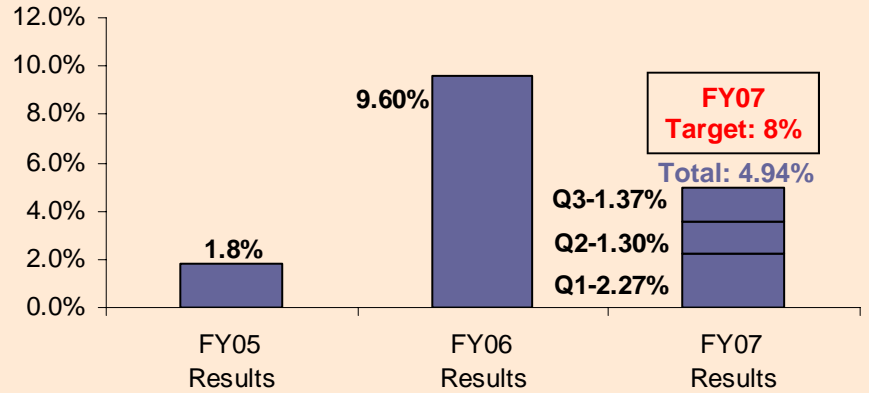
Goal:

To increase the percent of capital project funds expended over a 5-year period by .5%.

Note:

FY06 result changed from 7.5% to 9.6%, the FY07 Q1 result changed from 4.3% to 2.3%.

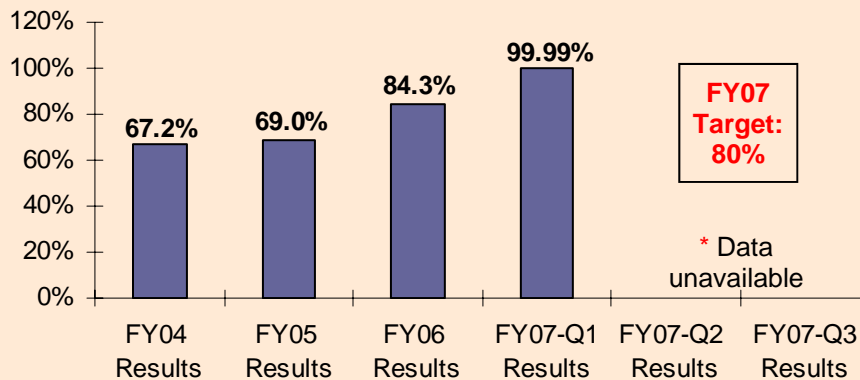
Percent Capital Project Funds Expended Over a 5-year Period



ACTION PLAN:

- The Tri-Services Laboratory Construction Project continues to move forward with the land acquisition from the University of New Mexico. Utilities and sewer lines have been brought to the perimeter of the proposed segment of the university property in Lands West.
- Eastern New Mexico University Roswell - New Mexico Rehabilitation Center Construction Project: The contract for A&E Services has been signed with Studio South West Architects. Additional funding of approximately \$2 million has been secured and will be added to the construction contract when appropriate. The New Mexico Finance Authority (NMFA) has released \$1 million to begin the programming phase.
- Behavioral Health Institute Nursing Home Construction Project: The architectural & engineering services contract has been negotiated and signed between the ASA Architects, Inc. and Property Control Division.

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



Data Reported Quarterly

Data Source:

Central Control System

Goal:

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

Note:

* Unable to calculate since SHARE implementation.

ACTION PLAN:

- The Administrative Services Division and program financial personnel will continue evaluating the payment voucher process and carefully monitor encumbrances. This will result in a faster turnaround time for payments.

PROGRAM AREA 2: PUBLIC HEALTH

MISSION/PURPOSE:

The Public Health program provides a coordinated system of community-based public health services focusing on disease prevention and health promotion in order to improve health status, reduce disparities, and ensure timely access to quality, culturally competent health care.

GOAL:

Improve health outcomes and family support for New Mexicans.

OPERATING BUDGET:

General Funds: 12,281.3

Federal Funds: 8,728.0

Other State Funds: 3,859.4

Inter-Agency Transfer: 282.3

PROGRAM AREA 1 OBJECTIVES:

OBJECTIVE 1:

Increase immunizations for children and adolescents.

OBJECTIVE 2:

Reduce teen pregnancy.

OBJECTIVE 3:

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

OBJECTIVE 4:

Reduce child and adolescent obesity and diabetes in all populations.

OBJECTIVE 5:

Reduce youth suicide.

OBJECTIVE 6:

Reduce tobacco use.

OBJECTIVE 7:

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

OBJECTIVE 8:

Improve access to preventive and restorative oral health services provided to children, low income rural populations and people with disabilities.

HIGHLIGHT: WEST LAS CRUCES GETS A NEW IMMUNIZATION CLINIC

The Region 5 NM DOH opened a new immunization center at the West Las Cruces Public Health Office on March 12. Ray Stewart, Director of the Public Health Division Region 5 in Las Cruces said the new immunization center will help the department dedicate more resources and time to providing immunizations. The center will also alleviate overcrowding at the Las Cruces Public Health Office. Stewart said the West Las Cruces office is an ideal location because it is centrally located in the city, has good parking, and good access to public transportation. "Immunizations are one of the main priorities of the Department of Health, and with the new immunization center we will be able to serve clients in a more efficient way," Stewart said. "The new center will also allow us to take more clients on a walk-in basis."



OBJECTIVE 1:

INCREASE IMMUNIZATIONS FOR CHILDREN AND ADOLESCENTS.

Data Reported Annually

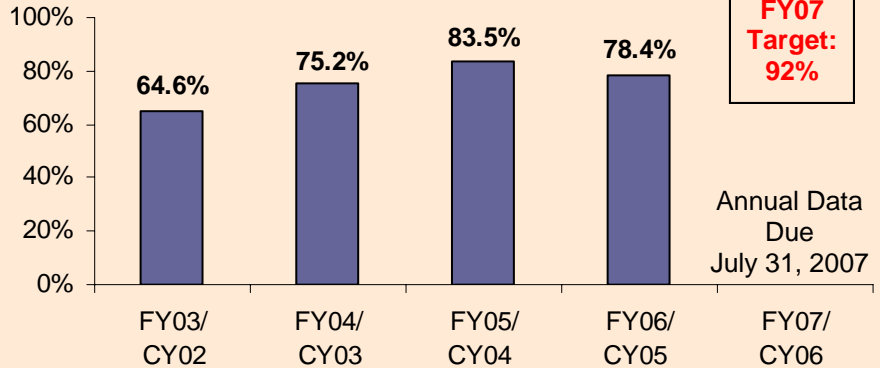
Data Source:

DOH Immunization Program

Goal:

To increase the percent of preschoolers immunized by 13.6%.

Percent of Preschoolers Fully Immunized



Data Reported Annually

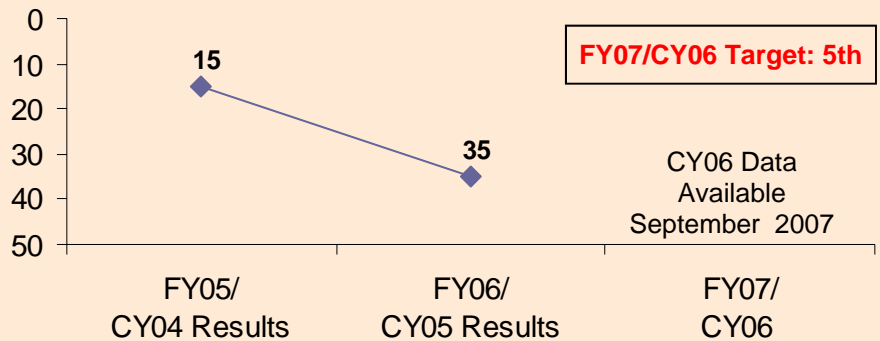
Data Source:

CDC National Immunization Survey

Goal:

To be better than 25th in the nation.

National Ranking of New Mexico Children Who are Fully Immunized

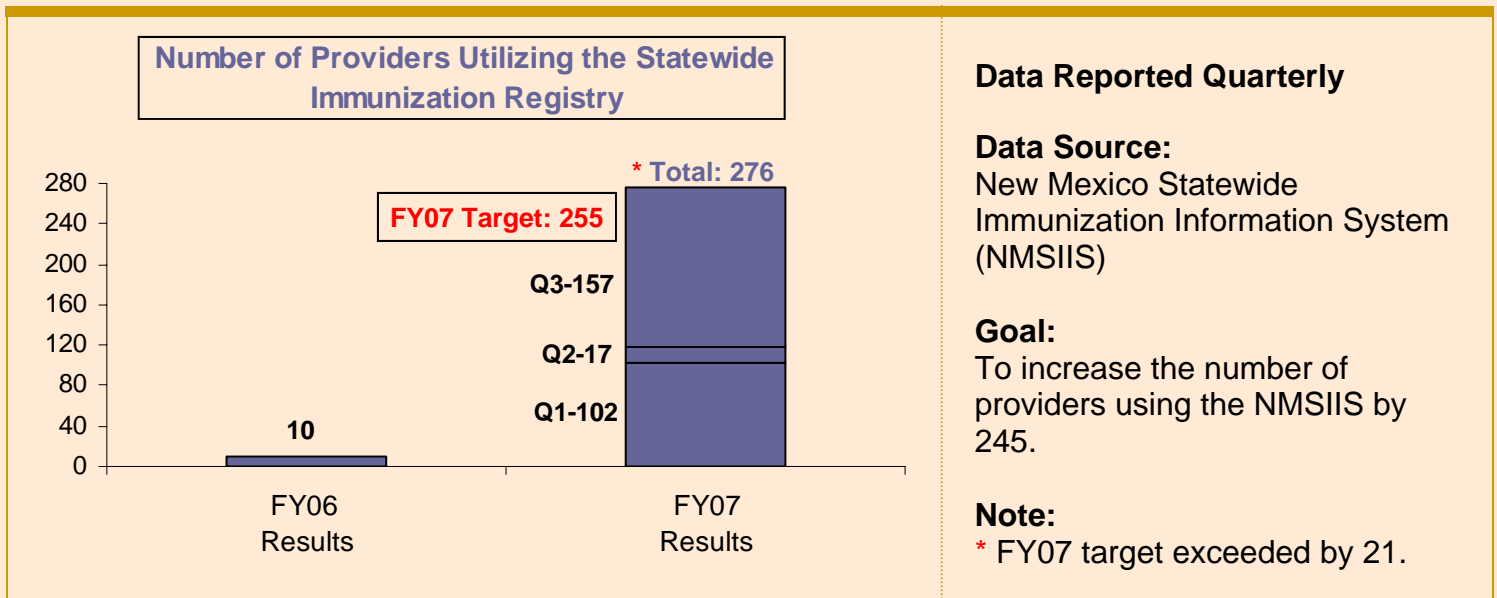


ACTION PLAN:

- From January through March 2007, provider site visits were conducted at 41 Vaccines for Children (VFC) provider offices. At 34 of these sites, coverage surveys were conducted using CASA (Clinical Assessment Software Application). Immunization coverage levels and immunization best practices' at VFC provider offices were assessed.

ACTION PLAN (CONTINUED):

- As part of the special hospital reminder/recall project in Hobbs, over 250 postcards and 250 telephone calls were made monthly to parents. This will increase follow-up on immunizations for babies through their first year of life.
- From January through March, DOH staff trained 55 hospital professionals on perinatal Hepatitis B prevention. DOH staff also conducted six hospital surveys of newborn Hepatitis B prevention during this period. The trainings and hospital surveys will raise Hepatitis B immunization rates of newborns and prevent new Hepatitis B infections.
- Thirteen CHILI (Child Health Immunization Learning Initiative) trainings were held by DOH staff and contractors from January through March. One hundred forty-seven health professionals, including staff of 14 VFC provider offices, participated in these trainings. These trainings will improve vaccination policies, administration, and vaccine storage and handling at VFC provider offices.
- From January through March 2007, 11 Shot Nurses were working across the state doing quality improvement site visits, provider education sessions (CHILI trainings), and longer term on-site interventions in provider offices with lower immunization rates.



ACTION PLAN:

- From January through March 2007, DOH staff trained 390 individual users in the use of the New Mexico Statewide Immunization Information System (NMSIIS).
- From January through March 2007, DOH staff trained 39 Women, Infants and Children (WIC) staff in the use of NMSIIS.

OBJECTIVE 2: REDUCE TEEN PREGNANCY.

Data Reported Annually

Data Source:

NM Bureau of Vital Records & Health Statistics

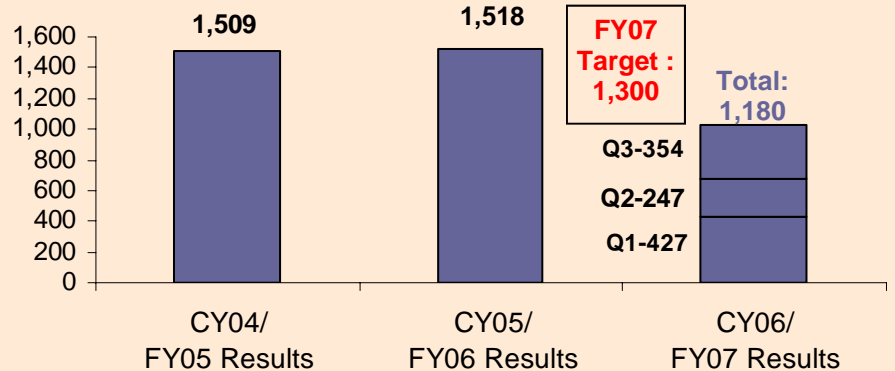
Goal:

To decrease the number of births for females age 15 to 17 by 218.

Note:

The first quarter result of 389 has been changed to 427.

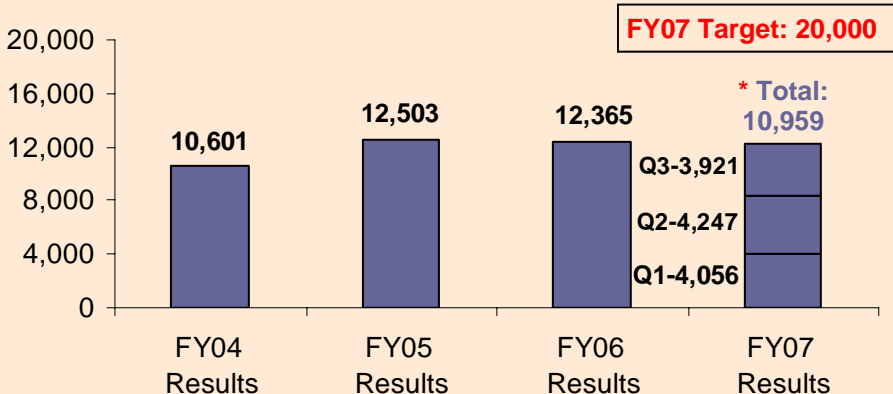
Annual Number of Births Registered at Vital Records for Females Age 15 to 17



ACTION PLAN:

- Work towards introducing new, effective long-term contraceptive methods for teens, such as NuvaRing and Implanon, by contracting with new pharmaceutical vendors ensuring that there is an adequate supply of contraceptives for distribution statewide.
- Contract with five community-based projects to provide comprehensive sexuality education programs using evidence-based curricula. The projects are in Albuquerque, Las Cruces, Taos, Las Vegas and Raton. Programming includes classroom learning, service learning, peer education, after-school programs and summer camps, and parent education to 983 students and 152 parents/adults.
- Fund the South Valley Male Involvement Project (SVMIP) to provide education and outreach and promote clinical reproductive health services for men to reduce teen pregnancy in the South Valley of Albuquerque. The SVMIP will serve approximately 300 males per month with outreach and 200 per month with education.

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



Data Reported Quarterly

Data Source:

Provider databases

Goal:

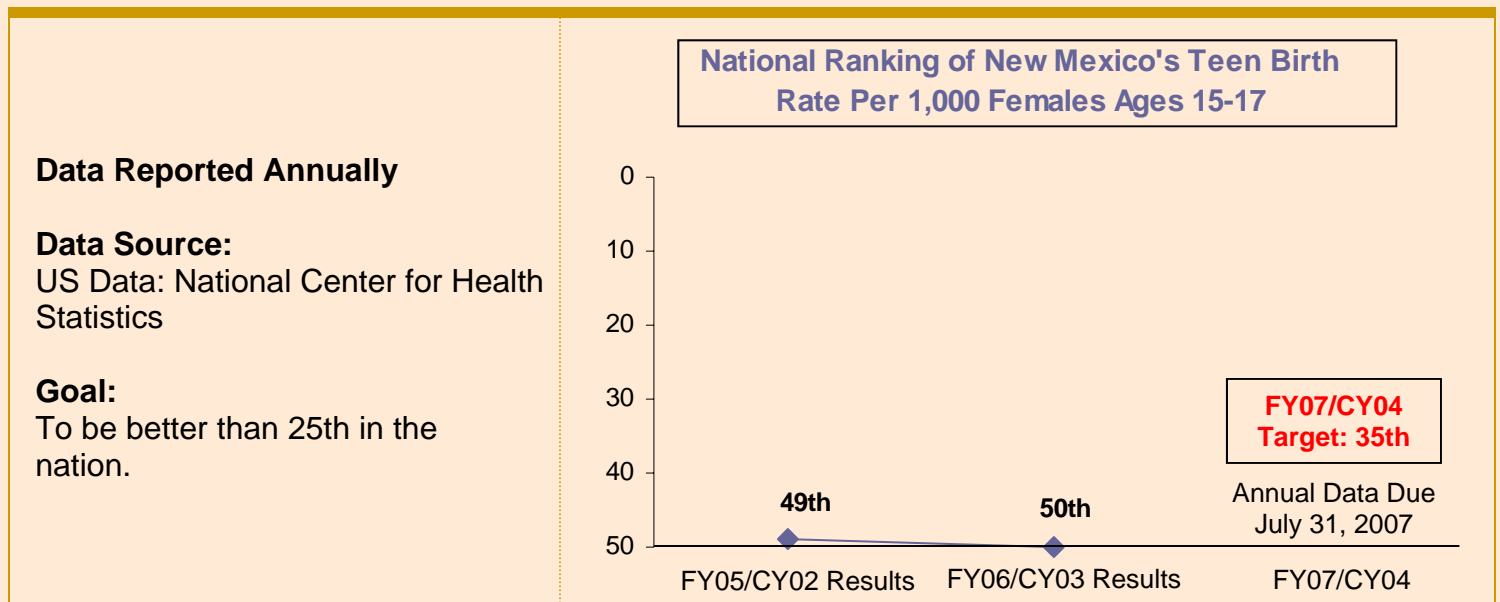
To increase the number of teens ages 15-17 receiving family planning services by 7,635.

Note:

* The cumulative results are the number of unduplicated clients.

ACTION PLAN:

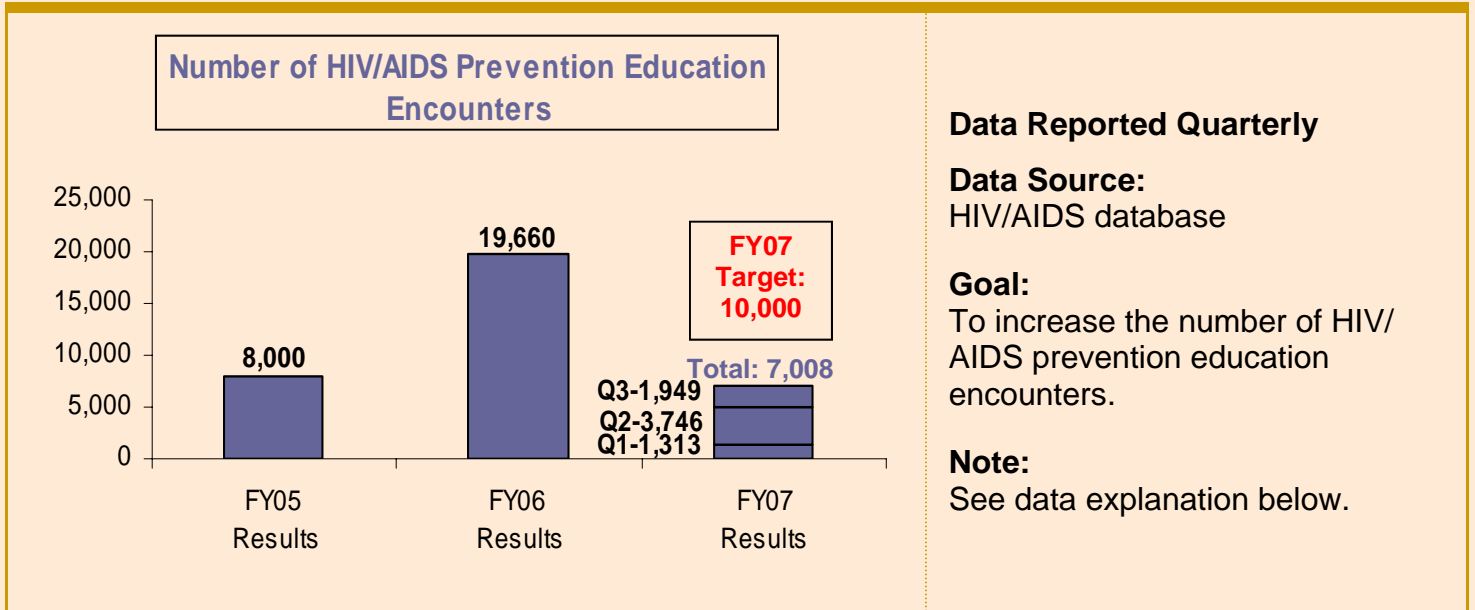
- Increase the number of School Based Health Centers that contract with the Family Planning Program to provide reproductive health services to teens ages 15-19 statewide.
- A contract to partner with Medicaid in the implementation of a multi-media campaign that promotes awareness of Emergency Contraception (EC) and the Medicaid Family Planning Waiver has been approved. The campaign will explain EC and promote use of EC for teens who have unprotected sex. The target date for completion is June 30, 2007 and the focus will be Hispanic teens ages 15-19 in Dona Ana County.



ACTION PLAN:

- Provide reproductive health services in 116 sites, including public health offices and private provider offices statewide. Clinical family planning services to reproductive aged men and women include a clinical exam visit and provision of a contraceptive method.
- Collaborate with the New Mexico Teen Pregnancy Coalition (NMTPC) to reduce teen pregnancies statewide by conducting an evaluation study on best practices for New Mexico Hispanics, providing statewide technical assistance and conducting a state conference. NMTPC will provide training and technical assistance to community members and organizations working to reduce teen pregnancy such as the Health and Human Services Department in Doña Ana County, private foundations, state legislators and County Community Health Councils.
- Issue a challenge to counties, Challenge 2010, to reduce teen birth rates by 15% by 2010 by promoting recommended strategies to reduce teen pregnancy including comprehensive sex education, access to confidential reproductive health services, service learning programs, male involvement programs and adult-teen communication programs.
- Expand evidence-based interventions (Teen Outreach Program, Plain Talk, and Carrera Model) and obtain funding for comprehensive sexuality education programming in counties with high teen birth rates. This will be on-going and statewide throughout FY07.

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



Data Reported Quarterly

Data Source:
HIV/AIDS database

Goal:
To increase the number of HIV/AIDS prevention education encounters.

Note:
See data explanation below.

* *Data explanation: Data on interventions delivered by community-based contractors and regional Public Health Offices is collected by the HIV Prevention Program using a program-specific aggregate data form and database. Agencies submit paper reports, which are entered into the database by contract data entry clerks. Due to turnover in this contract team during 2006-07, the program is roughly 3 months behind in data entry. With new contracts in place as of April 2007, this backlog should be resolved by Summer 2007.*

ACTION PLAN:

- Provide HIV prevention education in individual and group settings using contractors. Prevention encounters last from ten minutes to several hours depending on the intervention and provide information and counseling. Information is given on HIV, STDs and hepatitis. Risk reduction counseling is provided to assist the individual in behavior change.
- Contract with agencies to provide intensive and more targeted interventions to the most difficult populations to reach. These populations are People Living with HIV/AIDS (PLWHA), Men who have Sex with Men and Transgender (MSM/T), Men who have Sex with Men and are also Injection Drug Users (MSM/IDU), Injection Drug Users (IDU), and Heterosexuals at Risk (HARS). MSM/T and MSM/IDU have prioritized subpopulations which include Hispanics and African Americans and are typically the most difficult to reach within these groups. African Americans in New Mexico are disproportionately affected by HIV as they are throughout the world. A new contract was awarded to an African American agency to serve Bernalillo County where the burden of HIV is greatest in the African American community.

Number of HIV/AIDS Deaths in New Mexico

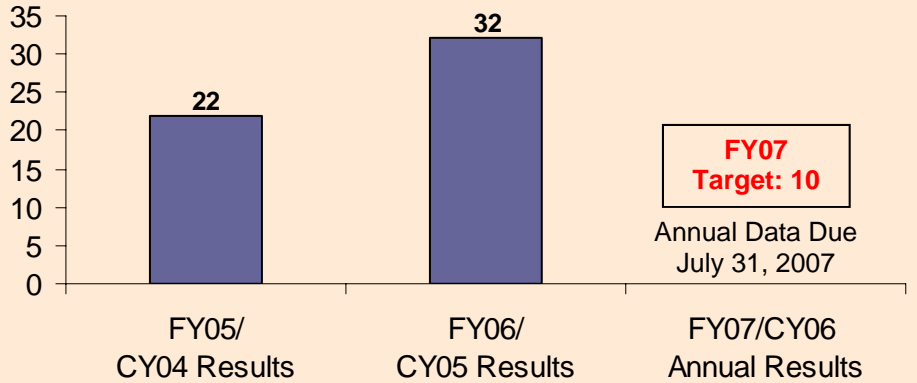
Data Reported Annually

Data Source:

NM Bureau of Vital Records & Health Statistics

Goal:

To decrease the number of HIV/AIDS deaths in New Mexico by 22.



ACTION PLAN:

- 100% of those eligible receive a high level of clinical care aimed at reducing the complications and deaths associated with HIV/AIDS. The Department of Health provides clinical services, case management, substance abuse treatment, mental health counseling, all necessary medications to fight the virus and infections, dental coverage, payment of health insurance premiums and emergency financial assistance.

Number Enrolled in Syringe Exchange Programs

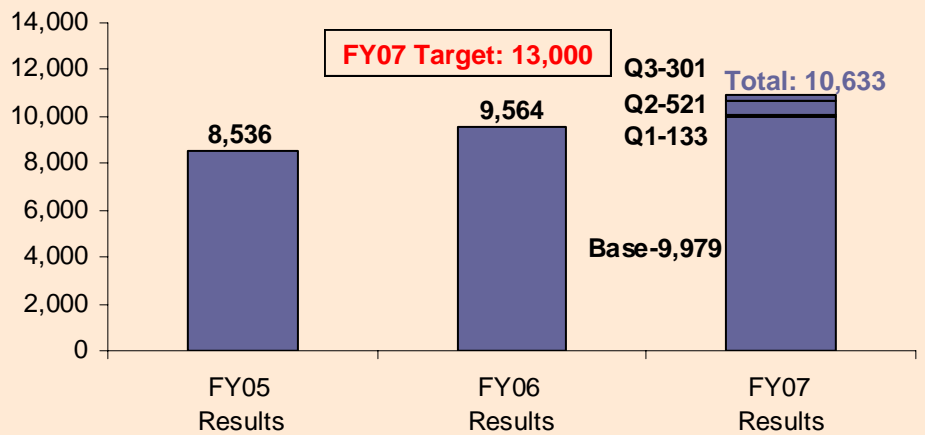
Data Reported Quarterly

Data Source:

Syringe exchange database

Goal:

To increase the number of participants enrolled in the syringe exchange program by 3,436.



ACTION PLAN:

- Expand syringe exchange sites into new areas of the state including additional public health offices.
- Enhance outreach and education to methamphetamine injectors accessing syringe exchange sites.
- Increase harm reduction trainings for contractors and public health office staff.

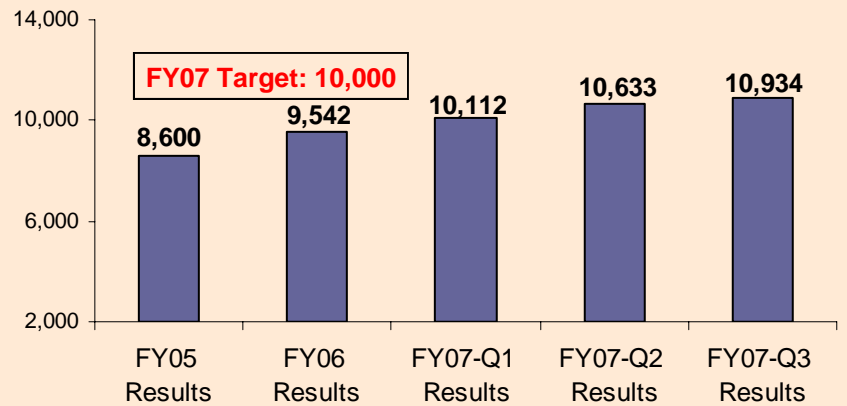
Data Reported Quarterly

Data Source: Harm Reduction Program Database

Goal:
To increase the number of persons screened for hepatitis C by 458.

Note:
This is the number of hepatitis C tests run by the Harm Reduction Program

Number of Persons Screened for Hepatitis C Through the Public Health System

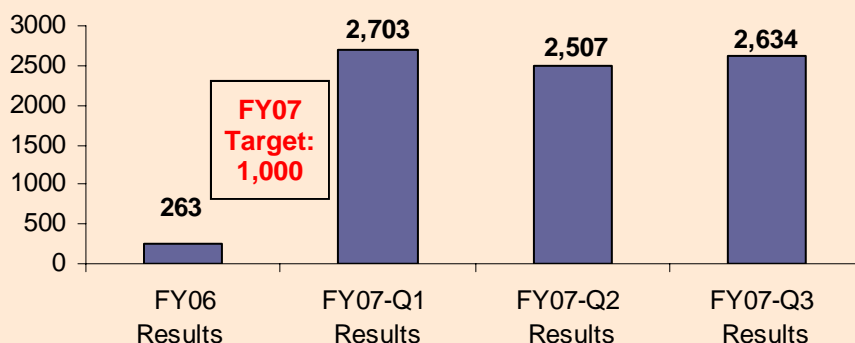


"Injection drug users are the primary risk population for transmission and acquisition of hepatitis C. Persons participating in the state syringe exchange program are provided hepatitis C risk education and testing services and, as such, represent a surrogate marker of those 'screened for hepatitis C.'

ACTION PLAN:

- Increase hepatitis C virus (HCV) test numbers and vaccine administration among high risk populations (injection drug users, commercial sex workers, and the homeless) by assuring availability of hepatitis testing and adult vaccine services through the use of mobile units and community outreach events. Conduct 2 to 3 outreach events per week per region.
- Assure clinical support 2 to 3 times per week per region to contracted harm reduction service providers so that hepatitis testing and vaccine services are made available to clients on site.

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



Data Reported Quarterly

Data Source: UNM Project ECHO Database

Goal:
To increase the number of hepatitis C clients enrolled in disease management services through Project ECHO to 1,000.

Note:
FY07 target exceeded each quarter.

ACTION PLAN:

- Provide continued support to UNM Extension for Community Healthcare Outcomes (ECHO) through bi-monthly stakeholder meetings during which challenges and solutions are identified through cross sector collaboration.
- Provide for consultation in behavioral health disorders to ECHO providers. One of the primary challenges faced by ECHO providers in expanding the numbers of their caseload engaged in a pharmaceutical treatment regimen has to do with the inordinately high volume of substance use disorders among this population. In FY07, the panel of medical experts that provide consultation to regional primary care physicians (who in turn provide disease management care for hepatitis C patients) has been expanded to include physicians specialized in substance use and mental health disorders.
- Implement strategies to increase the number of clients who qualify for pharmaceutical treatment of hepatitis C. While patients who present with substance use or mental health issues may receive disease management services, they cannot advance to pharmaceutical treatment until the substance use and/or mental health disorders have been fully resolved. As the team of specialists addressing substance use and mental health issues is supported and expanded, more patients can be offered the services they need to successfully stabilize and qualify for the pharmaceutical regimen.
- Increase the number of clients enrolled in Project ECHO by making sure all providers are aware of and actively referring uninsured persons with hepatitis C to available ECHO services in each region.
- Facilitate local referral mechanisms through the public health system and other appropriate stakeholders in each region to assure that providers are aware of and actively referring clients to available ECHO services in each region.
- Conduct meetings in each region (one region per quarter) that will target public health providers of harm reduction services as well as behavioral health and drug treatment providers (public health and private sector) in combination with ECHO provider staff from the region, to establish active referral system across providers.
- Coordinate with New Mexico Corrections Department and parole officers to establish automatic referral mechanisms to regional public health offices and ECHO providers for hepatitis C virus (HCV)-diagnosed inmates released to communities in New Mexico. By formalizing the referral system upon inmate release, Public Health and ECHO will have direct contact to a steady volume of recently released prisoners who are living with hepatitis C, but unable to pursue treatment during incarceration. This is an ongoing activity dependent upon regular contact with NMCD leadership on ECHO project.

Health Secretary Announces New Tuberculosis Initiatives in Honor of World TB Day March 24

Health Secretary Michelle Lujan Grisham announced the results of the Department of Health's tuberculosis investigation at United World College and new initiatives the department is pursuing to prevent the spread of tuberculosis in New Mexico. The department's public health, tuberculosis and epidemiology staff recently worked with Dr. Burgos, the department's tuberculosis program medical director and college officials to prevent the spread of one case on the college campus. The student is recovering and six people tested positive for tuberculosis but don't have active cases. Department staff conducted a total of 131 tests on students, faculty and staff. The department plans to provide treatment for the individuals. Treatment of latent infection cures tuberculosis. Public health staff will return to the campus next month to retest students and staff.

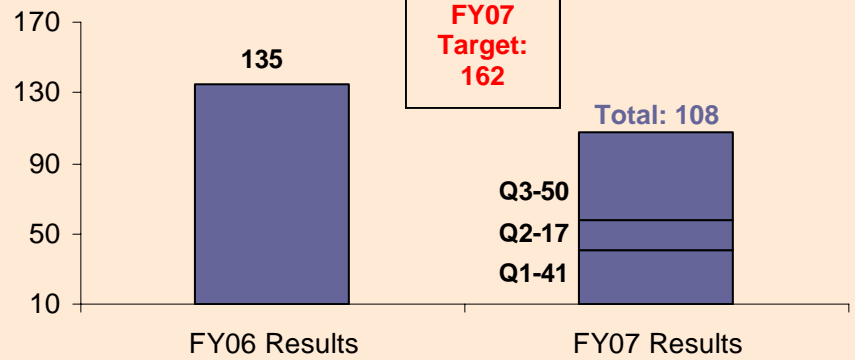
Data Reported Quarterly

Data Source:
STD Database

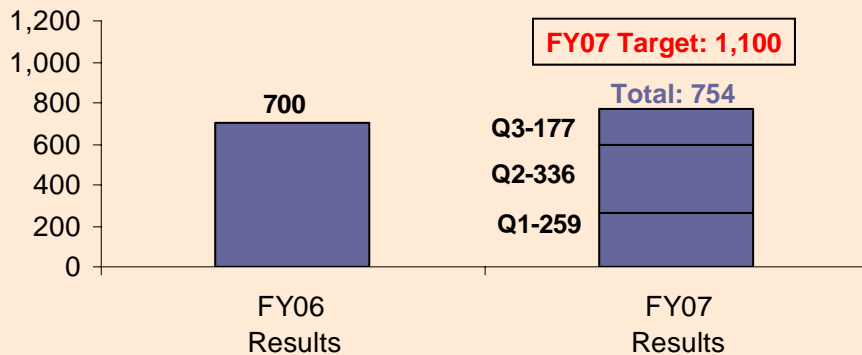
Goal:
To increase the number of partners of syphilis cases that are identified and treated by 27.

Note:
The Q1 result of 28 was changed to 41 in Q2.

Number of Partners of Syphilis Cases Who are Identified and Treated



Number of Partners of Gonorrhea Cases Who are Identified and Treated



Data Reported Quarterly

Data Source:
STD Database

Goal:
To increase the number of partners of gonorrhea cases that are identified and treated by 400.

Note:
The Q1 result of 127 has been changed to 259.

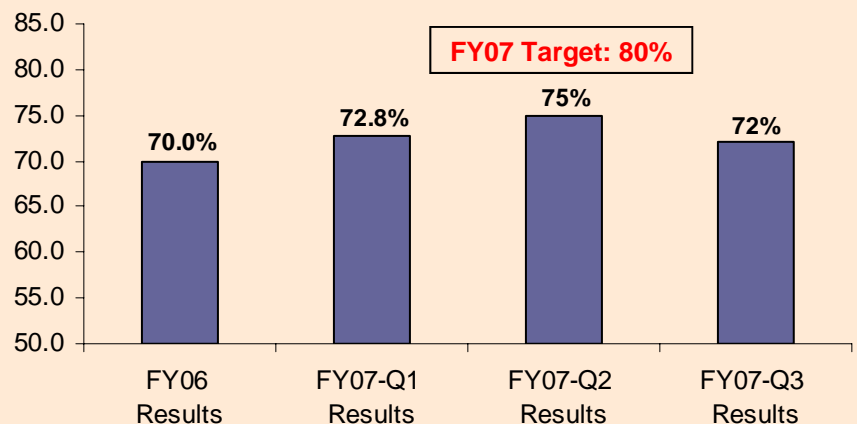
Data Reported Quarterly

Data Source:
STD database

Goal:
To increase the percent of Chlamydia cases treated by 7.20%.

Note:
Number of cases reported for FY07 is 7,042.

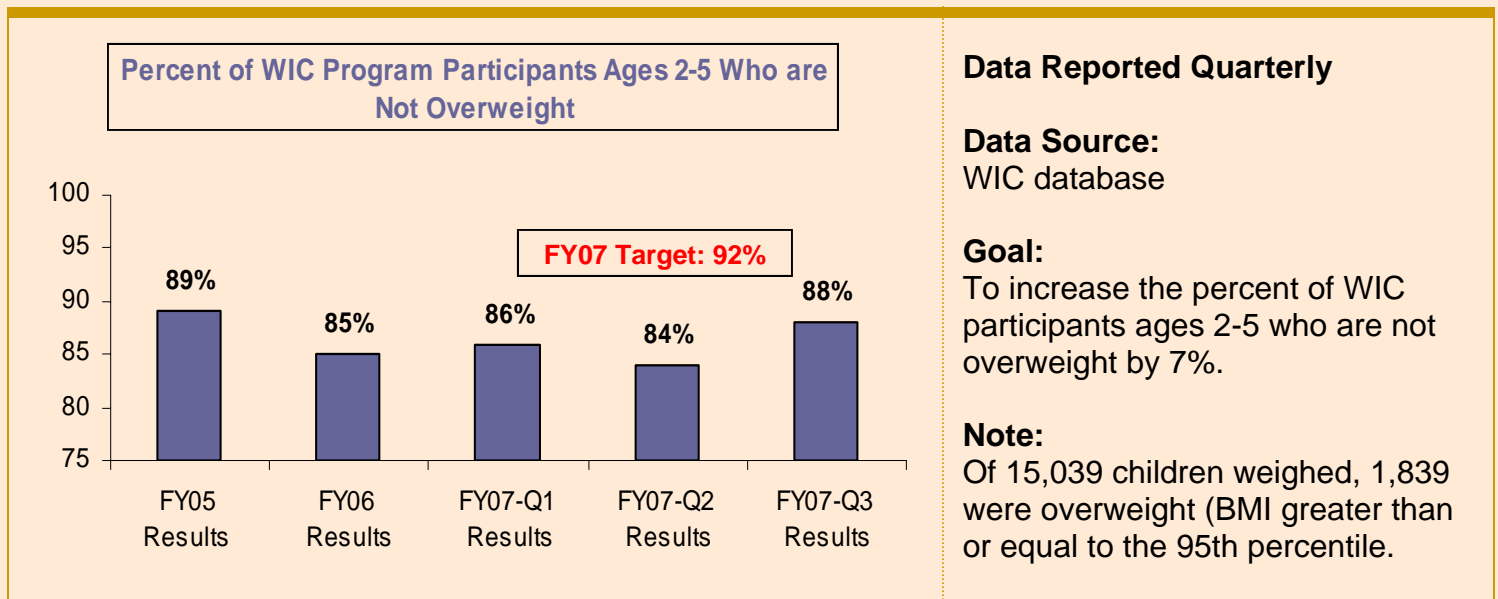
Percent of Chlamydia Cases Treated



ACTION PLAN:

- Access training and technical assistance from the Centers for Disease Control and Prevention (CDC) on case management and partner identification for the purpose of improving the number of partners identified and treated.
- The New Mexico Department of Health was approved for a CDC Public Health Advisor - Surveillance Coordinator position to be assigned to Santa Fe. This person will set up a comprehensive surveillance system throughout the state. This increased surveillance will enhance identification of missed or unreported Sexually Transmitted Disease (STD) patients and their partners.
- Monitor case management activities of the field staff to assure partners of STD cases are appropriately investigated. Future trainings or in-services will be scheduled as needed to address identified problems.
- Monitor data entry activities of the field staff to assure that STD partner information is being properly entered into the STD*Management Information System. This quality assurance practice will reveal if pertinent STD partner information is being missed or omitted due to incorrect data entry practices.

OBJECTIVE 4: REDUCE CHILD AND ADOLESCENT OBESITY AND DIABETES IN ALL POPULATIONS.



ACTION PLAN:

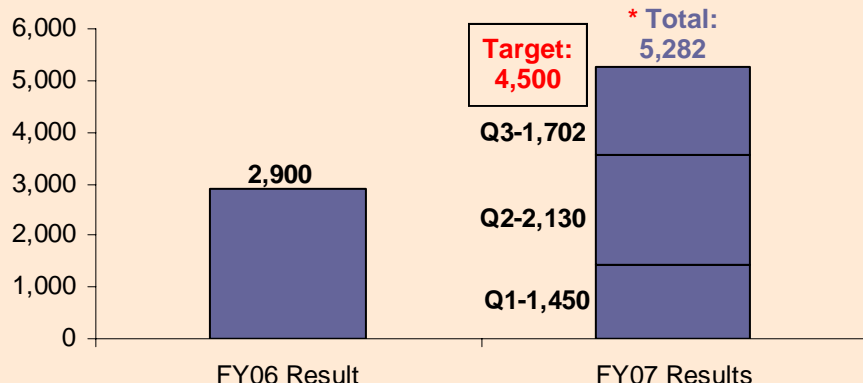
- Submit USDA Special Project grant focusing on preventing Childhood Obesity. Project will focus on staff wellness and its affect on counseling clients.
- Continue to implement WIC Fit Kids = Happy Kids in all WIC clinics statewide. This is a curriculum focusing on reducing childhood obesity. It teaches parents to make healthy food choices, introduce children to new foods, incorporate regular meals and snacks and share quality time as a family. The curriculum encourages parents to be a positive role model for children. Children will learn positive eating behaviors from their parents. The curriculum also gives parents suggestions for physical activity for children. 30,000 WIC children have been served using this curriculum.
- Expand the Sandoval and Bernalillo County pilot project “WIC Cooks.” WIC clients are given classes on healthy cooking. Both parents and children cook during class. They are given a recipe book with a variety of nutritious recipes. Parents learn how to cook healthy nutritious foods and how to involve their children in meal preparation and food selection. In this pilot project, 7,175 WIC children have been served.
- Weigh and measure each child on the WIC Program every 6 months and plot on Centers for Disease Control (CDC) growth chart. Track the weight of every child (30,000) participating in the WIC Program in order to identify children who are overweight and at risk of becoming overweight. Provide tailored nutrition education and make appropriate referrals.
- Implement Value Enhanced Nutrition Assessment (VENA) over the next 3 years. VENA is a national initiative to improve WIC nutrition services by improving the process used to determine nutrition assessment and to personalize nutrition education, referrals, and food package tailoring. The WIC Program will contract with experts on Child Nutrition specializing in obesity reduction and prevention. The contract will provide nutrition assessment tools and staff nutrition training.
- Train all 250 WIC staff on Motivational Interviewing over the next two years. This is a client-centered approach to nutrition education and counseling. Clients will be guided towards making healthy choices and increasing physical activity for their children.

HIGHLIGHT: LAS CRUCES HEALTH CLASSES HELD AT WAL-MART

The first of six health classes was presented at Wal-Mart in Las Cruces as part of the Employee Wellness program being piloted by the Department. Staff presented health information on nutrition and physical activity. The 10,000 Steps a Day walking program implemented there has already resulted in success for participants.

OBJECTIVE 5: REDUCE SUICIDE AMONG YOUTH.

Number of Calls to the Agency Funded Agora Youth Crisis Line



Data Reported Quarterly

Data Source:

Youth Crisis Line Database

Goal:

To increase the number of calls to the crisis line by 1,600.

Note:

* FY07 target exceeded by 782.

ACTION PLAN:

- Agora added 12 new volunteers. They currently have a total of 86 active volunteers responding to phone calls.
- To further increase the available personnel for staffing the crisis line, the UNM President is reviewing a proposal to offer class credit to students who would like to work toward certification as a crisis response worker offered through the American Association of Suicidology.
- A total of 15,795 cards, 2,127 brochures and 192 posters advertising the crisis line were delivered in Q3.
- Call types for Q3 are as follows: 3% youth age 0-18, 76% Adults age 18-50 and 22% Elder (50+).

Data Reported Annually

Data Source:

NM Bureau of Vital Records & Health Statistics

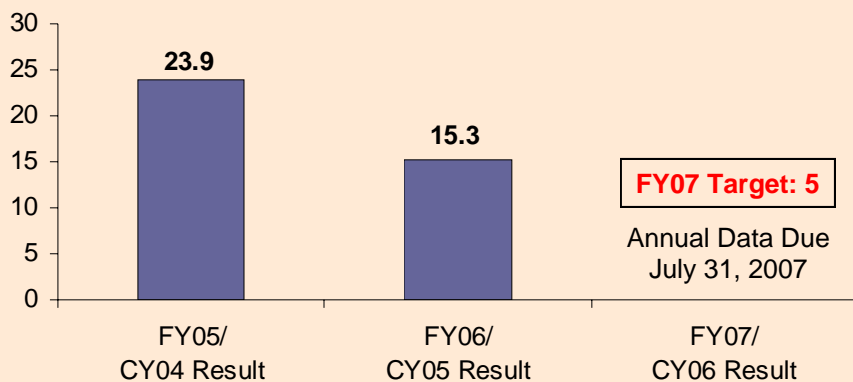
Goal:

To decrease the youth suicide rate among 15 to 19 year olds per 100,000 by 10.3.

Note:

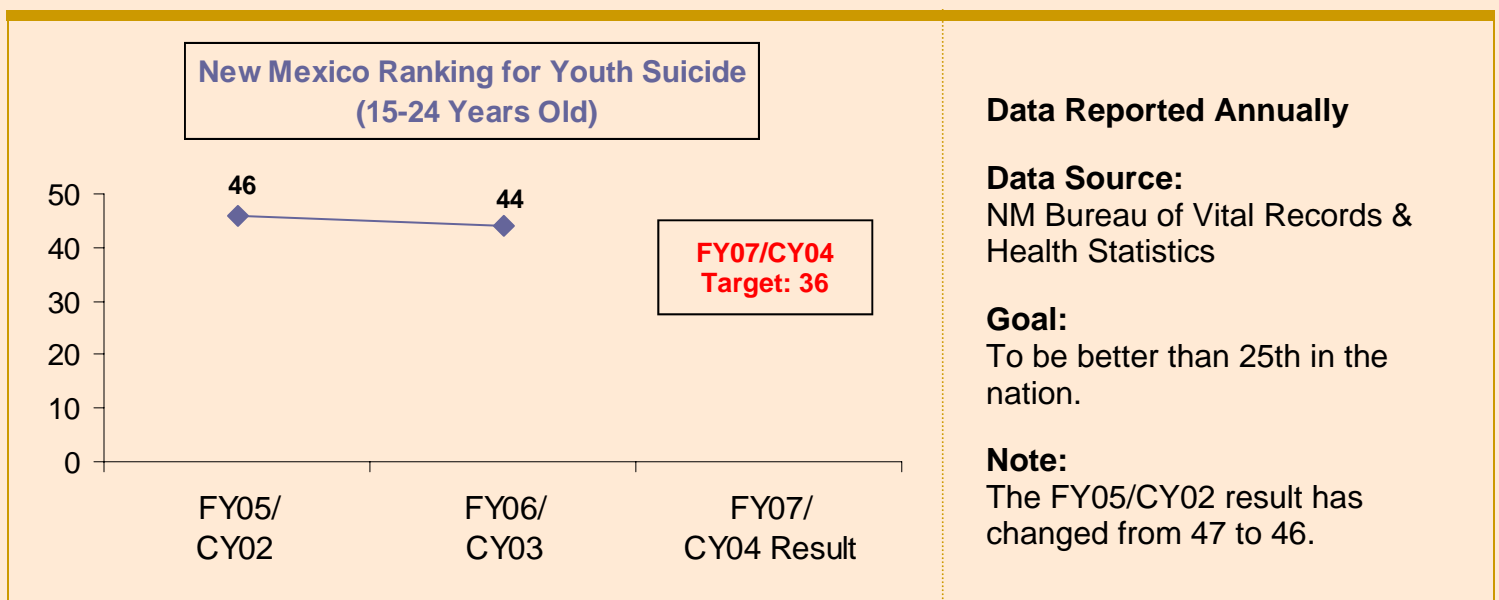
The FY05/CY04 result has changed from 23.6 to 23.9.

Youth Suicide Rate Among 15 to 19 Year Olds Per 100,000



ACTION PLAN:

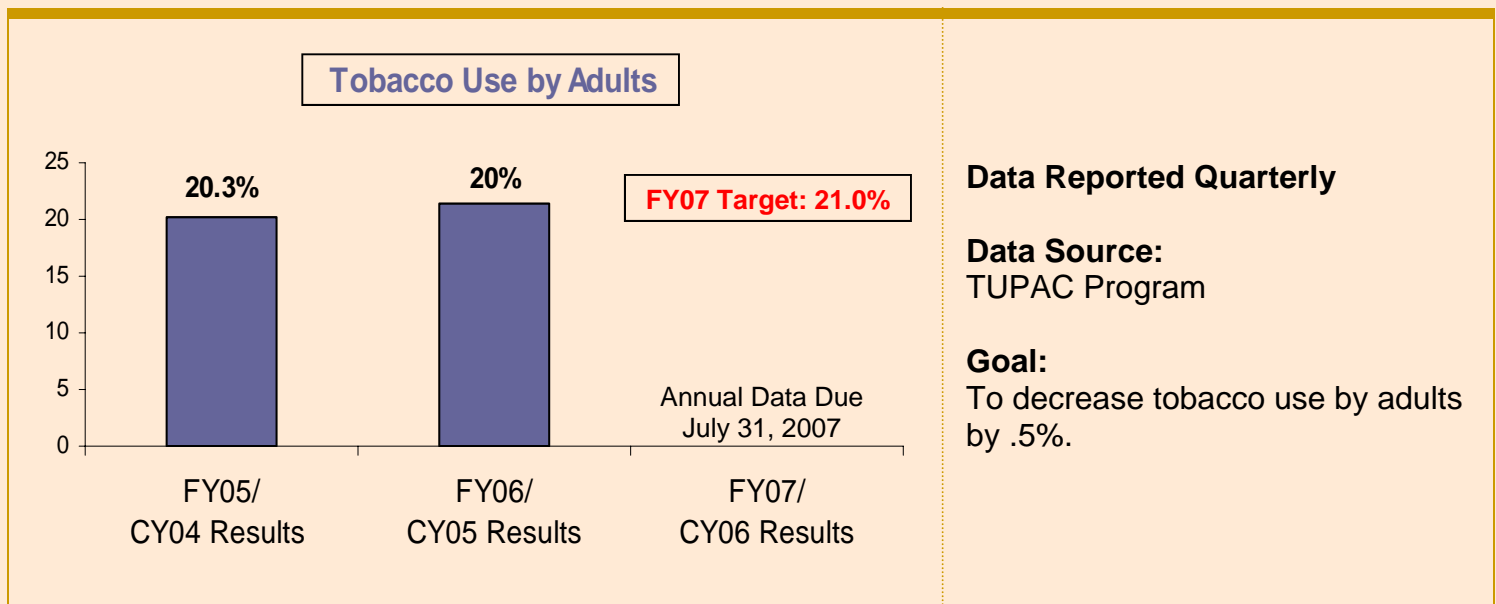
- Ensure that all School Based Health Centers (SBHCs) have a crisis response plan in place which requires SBHC staff to partner with school administrators and staff to develop action steps in the event of a suicide or suicide attempt to deal with the resulting trauma. These were all developed at the end of FY06.
- Ensure that all SBHCs implement the Student Health Questionnaire, an initial screening tool to be used to identify high risk behaviors, including the risk for suicide. School Mental Health Advocates in the regions provide technical assistance and training to SBHC staff in the use of this questionnaire.
- Ensure that all new SBHCs provide some level of mental health services, including individual, group and family counseling. The Office of School and Adolescent Health (OSAH) staff provide ongoing training and technical assistance to SBHCs on provision of mental health services, including youth suicide prevention.
- Provide technical assistance and training on the signs of suicide and best practices for risk assessment, referral and community capacity building. Over six communities, including Gallup, Gadsen, Carlsbad, Pojoaque, Mescalero, Mountainair have received the training.
- Presentations have also been provided at the Medicaid Update Conference, at the Bureau of Indian Affairs Statewide Social Worker Meeting, and the American Indian Arts Institute. Suicide 101 training is scheduled for eight communities.
- Participate in regular monthly meetings with the child fatality review board and the internal DOH suicide coordination workgroup to identify causes of youth suicide and coordinate efforts to prevent youth suicide.



ACTION PLAN:

- Office of School and Adolescent Health's (OSAH) Regional School Mental Health Advocates coordinated crisis response teams and activities in schools that experienced the tragic loss of a student either through suicide or accidental death. Response included coordinating additional mental health services and supports, coordinating of group support and participating as a member of an on-site crisis response team. Follow-up activities included training for school personnel. Responses have been coordinated in Roswell, Belen/Socorro, Los Lunas, Mora, Aztec and West Las Vegas.
- Increase the number of student health questionnaires administered through SBHCs. The questionnaires are a risk assessment tool that helps in identifying youth at high risk for mental health disorders including depression and/or suicide. A total of 3,922 students completed a questionnaire statewide.
- Work with universities and community colleges to develop youth crisis intervention and response. Agora, at the University of New Mexico, has worked with Hobbs Junior College on its crisis response plan and Agora plans to work with other universities and community colleges on youth suicide prevention.

OBJECTIVE 6: REDUCE TOBACCO USE.



QUIT FOR LIFE

The New Mexico Department of Health has recently started to offer free nicotine patches, lozenges or gum to tobacco users from New Mexico who in enroll in the "Quit for Life" program at 1-800-QUIT NOW (1-800-784-8669), New Mexico's free tobacco help line.

ACTION PLAN:

- Provide school and community-based youth tobacco prevention services, focusing on youth at highest risk for smoking. Services and activities include enforcement of school policy, implementing prevention curricula, and promoting youth empowerment to over 20,000 youth statewide. Services are provided through 40 organizations serving 33 counties.
- The NM State Alliance of Boys and Girls Clubs exceeded their FY07 contracted goal for recruiting and training peer leaders. They are contracted to recruit and train 100 peer leaders by June, 2007. In the first half of FY07 they have already recruited and trained 116 young people.
- The New Mexico Media Literacy Project, a TUPAC contractor, launched the Talk Back to Big Tobacco—Counter-Marketing Script and Story Board Contest. For the contest, young people submit story boards or radio ad ideas for tobacco prevention messages. The winners of the contest will receive \$500 and winning entries could be developed into actual television or radio ads designed to help prevent young people from using tobacco.
- Conduct smoke-free public- and work-place education campaigns, including increasing awareness of the dangers of secondhand smoke. These services are provided by 41 organizations statewide.
- The National Tobacco-Free Rodeo Project, a partnership of health advocates in the states of Idaho, Nevada, New Mexico and California, was selected to receive \$125,000 from the Robert Wood Johnson Foundation plus \$50,000 in matching funds from the American Legacy Foundation. Each state will receive \$25,000 for local project activities; the balance will support a central coordination and support office. The goal of the project is to work with rodeo boards to establish policies restricting tobacco advertising, promotion and product sampling at rodeos and increase community awareness of the dangers of smokeless tobacco use.
- Provide integrated program evaluation services to TUPAC and over 60 contractors. Integrated program evaluation services are tools for monitoring the performance of individual contractors and evaluating overall program effectiveness. An online evaluation reporting system is used by all contractors for monthly activity reporting.



Help line features:

- Open 6 a.m. to 10 p.m., 7 days a week
- Services for youth and adults
- Services in Spanish and English, with translation available for other languages

Callers are offered:

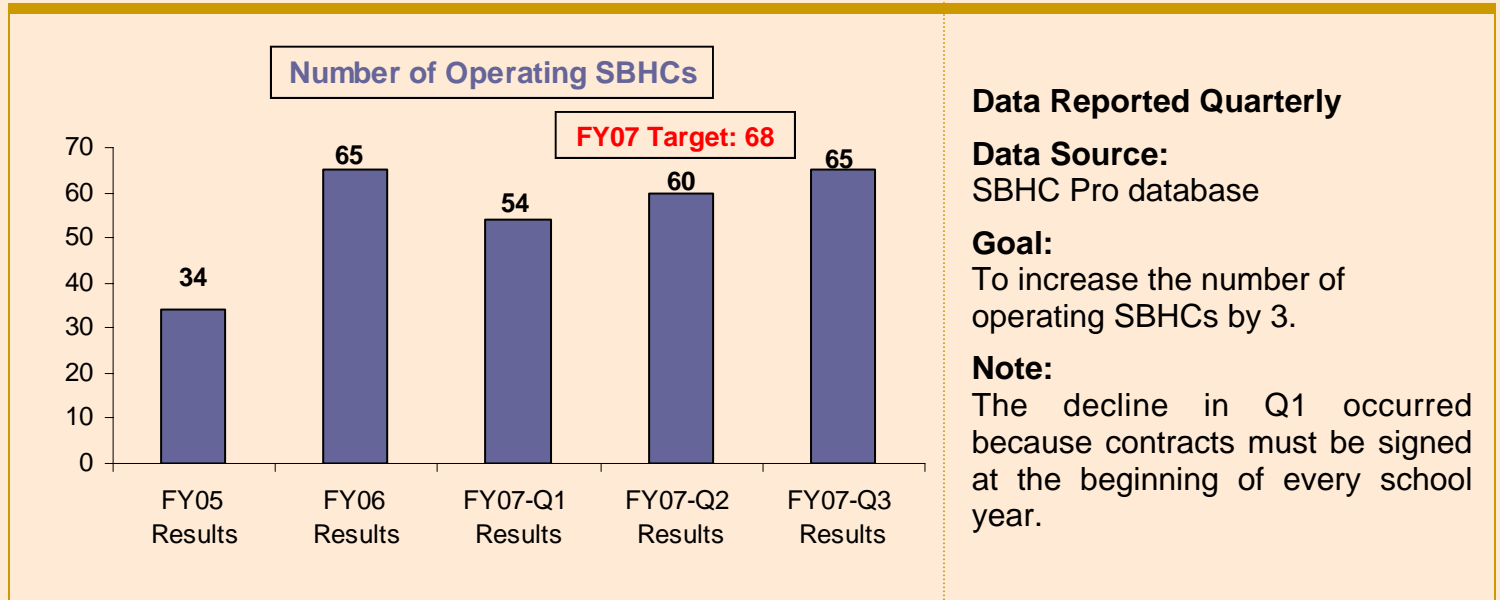
- One-to-one telephone sessions with a trained quit coach
- Personalized quit plan
- Unlimited telephone support, including optional call-backs from a quit coach

1-800-QUIT NOW

Call today to see if the help line is right for you.



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



Additional Note: A total of 25 existing sites, 9 non-DOH funded sites and 31 expansion sites were operational in Q3. Three expansion sites are pending.

ACTION PLAN:

- DOH has funds for 59 SBHCs. In Q3, we had four new SBHCs not fully operational. Locations include, Deming, Quemado, Quay and Curry Counties.
- Provide training and technical assistance to communities interested in SBHCs, as requested, through staff and contractors. Integration of SBHC facilities at the planning stages greatly reduces the construction or renovation costs of SBHCs at later times.
- Provide ongoing training and technical assistance to communities with operational SBHCs.
- Develop and provide training and technical assistance to School Health Advisory Councils required to oversee SBHCs in communities.
- Work with private foundations to increase funding for SBHCs statewide. Office of School and Adolescent Health (OSAH) is partnering with the NM Community Foundation to submit a grant application to fund four new SBHCs in middle schools statewide.

Data Reported Quarterly

Data Source:

SBHC Pro database

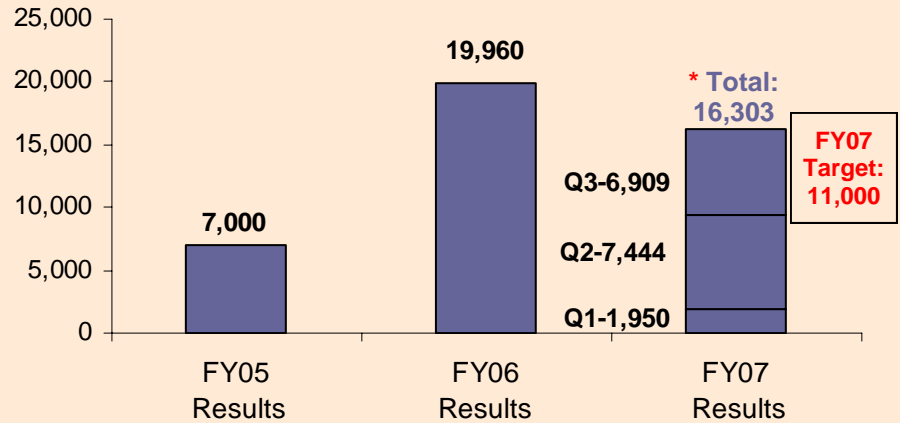
Goal:

To increase the number of youth served at SBHCs.

Note:

* FY07 target exceeded by 5,303 youth.

Number of Youth Served at School-Based Health Centers



Additional note: DOH receives data only from the SBHCs funded through the Department. The 12 non-DOH funded sites do not submit data to the Office of School and Adolescent Health (OSAH) and are not obligated to report their performance.

ACTION PLAN:

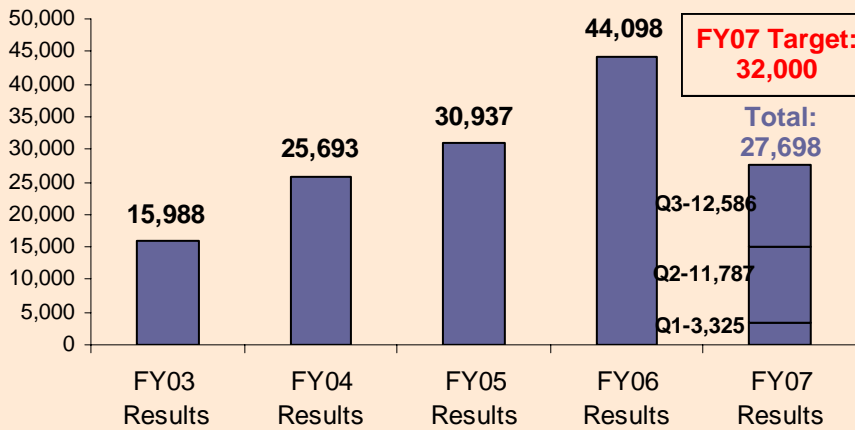
- A total of 50 DOH funded SBHCs submitted data for the second quarter. 15 SBHCs report seeing at least 50% of the students from their school site.
- Improve data collection through development of a new data collection system and provision of technical assistance and training to improve data entry. OSAH will continue to provide on-going technical assistance and monitoring to ease reporting difficulties and improve overall reporting from all eligible SBHCs.
- Provide training and technical assistance to SBHCs to increase and improve quality of services. OSAH works with the NM Primary Care Association to recruit primary care center sites to provide staff and services at SBHCs. Data for the first quarter is low because school is not in session in July and August. Student visits to SBHCs will increase over time as the school year progresses and students, staff and families become more aware of the services and supports available.

NEW SCHOOL-BASED HEALTH CENTERS

The ground-breaking ceremony for a new, \$6.3 million Career Prep Alternative High School in Shiprock was held recently. DOH put forward \$135,000 to fund the construction of a 1,600 square-foot school-based health center, that will provide clinical and behavioral health services.

A new school-based health center opened in Roy. It is a much needed addition to the community and will serve 68 students and their families.

Number of Visits to School-Based Health Centers



Data Reported Quarterly

Data Source:
SBHC Pro database

Goal:
To increase the number of visits to SBHCs.

Note:
Q1 numbers are low because contracts were pending.

ACTION PLAN:

- The Office of School and Adolescent Health staff will continue to provide training and technical assistance to school staff and school boards to plan and increase activities and services through the school-based health centers.
- 51 SBHCs statewide submitted data regarding number of visits to SBHCs. All contracts are in place and providers are in place to provide both primary and behavioral health care services to students.

Data Reported Quarterly

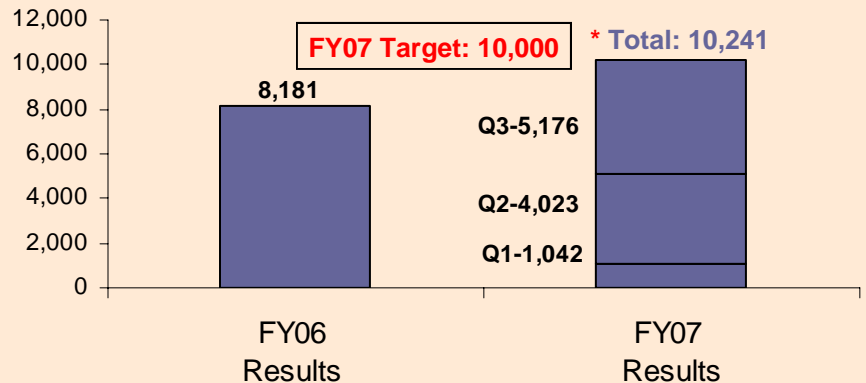
Data Source:
SBHC Pro database

Goal:
To increase the number of students receiving behavioral health services in SBHCs by 1,819.

Note: The result reflects the number of behavioral health visits through the SBHCs, not the number of students.

* FY07 target exceeded by 241.

Number of Students Receiving Behavioral Health Services in School-Based Health Centers



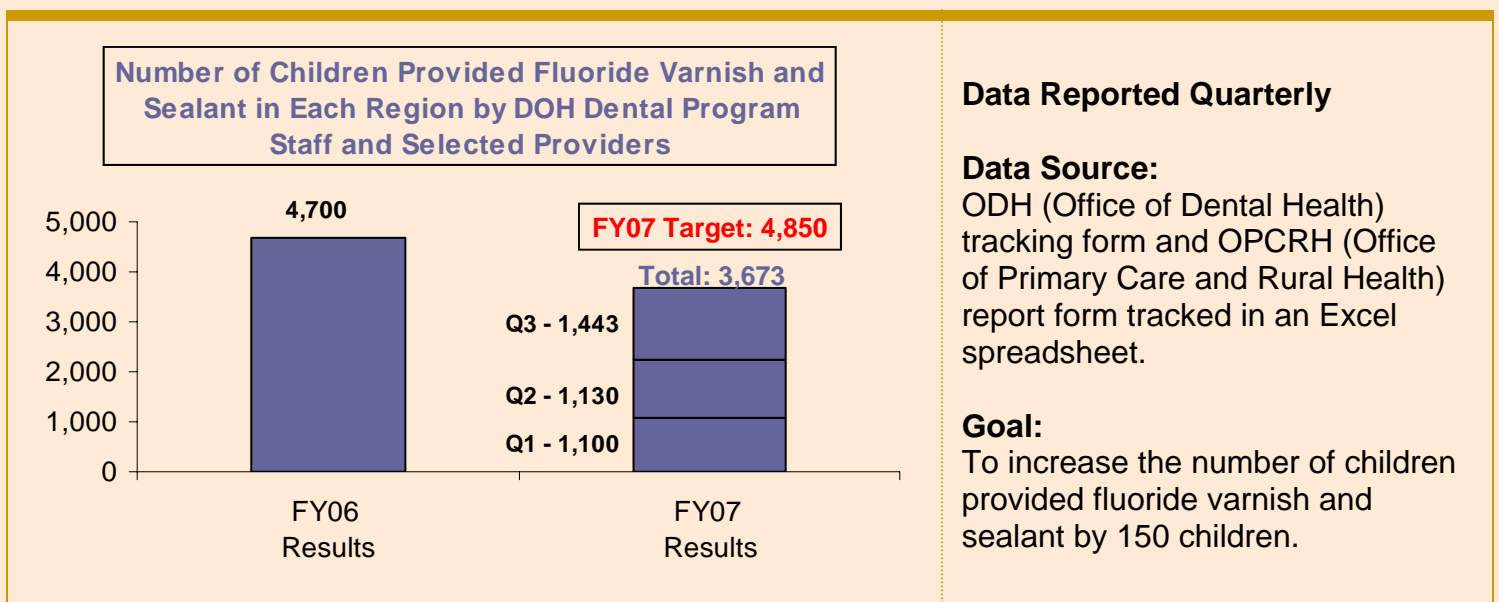
ACTION PLAN:

- Psychiatric consultation services have been made available to SBHCs statewide. Services are provided by a UNM child psychiatrist. Service is provided to SBHC primary and behavioral health staff. Consultation includes topics related to case management, medication, confidentiality, and overall coordination of care. A total of 5 SBHCs took advantage of this service during Q2.

ACTION PLAN (CONTINUED):

- Require all new SBHC sites that receive DOH funding to provide behavioral health services, including screening for substance abuse, depression and other mental health disorders, plus access to individual, group and family counseling and referral and coordination with community mental health services.
- Provide training to high school teachers and staff to present the Signs of Suicide education program to 850 youth per year. Suicide 101 training is scheduled for eight communities.
- Provide on-going training and technical assistance to SBHC mental health providers through telehealth, psychiatric consultation and one-on-one training with OSAH mental health staff and Regional School Mental Health Advocates.
- Work with four SBHCs using Substance Abuse Mental Health Services Administration (SAMHSA) funding for targeted and intensive training and technical assistance on suicide prevention and intervention. These communities include Carlsbad, Pojoaque, Gadsen, and Gallup.
- Develop a youth speakers bureau and implement the Natural Helpers approach (peer-to-peer mentoring) as a mechanism to reduce mental health stigma and increase the likelihood of youth to seek mental health services.

OBJECTIVE 8: IMPROVE ACCESS TO PREVENTIVE AND RESTORATIVE ORAL HEALTH SERVICES PROVIDED TO CHILDREN, LOW INCOME RURAL POPULATIONS AND PEOPLE WITH DISABILITIES.



ACTION PLAN:

- Work with elementary schools, head start programs and the Women, Infant, Children (WIC) program to conduct oral health education for children and parents/care givers. Fluoride screening is conducted to determine if the child is eligible for a varnish application and if the child is in need of restorative care a case manager ensures that the services are provided.

PROGRAM AREA 3: EPIDEMIOLOGY & RESPONSE

MISSION/PURPOSE:

Epidemiology and Response monitors health, provides health information, prevents disease and injury, promotes health and healthy behaviors, responds to public health events, and provides health emergency management and vital registration services to New Mexicans.

GOAL:

Monitor the health status of New Mexicans and respond to public health threats.

PROGRAM AREA 3 OBJECTIVES:

OBJECTIVE 1:

Improve the state's capacity to respond to public health emergencies.

OBJECTIVE 2:

Expand public access to vital records.

OPERATING BUDGET:

General Funds: 9,980.9

Federal Funds: 14,234.9

Other State Funds: 460.8

Inter-Agency Transfer: 412.3

2005 YOUTH RISK & RESILIENCY SURVEY (YRRS)

The Epidemiology and Response Division has distributed the results of the 2005 YRRS in more than 120 health related reports and to audiences across the state that included youth and school personnel. YRRS data identifies health risk behaviors among students grade 9 through 12. Compared to the results of the last survey in 2003, there were significant decreases in the number of New Mexico students who attempt suicide, binge drink and use alcohol, cigarettes or illegal drugs. The results are posted in the Health Behaviors section of <http://www.health.state.nm.us/epi/hdata.html>.

OBJECTIVE 1: IMPROVE THE STATE'S CAPACITY TO RESPOND TO PUBLIC HEALTH EMERGENCIES.

Data Reported Quarterly

Data Source:

Exercise Database

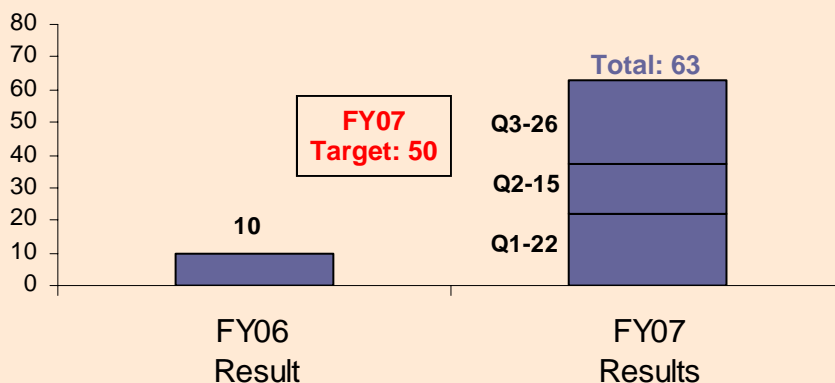
Goal:

To increase the number of pandemic influenza plan exercises by 40.

Note:

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

Number of Pandemic Influenza Plan Exercises Statewide



ACTION PLAN:

- During the 3rd quarter of FY07, as of March 30, 2007, 26 pandemic influenza exercises were conducted throughout New Mexico. Over 336 attendees participated in these exercises. These exercises include seminars, tabletops and drills.
- Nineteen hospital based tabletop exercises that included 187 participants and 36 NMDOH Staff. The New Mexico counties involved were: Artesia, Bernalillo Carlsbad Chaves, Clovis, Grant Guadalupe Hobbs, Lovington, McKinley, Portales, Rio Arriba and Roosevelt.
- Seven Point of Dispensing (PODs) exercises were conducted in Public Health Region 4 that included 83 participants and 30 staff from Public Health Region 4, New Mexico Department of Health, Epidemiology and Response Division, Bureau of Health Emergency Management, Curry County Emergency Manager.

Data Reported Quarterly

Data Source:

Exercise Database

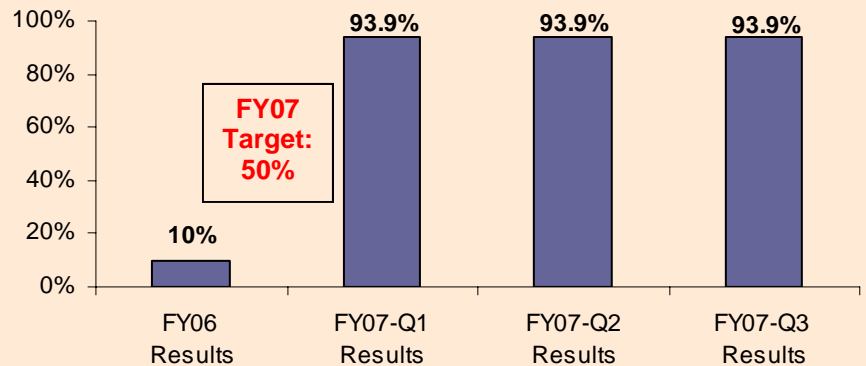
Goal:

To increase the percent of NM counties with pandemic influenza plans that integrate with the state plan by 40%.

Note:

FY07 target was already exceeded in Q1 by 10.6 percentage points. Currently, 20 Counties have a pandemic influenza plan.

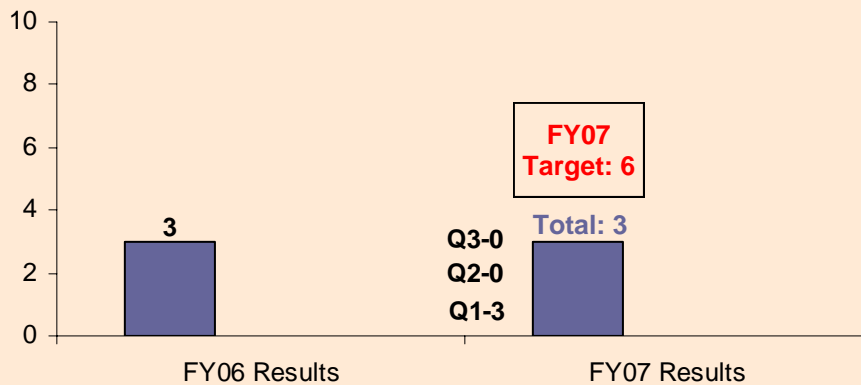
Percent of New Mexico Counties with Pandemic Influenza Plans that Integrate with the State Plan



ACTION PLAN:

- Currently, all 33 Counties have a pandemic influenza plan. These plans are ongoing and are continually being revised and updated as gaps are identified through a systematic exercise process and new federal guidance becomes available. The DOH Bureau of Health Emergency Management (BHEM) and Public Health Regional offices are working with local county emergency managers, hospitals, local emergency planning committees, and community health councils within the communities, to ensure that local county pandemic influenza plans integrate with the NM state plan.
- Established an aggressive and ongoing pandemic influenza planning program with 31 of the 33 local NM County Emergency Managers. Santa Fe County and Los Alamos Counties have elected not to participate, but do have some pandemic influenza planning.
- Collaborate and provide assistance to local county emergency managers and the New Mexico Emergency Managers Association to improve, integrate and ensure interoperability of state DOH country pandemic influenza plans.

Number of Designated Trauma Centers in the State



Data Reported Quarterly

Data Source:
State Trauma Registry

Goal:
To increase the number of trauma centers by 3.

Note:
Designation is a lengthy process & generally takes at least 1-2 yrs. for a community hospital to accomplish. Changes in this measure are likely to be seen on an annual, not quarterly, basis.

ACTION PLAN:

- Establish and oversee the implementation of 7 trauma center-related contracts. This will assist the 3 existing trauma centers to sustain their designation status and will help 4 developing hospitals achieve trauma center designation within the next 1-2 years. The centers will serve north, central and southeast New Mexico.
- Provide ongoing technical assistance including facility assessment, interpretation of national trauma care standards and state regulations, development of trauma policies and procedures and contract monitoring to 3 existing trauma centers and 4 developing trauma center hospitals.
- Provide nationally recognized training to 3 existing trauma centers and 4 developing trauma center hospitals on the trauma center designation process and financial viability in April 2007.
- Provide “mock site surveys” to developing trauma center hospitals during FY07. Gerald Champion regional center in Alamogordo received a survey visit in March. A “mock site survey” is a practice exercise that results in a facility assessment report/plan for addressing deficits prior to actual site surveys conducted by American College of Surgeons for trauma center verification.

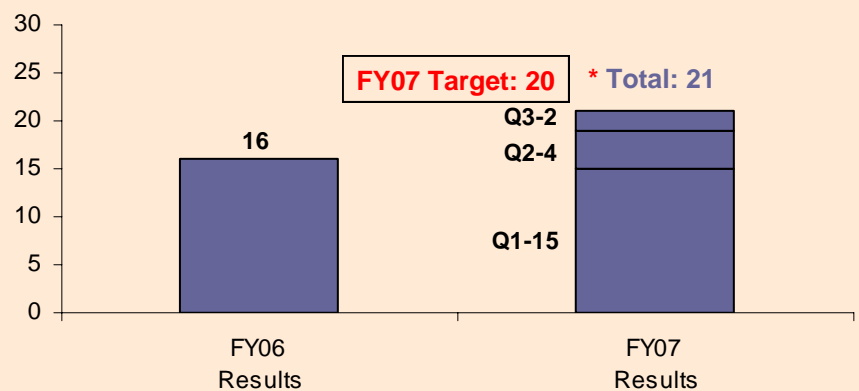
Data Reported Annually

Data Source:
State Trauma Registry

Goal:
To increase the number of hospitals reporting data in the state trauma registry by 4.

Note:
* FY07 target exceeded by 1.

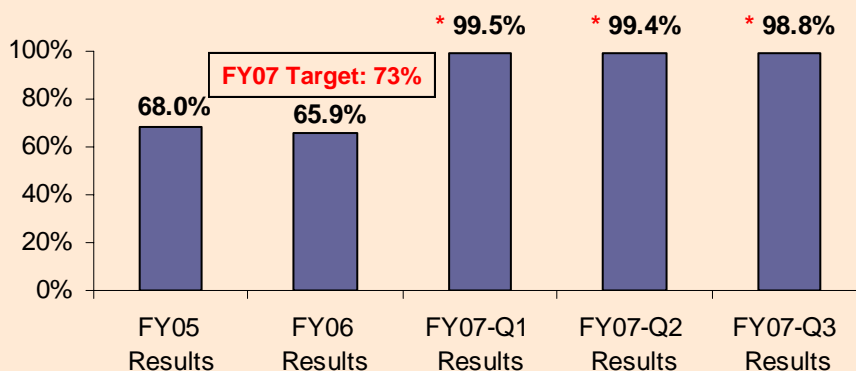
Number of Hospitals Reporting Data in the State Trauma Registry



ACTION PLAN:

- The trauma registry provides data on clinical care for trauma patients from injury to discharge from a hospital or death. This clinical data is used for performance improvement, trauma system evaluation, and data driven decision making and policy development.
- Provide oversight of installation, registrar training, implementation and reporting of trauma data by 3 trauma centers and 20 voluntary participating hospitals in the state trauma registry system.
- Support the in-house utilization of trauma registry data for in-house trauma quality improvement (QI) in 3 trauma centers and 20 voluntary participating hospitals through consultation and training.
- Provide ongoing support and technical assistance to 3 trauma centers and 20 voluntary trauma registry hospitals on registry.
- Provide training and trauma workgroup meetings on the trauma registry each quarter to hospital trauma registrars statewide.
- Work with the trauma registry software vendor and hospital registrars to improve/enhance New Mexico trauma registries with annual updates.
- In addition to the 21 hospitals successfully reporting to date, the DOH Trauma Program has actively encouraged new facilities to join the state trauma registry. Between May and August 2006, eight new facilities sent written notice of intent to participate in the state registry. The growth has occurred in the northern, central, and southwestern regions of New Mexico where participation was lacking. This new growth and maintenance of the existing support facilities is in large part due to a federally funded one-year incentive project that helps support voluntary participation and has raised the DOH influence level from 'little influence' to 'some influence.'

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



Data Reported Quarterly

Data Source:

NM Bureau of Vital Records & Health Statistics

Goal:

To increase the percent of birth certificates issued within 7 days of receipt of a request by 7.0%.

Note:

* The FY07 target was exceeded in all three quarters.

ACTION PLAN:

- Maintain appropriate staff to ensure birth certificate issuance remains within the required time frame to meet the goals of this performance measure.

PROGRAM AREA 4: LABORATORY SERVICES

MISSION/PURPOSE:

Laboratory Services provides laboratory analysis for tax-supported public health, environmental, and toxicology programs in the State of New Mexico in order to provide timely identification of threats to the health of New Mexicans.

GOAL:

Ensure quality laboratory services to support public health and safety in New Mexico.

PROGRAM AREA 3 OBJECTIVE:

OBJECTIVE 1:

Reduce turnaround time for analysis and improve customer service for lab testing.

OPERATING BUDGET:

General Funds: 5,806.7

Federal Funds: 1,952.1

Other State Funds: 3,430.0

Inter-Agency Transfer: 0.0

OBJECTIVE 1: REDUCE TURNAROUND TIME FOR ANALYSIS AND IMPROVE CUSTOMER SERVICE FOR LAB TESTING.

Data Reported Quarterly

Data Source:

Laboratory Information Management System

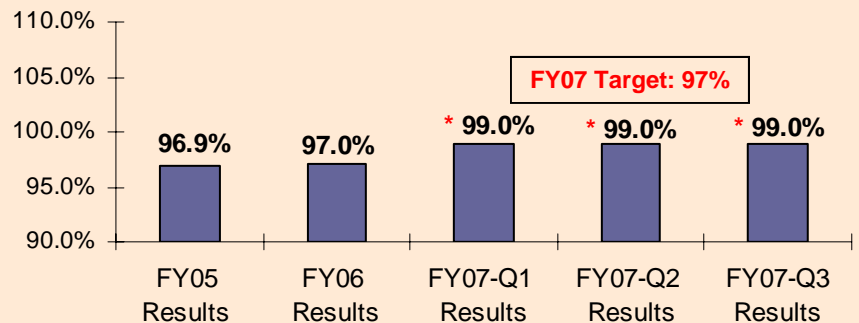
Goal:

To increase the percent of samples analyzed.

Note:

The FY07 target has been exceeded each quarter by 2 percentage points.

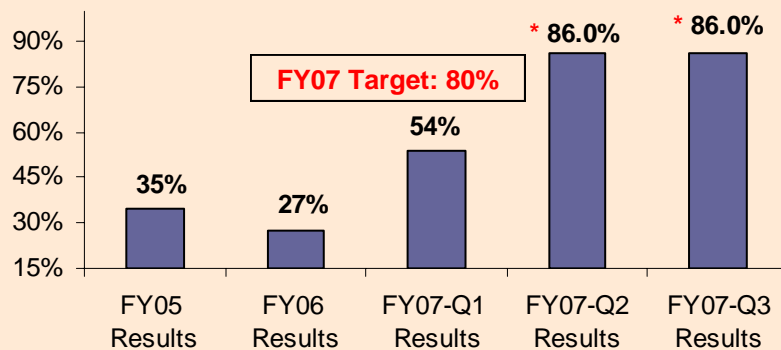
Percent of Public Health Threat Samples for Communicable Diseases and Other Threatening Illnesses that are Analyzed within Specified Turnaround Time



ACTION PLAN:

- Continue to provide competency training to staff on required lab tests.
- Review turn around time data on a monthly basis and re-train and educate any submitters that appear to have a rejection level about the threshold level.
- Perform preventive maintenance on all centrifuges and biological safety cabinets with repairs being made where necessary. Ensure that instrumentation has the appropriate quality assurance measures performed/documented and replace any instrumentation as necessary.
- Training was provided to a laboratory client that had submitted an increased number of unsatisfactory specimens. Review turnaround time data on a monthly basis and re-train and educate any submitters that appear to have a rejection level about the threshold level.

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



Data Reported Quarterly

Data Source:

Toxicology Bureau Database

Goal:

To increase the percent of blood alcohol tests analyzed by 53%.

Note:

75 subpoenas received at lab in July, resulted in low Q1 numbers. In Q2 and Q3, the target was exceeded by 6%.

ACTION PLAN:

- All positions have been filled within the Toxicology Bureau during the second quarter of FY07 and training of new staff continues during this third quarter.
- Train new staff to perform blood alcohol testing to gain more analytical capability.
- Train and ensure that additional staff are capable of performing technical and administrative review of alcohol testing reports.
- Train and ensure additional staff are capable of testifying in court for DWI cases, freeing up the alcohol administrative review staff to keep up with turn around times.

Data Reported Quarterly

Data Source:

Laboratory Information Management System

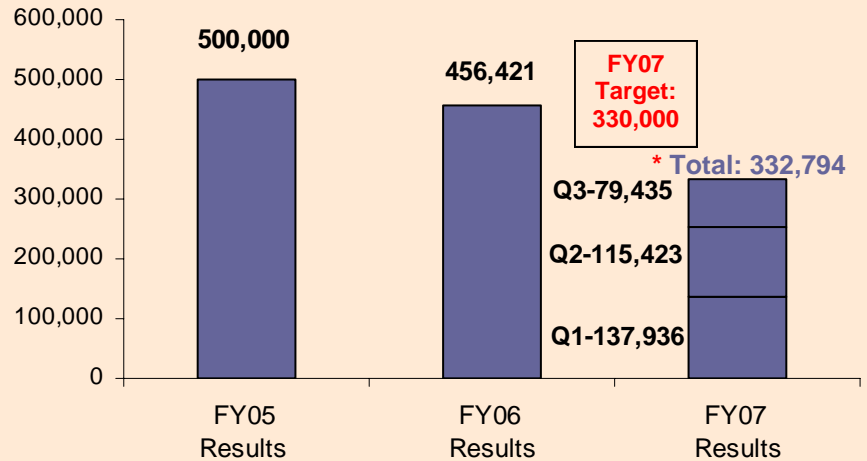
Goal:

To increase the number of lab tests performed per year.

Note:

* The FY07 target was exceeded in FY06 Q4 by 126,421.

Number of Laboratory Tests Performed Per Year



* The number of laboratory tests declined significantly in Q3 with the outsourcing of Neonatal Metabolic Screening testing to the State of Oregon effective the first of the calendar year.

ACTION PLAN:

- Maintain current level of fee-for-service laboratory work.
- Continue to apply for grants to perform drinking water analyses, as available.
- Continue participation in air quality studies, including the current study of polyaromatic hydrocarbon concentrations in the atmosphere.
- Replace aging equipment as laboratory funding permits.
- Continue to ensure that all staff are trained as quickly and effectively as possible in analytical test methods.
- Ensure that all staff, and particularly new staff, are trained as quickly and effectively as possible in analytical test methods.
- Continue process to acquire a new LIMS (Laboratory Information Management System) that will provide for improved sample and result tracking, data manipulation, posting of results and data exchange; vendor evaluation and product selection are scheduled for the third quarter of this year.

LABORATORY SERVICES HIGHLIGHT

The Scientific Laboratory Division's Toxicology Bureau has validated an expanded drug screening system that can analyze samples for a panel of 20 drugs and drug classes. The drugs identified by this new system include those most commonly encountered by the Office of the Medical Investigator and in DUI cases. This expanded screen will improve the day-to-day operations of the Toxicology Bureau by helping to reduce the turnaround time needed to provide results for cases requiring these analyses.

PROGRAM AREA 5: BEHAVIORAL HEALTH SERVICES

MISSION/PURPOSE:

Behavioral Health Services Division (BHSD) leads and oversees the provision of an integrated and comprehensive behavioral health prevention and treatment system to foster recovery and supports the health and resilience of all New Mexicans.

GOAL:

Improve behavioral health through an interagency and collaborative model.

PROGRAM AREA 5 OBJECTIVE:

OBJECTIVE 1:

Improve access, quality, and value of mental health and substance abuse services.

OBJECTIVE 2:

Enhance New Mexico's behavioral workforce.

OBJECTIVE 3:

Reduce suicide among high-risk groups.

OPERATING BUDGET:

General Funds: 39,752.7

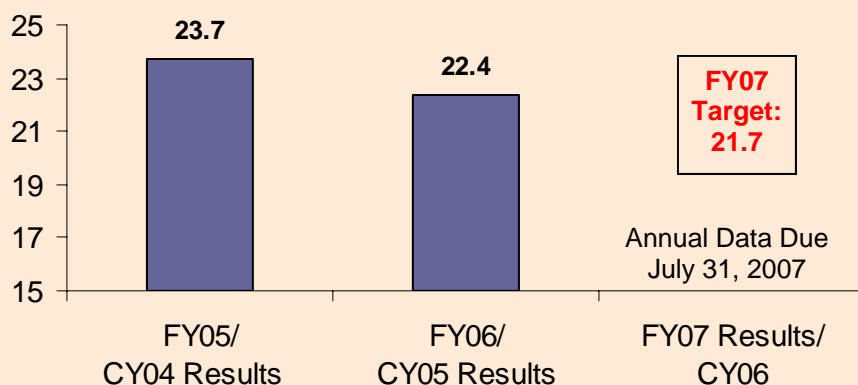
Federal Funds: 16,587.6

Other State Funds: 0.0

Inter-Agency Transfer: 1,292.6

OBJECTIVE 1: IMPROVE ACCESS, QUALITY, AND VALUE OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES.

Suicide Rate Among Adults 20 Years and Older Per 100,000



Data Reported Annually

Data Source:

NM Bureau of Vital Records & Health Statistics Death Files

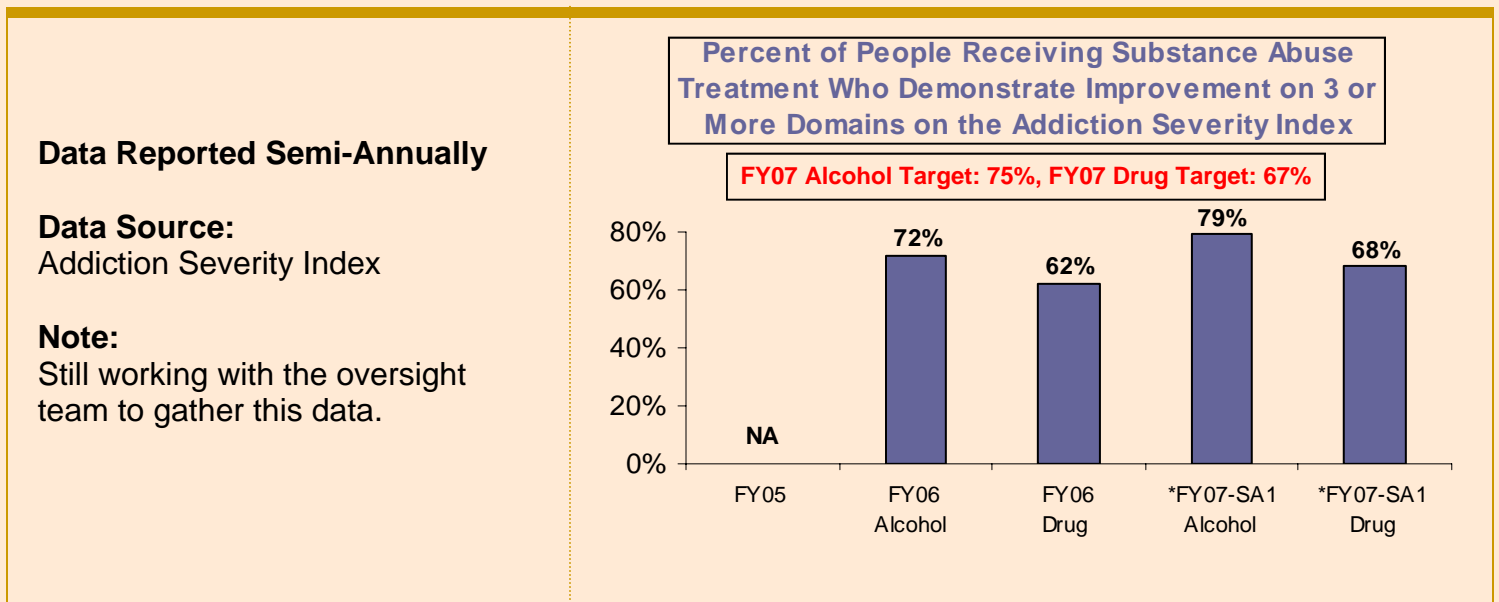
Goal:

To decrease the suicide rate among adults 20 years and older.

Note: FY05 result was changed from 28.6 to 23.7, the FY06 result was changed from 22.7 to 22.4.

ACTION PLAN:

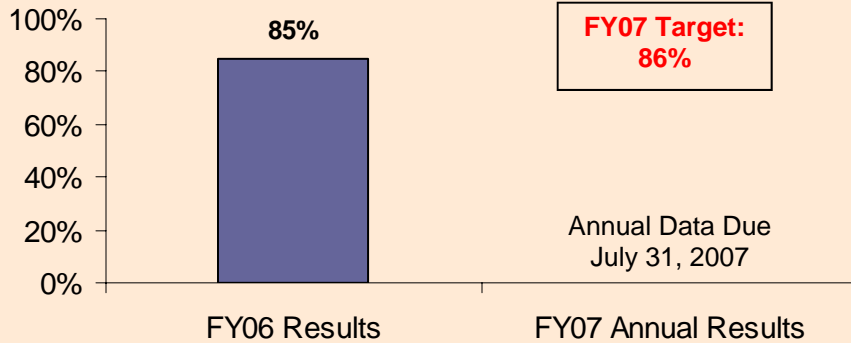
- Adult Protective Services (APS) has just hired a new division director who is a Licensed Professional Clinical Counselor (LPCC). APS implemented a mortality and morbidity review process, and is hiring a geriatric Behavioral Health Specialist who will work with the Human Services Department (HSD).
- 30 provider staff members will be attending IMPACT training which is scheduled for March 2007. The IMPACT model in Washington was originally developed as an evidence based practice consisting of a collaborative team care approach to depression in the geriatric population, but is now being used more broadly across the life span, including an adolescent model.
- Over the next nine months, funds should be available to have several suicide intervention trainings targeted at different age groups. In partnership with the SBIRT project the suicide intervention training using the IMPACT model will focus primarily in rural areas with primary care sites.



ACTION PLAN:

- The Statewide Addiction Severity Index Multi-Version (ASI-MV) training was held in New Mexico November 30, December 1 and January 11. A total of 263 attendees received the training. Software licenses are being provided to all ValueOptions providers who will be required to report on the ASI-MV. The Go live date is scheduled for January 20, 2007. The ASI-MV will enable providers to access an online substance abuse assessment tool that will assist in identification of the areas in a persons life that need treatment, for example, social relationships, employment, and housing.
- Provide financial support to maintain the clinical website for all New Mexico behavioral health providers.

**Percent of Adults with Serious Mental Illness
Receiving Services in Competitive Employment of
Their Choice**

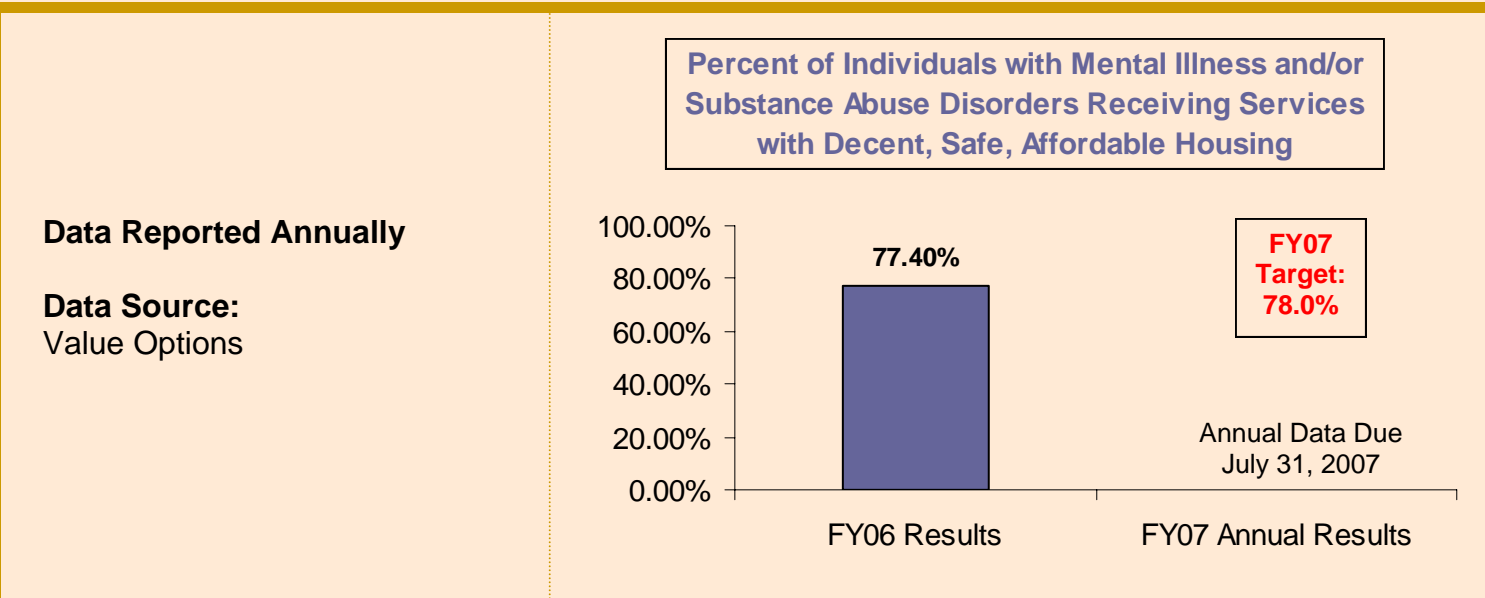


Data Reported Annually

Data Source:
Value Options

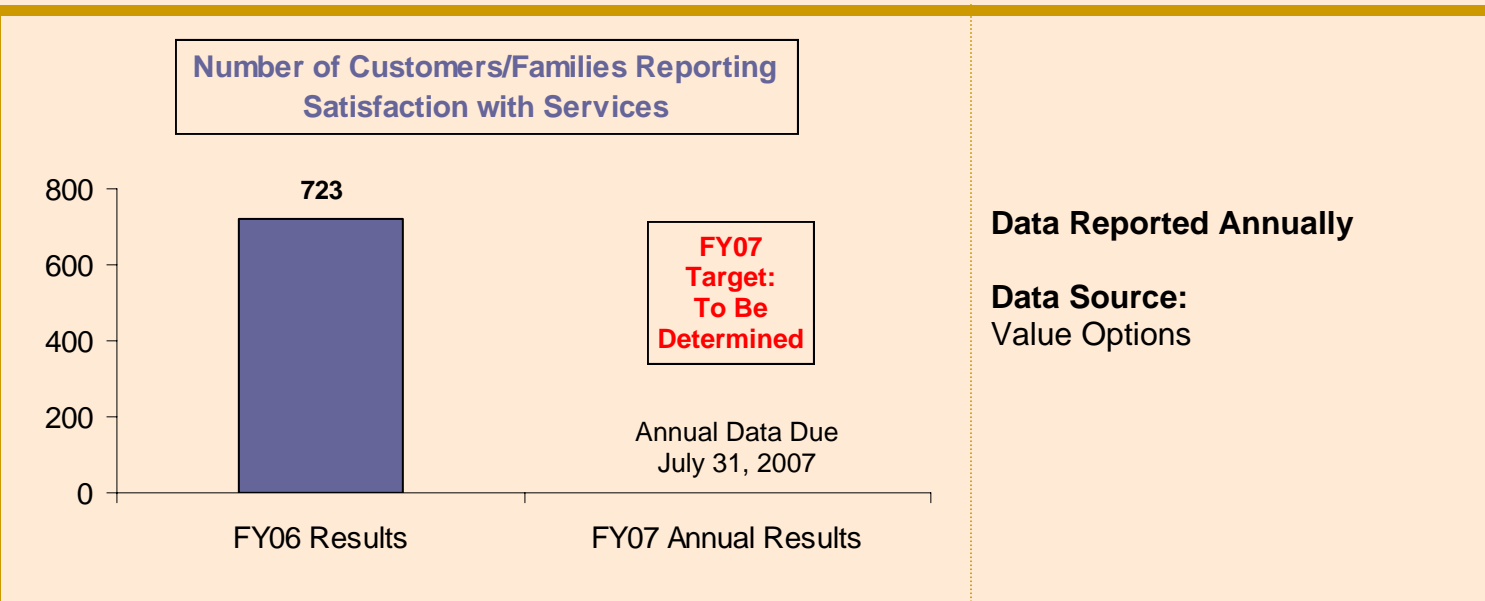
ACTION PLAN:

- Developmental Disabilities Support Division has committed \$150,000 in seed funding for the NM Employment Institute which will provide employment opportunities for adults with serious mental illness.
- Utilize job coaches and behavioral employment specialists to place individuals in program or case management services. They will identify what the applicants would like to do for work and what they are capable of doing. They will also prepare the applicants by assisting in the creation of resumes, coaching for interviews and how to dress. DOH's Supported Employment programs facilitate competitive work in integrated work settings for individuals with the most severe disabilities (i.e. psychiatric, mental retardation, learning disabilities, traumatic brain injury) for whom competitive employment has not traditionally occurred, and who, because of the nature and severity of their disability, need ongoing support services in order to perform their job.
- Provide assistance such as job coaches, transportation, assistive technology, specialized job training, and individually tailored supervision to adults with serious mental illness.
- Transition clients from dependence on a service delivery system to independence via competitive employment. Recent studies indicate that the provision of on-going support services for people with severe disabilities significantly increases their rates for employment retention. Supported employment encourages people to work within their communities and encourages work, social interaction, and integration.



ACTION PLAN:

- DOH will assist communities in providing integrated treatment and support for individuals with mental and substance abuse disorders who are homeless or at risk of becoming homeless.
- Expand the Projects for Assistance in Transition from Homelessness (PATH) program statewide.
- Provide substance abuse treatment for homeless families and support a unique cross-agency initiative to end chronic homelessness.



ACTION PLAN:

- Because BHSD is in the Purchasing Collaborative and no longer has its own database, the Collaborative workgroup has been given until November to operationalize the measures across all agencies.

Data Reported Quarterly

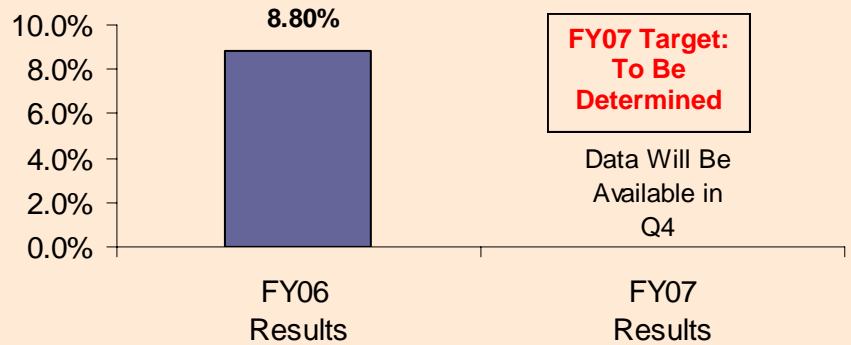
Data Source:

Value Options / DWI Database / Traffic Safety at DFA & DPS UNM

Note:

The program is unable to gather data quarterly due to the complexity of the measure and the many data sources.

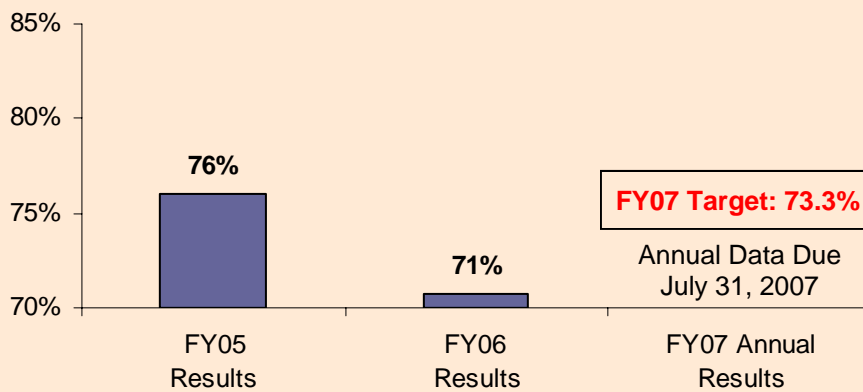
Number of DWI Arrests and Convictions Among Persons Receiving Substance Abuse Treatment Services Through the Statewide Entity



ACTION PLAN:

- Developing substance abuse enhancement plan in conjunction with ValueOptions to expand the number of services for persons arrested for DWI.

Percent of Program Participants Between the Ages of 12-17 Who Perceive Drug Use as Harmful



Data Reported Annually

Data Source:

Youth Risk and Resiliency Survey

ACTION PLAN:

- Contracts with 24 community-based agencies throughout the state to deliver evidence-based programs in various settings, including school and after school, to youth ages 12-17. The framework is based on reducing risk factors and supporting protective factors.

PROGRAM AREA 6: FACILITIES MANAGEMENT

MISSION/PURPOSE:

The Facilities Management program provides oversight of the Department of Health facilities which provide mental health, substance abuse, nursing home, and rehabilitation programs in facility and community-based settings to New Mexico residents who need safety net services.

GOAL:

Persons who receive residential care services in DOH facilities will receive the highest-quality care in a resident centered environment.

PROGRAM AREA 6 OBJECTIVE:

OBJECTIVE 1:

Improve resident care and services in DOH Facilities.

BUDGET:

General Funds: 44,537.2

Federal Funds: 3,327.6

Other State Funds: 14,837.1

Inter-Agency Transfer: 41,689.5

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

Data Reported Quarterly

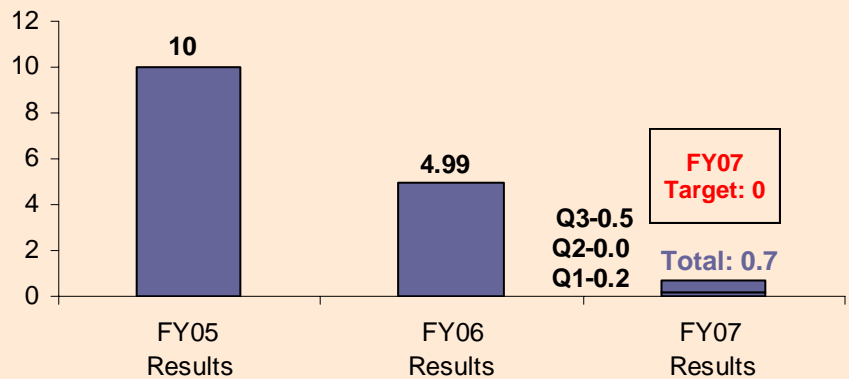
Data Source:

Incident Management System

Goal:

To decrease the number of substantiated cases of abuse, neglect and exploitation by 4.99.

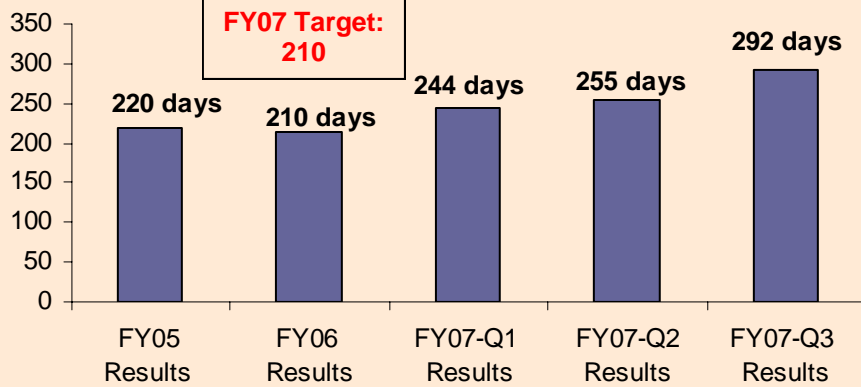
Number of Substantiated Cases of Abuse, Neglect and Exploitation per 100 Residents in DOH Operated Long Term Care Programs Confirmed by Division of Health Improvement



ACTION PLAN

- To decrease the number of substantiated cases of abuse, neglect and exploitation by increasing the number of unannounced surveys.

Average Length of Stay at Sequoyah Adolescent Treatment Center



Data Reported Quarterly

Goal:

To maintain the average length of stay for Sequoyah clients.

Data Source:

Sequoyah

ACTION PLAN

- Maintain an evaluation committee to screen for appropriate referrals, utilization review activities by ValueOptions and the Children, Youth and Families Department (CYFD), and clinical case reviews for difficult cases will assist in decreasing the average length of stay.

Data Reported Quarterly

Data Source:

Excel Spreadsheet

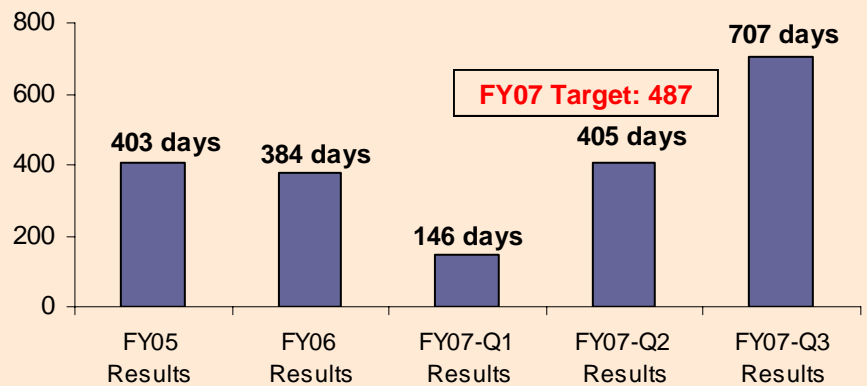
Goal:

To maintain the average length of stay for NMSVH clients.

Note:

FY07 target exceeded in Q1 and Q2.

Average Length of Stay at New Mexico State Veterans Home



ACTION PLAN:

- The facility continues to monitor each resident for appropriate level of care placement ensuring that each resident is in the least restrictive environment possible, providing the highest quality of care and focusing on the highest quality of life.

Average Length of Stay at New Mexico Rehabilitation Center

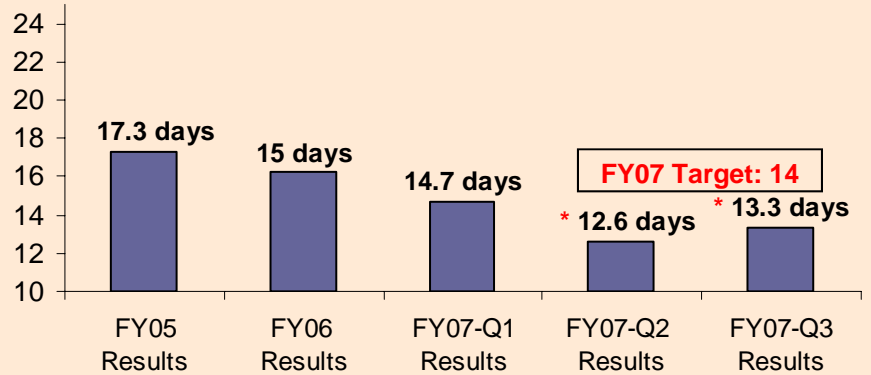
Data Reported Quarterly

Data Source:

New Mexico Rehabilitation Center Budget Spreadsheet

Goal:

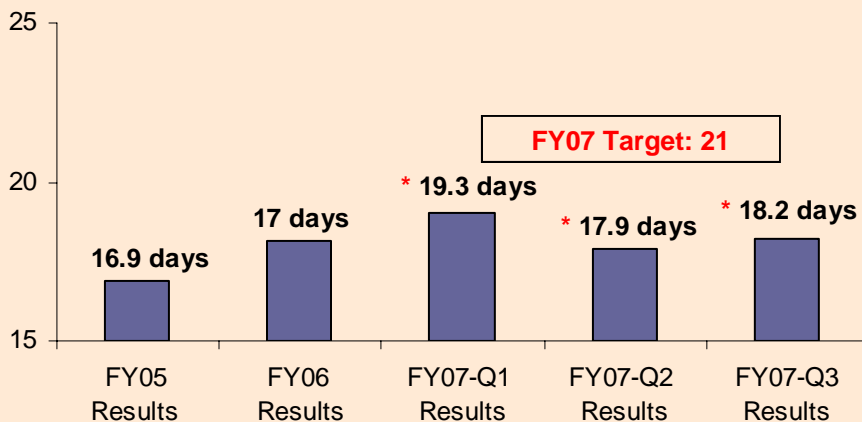
* In Q2 & Q3, the FY07 target was exceeded.



ACTION PLAN

- The New Mexico Rehabilitation Center (NMRC) exceeded the FY07 goal for Q2 and Q3 of FY07. NMRC will continue to monitor patients for appropriate placement for their level of care while striving to improve patient care by working more efficiently and keeping the ALOS (Average Length of Stay) below the National Average for rehabilitation hospitals.

Average Length of Stay at Turquoise Lodge



Data Reported Quarterly

Data Source:

Turquoise Lodge Census Budget Spreadsheet

Goal:

To maintain the average length of stay for Turquoise Lodge clients.

Note:

* Target exceeded in all three quarters.

ACTION PLAN

- Conducting a comprehensive utilization review process. This review process will further define the effectiveness of detoxification and rehabilitation services. As the results of the review process are implemented we may begin to see greater length of stay in rehabilitation and a shorter length of stay in detoxification.

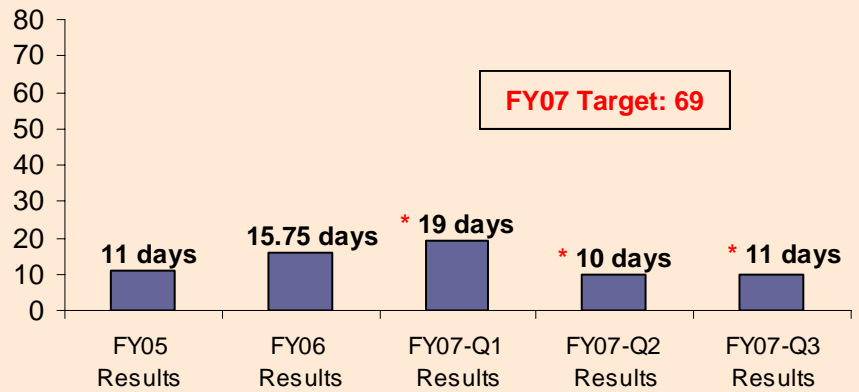
Data Reported Quarterly

Data Source:
AVATAR

Goal:
To decrease the average length of stay for NMBHI clients.

Note:
* FY07 target exceeded in all three quarters.

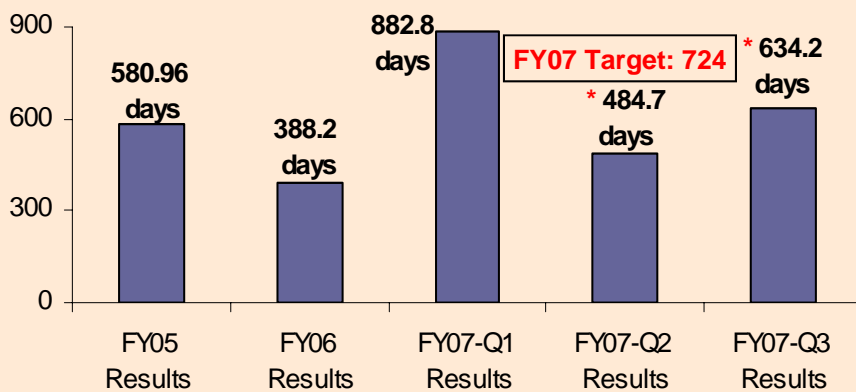
Average Length of Stay at NM Behavioral Health Institute at Las Vegas



ACTION PLAN

- The Adult Psychiatric Division is actively working on accurately assessing individuals to assure they are in the appropriate level of care. This is being completed by our treatment teams carefully looking at medical necessity for acute care stays. As a result, our length of stay in an acute setting is expected to decrease over time.
- The Patient Satisfaction Survey result for Q3 is 84.2%, meeting the New Mexico Behavioral Health Institute's goal.

Average Length of Stay at Fort Bayard Medical Center



Data Reported Quarterly

Data Source:
Fort Bayard Budget Spreadsheet

Note:
From the original report submitted on 1-31-07, the Q1 result was changed from 231 days back to 882.8 days. Q2 results were changed to 484.7 days instead of 435 days.

* Target exceeded in Q2 and Q3.

ACTION PLAN

- Monitor residents for appropriate placement for their level of care, ensuring that the resident is in the least restrictive environment possible, in order to provide positive standards of care.

PROGRAM AREA 7: DEVELOPMENTAL DISABILITIES SUPPORTS

MISSION/PURPOSE:

The Developmental Disabilities Support program administers a statewide system of community-based services and supports in order to improve the quality of life and increase the independence and interdependence of individuals with developmental disabilities including children with or at risk for developmental delay or disability and their families.

GOAL:

Ensure quality developmental disabilities services for New Mexicans.

PROGRAM AREA 7 OBJECTIVE:

OBJECTIVE 1:

Improve service access and outcomes for individuals with developmental disabilities.

OPERATING BUDGET:

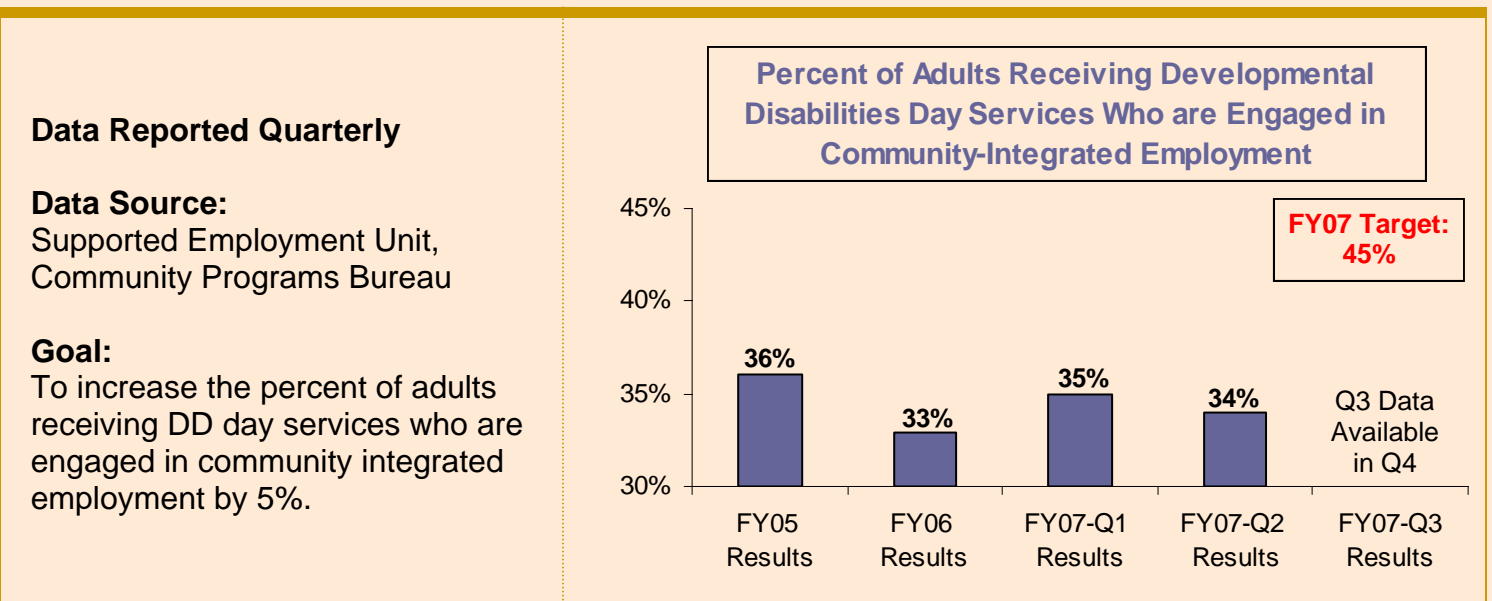
General Funds: 84,742.1

Federal Funds: 3,689.5

Other State Funds: 2,451.3

Inter-Agency Transfer: 17,696.8

OBJECTIVE 1: IMPROVE SERVICE ACCESS AND OUTCOMES FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES.

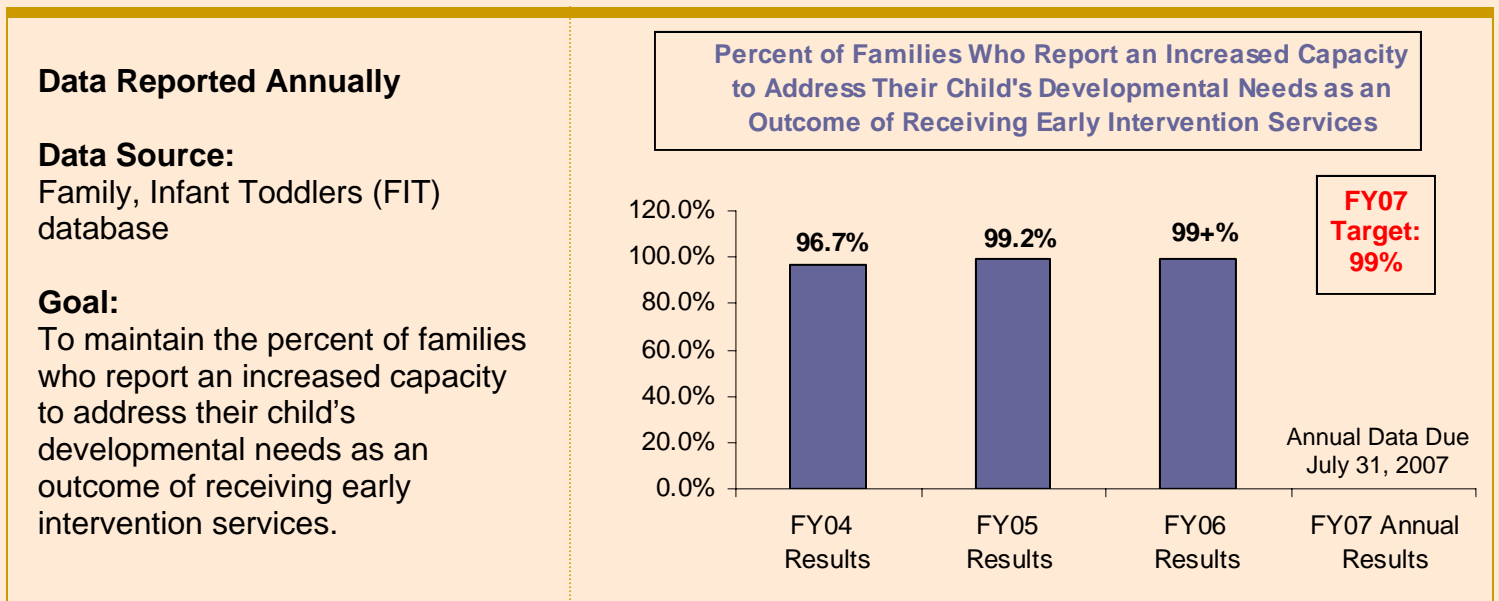


ACTION PLAN:

- Provided start-up funding for a new employment institute in July 2006, which provides technical assistance and incentives for community-based employment providers to enhance the number of hours that individuals work and their wages. The institute will provide quality technical assistance throughout New Mexico for individuals with developmental disabilities ages 25-44 that choose to work.

ACTION PLAN (CONTINUED):

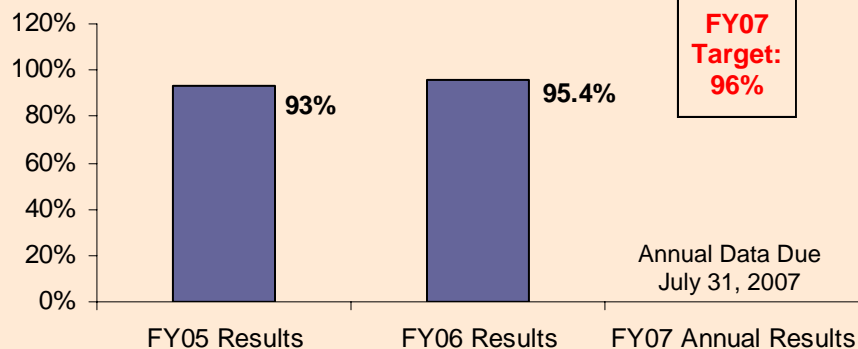
- Developed new employment standards and performance based contracts with all 34 supported employment providers that provide clear and enforceable expectations for the year.
- Through membership in the National Association of State Developmental Disabilities Directors and the Supported Employment Leadership Network, DDSD will receive technical assistance to develop a comprehensive plan for achieving quality employment outcomes, share information with 17 state members and learn what efforts are successful at achieving employment outcomes in other states for consideration. Regular member meetings will address the efficacy of various waiver reimbursement structures, systems issues, data collection and training results.



ACTION PLAN

- Updated the Family Handbook (English and Spanish) to include clear information and worksheets to help families prepare for their Individualized Family Service Plan (IFSP).
- Contracted with a new agency "EPICS" to provide training on various topics to parents in Native American communities (e.g. participating in the IFSP process, advocating for your child, planning for transition).
- Provide forty-eight parent workshops on various topics (e.g. participating in the IFSP process, advocating for your child, planning for transition) in communities across New Mexico throughout the year.

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



Data Reported Annually

Data Source:
Family, Infant Toddlers (FIT) database

Goal:
To increase the percent of infants and toddlers that make progress in their development by .6%.

ACTION PLAN

- Utilize an annual performance report with provider agencies to measure 9 indicator areas that contribute to effective early intervention services. This process is used to measure infant and toddler progress and to target technical assistance if outcomes are not at expected levels.
- Provided training on autism spectrum disorders in six (6) communities to improve providers services to children with autism.
- Offer technical assistance and public awareness materials to improve infant and toddler progress.
- Increase service unit rates in an effort to maintain and attract qualified personnel. DDSD will continue to provide technical assistance and monitor infant and toddler progress throughout the year.

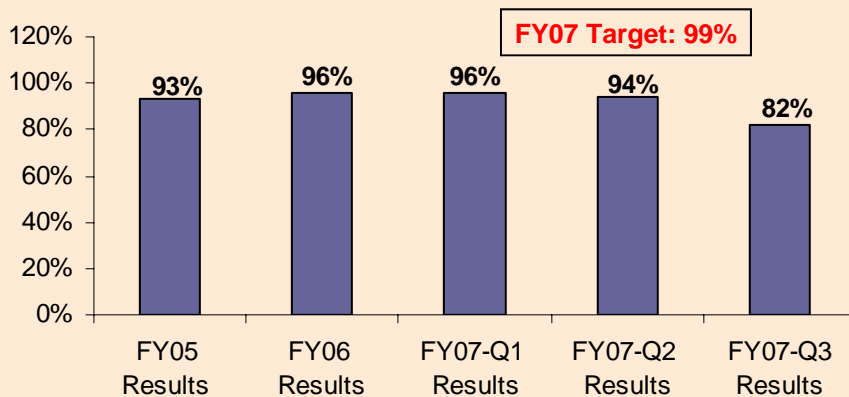
Data Reported Quarterly

Data Source:
Central Registry

Goal:
To increase the percent of DD Waiver applicants that are eligible within 90 days of allocation.

Note:
Situations involving Blue Cross/Blue Shield Utilization Review & provider agencies had a negative effect on our ability to meet the 90-day deadline. See continuation on next page.

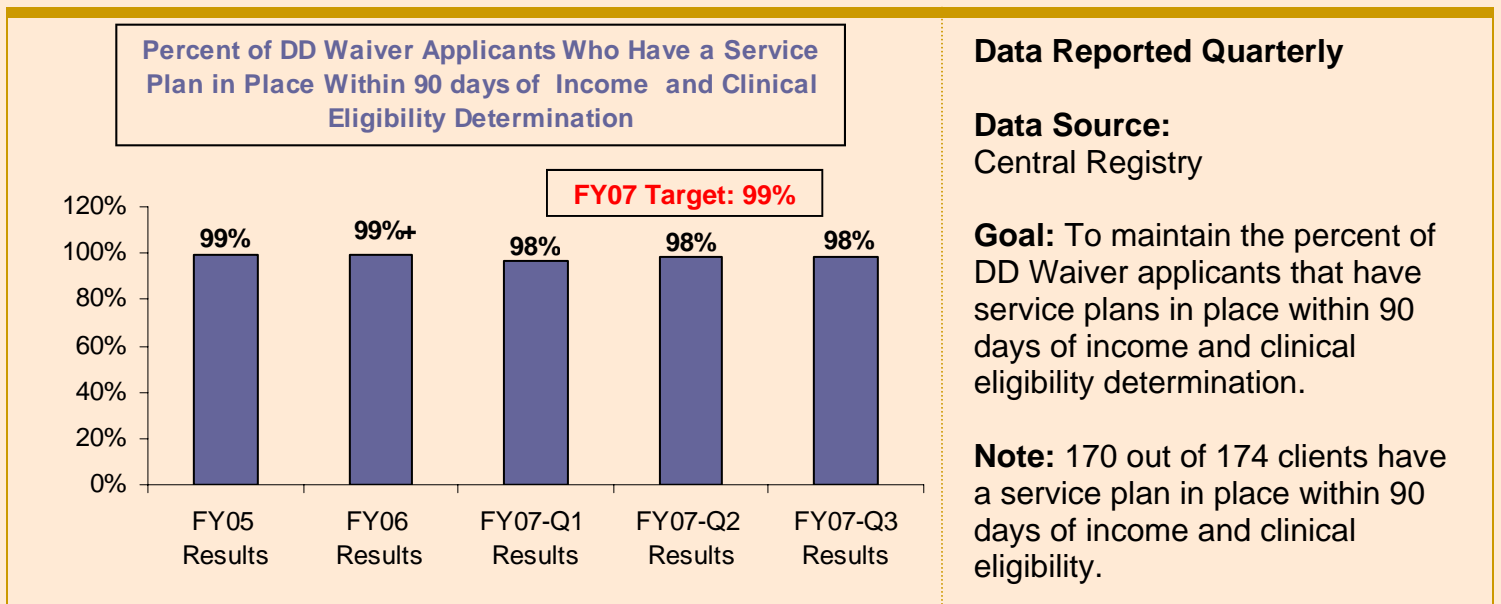
Percent of DD Waiver Applicants Determined to be Both Income Eligible and Clinically Eligible Within 90 Days of Allocation



Note: 143 out of 174 (82%) clients were allocated this quarter. Two situations involving Blue Cross/Blue Shield Utilization Review and provider agencies had a negative effect on our ability to meet the 90-day deadline. Blue Cross/Blue Shield experienced a backlog of Level of Care (LOC) forms to be processed resulting in delays of a month or more before case managers received an approved LOC form. When the LOC form was received, it was discovered that Blue Cross/Blue Shield backdated the approval date to the day it was originally received by them and not the day it was approved. Two case management agencies and one residential agency ceased operation during the allocation process. These closures necessitated case management focusing attention away from the allocation process and concentrating attention on transferring DD Waiver individuals to other agencies. As a result, it took more time to obtain necessary documentation.

ACTION PLAN:

- Conduct training sessions for potential waiver applicants to improve awareness of the eligibility process, as there is a direct relationship between consumer understanding of the eligibility process and how quickly an individual can be determined eligible for the waiver.



ACTION PLAN:

- Communicate with the twenty-two independent case management agencies and other service agencies selected by the consumer to assure Individual Service Plans are in place within 90 days.
- Develop a list of individuals who have been allocated from the waiver. The individuals will be sent to case management agencies for service planning as soon as the eligibility and allocation process has been completed.
- DDSD staff assigned to oversee the case management system will follow-up with direct contacts to case managers to assure the information packets have been received and team meetings are being scheduled within the 90 day timeline.

Data Reported Annually

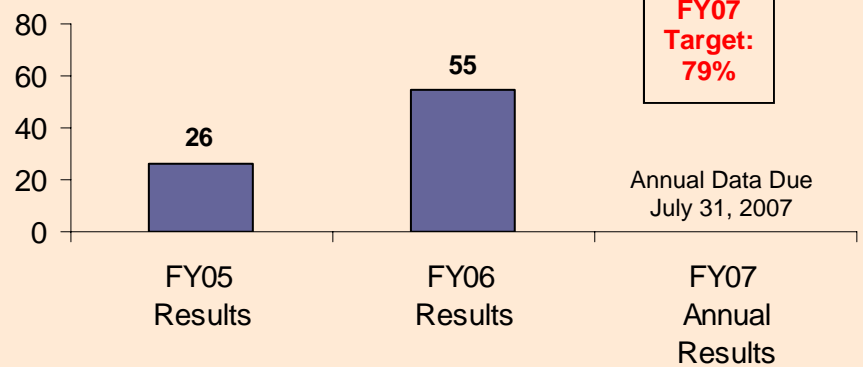
Data Source:

Office of Jackson Disengagement

Goal:

To increase the percent of Jackson requirements from the Plan of Action and Appendix A to the Joint Stipulation completed by 24.

Percent of Jackson Requirements From the Plan of Action and Appendix A to the Joint Stipulation Completed



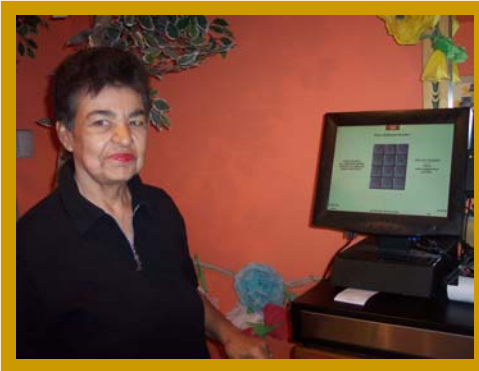
ACTION PLAN:

- Utilize the Jackson coordinator to track all Jackson outcomes and activities needing completion.
- Meet weekly to report completed outcomes and to strategize actions still needing completion.
- Utilize a full time attorney to review Jackson progress to date and to represent the Department in all Jackson activities. This process has resulted in appendix A activities being completed and challenges made to the Plaintiffs on reducing Jackson costs and paper work.
- Hired 12 new FTEs to monitor specific Jackson class members (QUEST team) and to assure services are being delivered as required.
- Identify specific Jackson requirements and complete by the end of the calendar year so that we can file disengagement motions.
- Complete a compliance notebook that includes proof that the Department completed the Appendix A activities.
- A pre-court hearing was held on November 21, 2006 to discuss Jackson issues.
- As a result of a December 13, 2006 hearing a memorandum of understanding is in now in process under the guidance of a judge that addresses major issues to assist disengagement activities.
- Hold a status hearing in February or March of 2007 to discuss what is remaining to address Jackson requirements.

HIGHLIGHT:

Dorothy: A Success Story

By Dave Farbrook



Dorothy at Dos Amigos

Dorothy's success story began in late 2003 when she moved to the Espanola area and wanted to expand her connections in her new community. As part of this goal, she hosted a Personal Profile meeting in her home. A Personal Profile meeting is a gathering of friends and family members centered on exchanging ideas for developing a "snapshot" with the individual about what the individual feels are valuable personal goals in life. When Dorothy stated that she wanted a job, her support team was quite surprised since she was almost 60 years old and had little previous community work history. With her team's support, she worked at Dos Amigos, a local restaurant, for

almost a year. The staff and customers always looked forward to seeing her at the restaurant. Today Dorothy continues to meet her personal goals. She is actively employed, volunteers with charitable organizations such as Knights of Columbus and her church, and is an active member of her community. Dorothy said that she loves her job so much she would like to look into another part time job in her community.

Dorothy Meets the Rael's

Dorothy is a Native American from the Taos Pueblo. When she first came to R-Way, in Espanola, a developmental disabilities services provider, she was very apprehensive. She was happy to be closer to her family but she was unsure as to how the move to Espanola and to R-Way would impact her. She attended the Day Habilitation program services there, but she decided that she wanted a change in her daily activities. When she met Mike and Anna Rael, a home-based provider family, she soon opened up and was encouraged to make friends and do things on her own. She really appreciated the special care she received from them. According to Leslie from R-Way, "It's amazing how one caring family can influence and change one person's life so dramatically."

More recently, during a Knights of Columbus formal state convention banquet dinner, Dorothy received the Knights of Columbus appreciation award for her volunteer work. Mike and Anna also received the "Family of the Year" award for their commitment and participation in home-based services.

Dorothy's Plans for the Future

When asked what she would like to do tomorrow and in the future, Dorothy smiled and answered in an amused voice, "Tomorrow I would like to go back to work." Dorothy currently works at OK Travel Center. The Rael's and Dorothy are making plans to move to Las Cruces. According to Dorothy, she likes to visit her mother in Taos at least once a month and calls her often. When asked what will happen when Dorothy and the Rael's move to Las Cruces, Mike smiled and said, "The drive will just take a little longer for a visit." Mike continued, "Family is very important to Dorothy and we support her. Dorothy is an integral part of our family and she expresses her love for our family. And we love her, together we are a family."

PROGRAM AREA 8: HEALTH CERTIFICATION, LICENSING AND OVERSIGHT

MISSION/PURPOSE:

The Health Certification, Licensing and Oversight program provides health facility licensing and certification surveys, community-based oversight and contract compliance surveys and a statewide incident management system so that people in New Mexico have access to quality health care and that vulnerable populations are safe from abuse, neglect and exploitation.

GOAL:

Eliminate abuse and exploitation of at-risk populations.

PROGRAM AREA 8 OBJECTIVE:

OBJECTIVE 1:

Enforce “Zero Tolerance” of abuse, neglect, or exploitation of seniors and vulnerable adults.

OPERATING BUDGET:

General Funds: 4,597.1

Federal Funds: 1,087.6

Other State Funds: 1,226.1

Inter-Agency Transfer: 3,790.4

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

Data Reported Quarterly

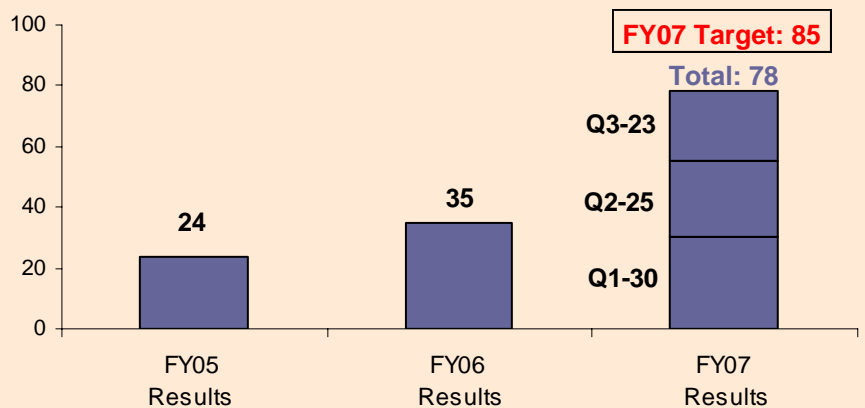
Data Source:

QMB and HFLC Systems

Goal:

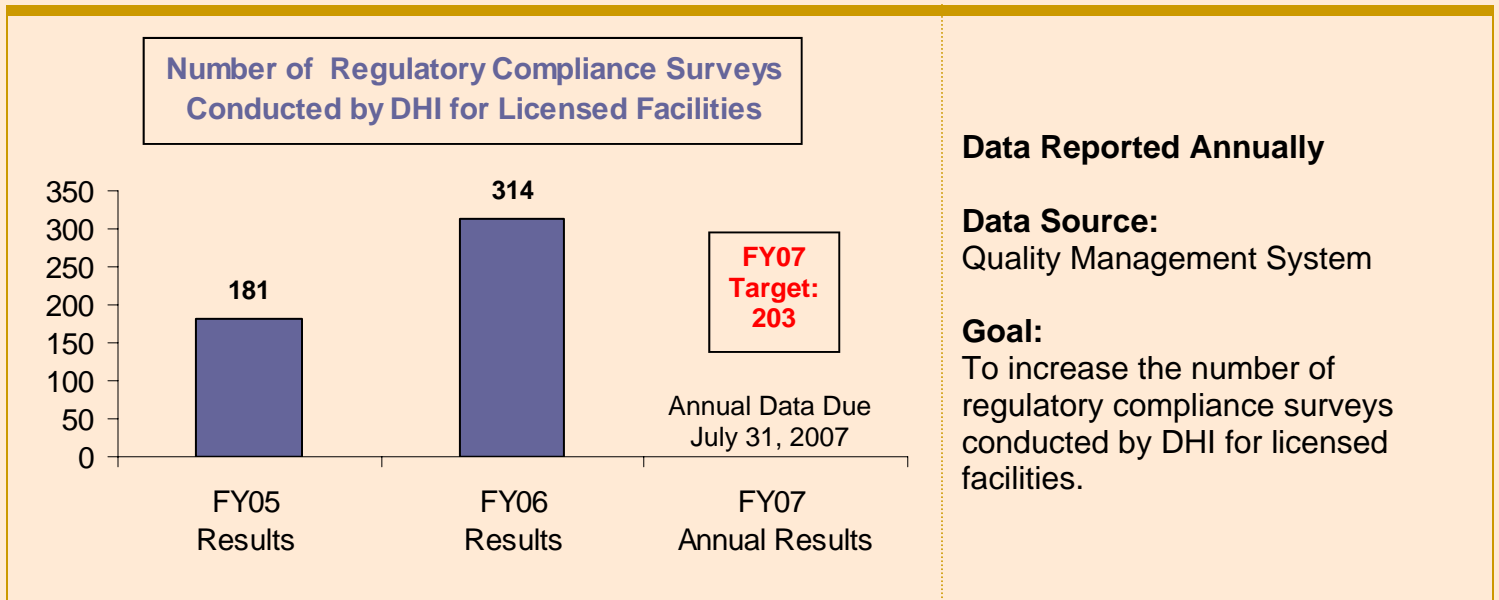
To increase the number of DD provider agencies receiving an unannounced survey by 50.

**Number of DD Provider Agencies Receiving
An Unannounced Survey**



ACTION PLAN:

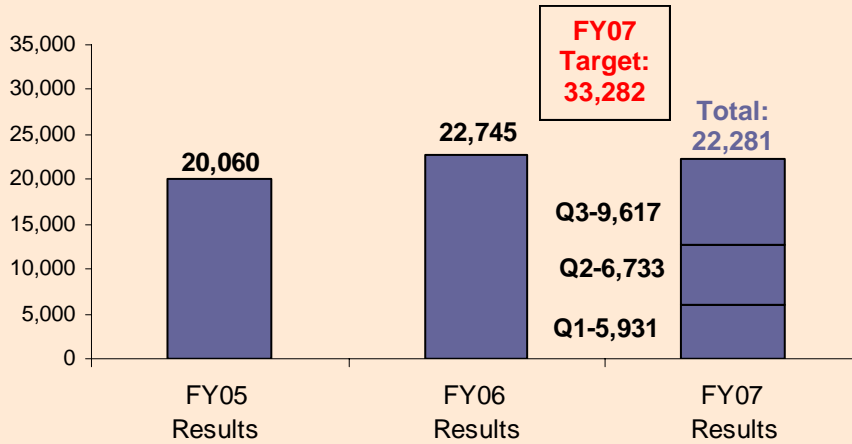
- Increase survey capacity through the re-engineering of Quality Management Bureau survey process and survey tool. The purpose of this redesign is to streamline processes, integrate National Core Indicators and establish metrics to more objectively assess provider performance. The new tool will include Interpretive Guidelines that describe what compliance with each standard means and will enable a shared understanding of compliance among surveyors, providers and DDSD (in their provision of technical assistance). A pilot survey was conducted in December and modifications will be made to the tool based on findings. The QMB tool is expected to be completely automated in January of 2007.
- In the second quarter, HFL&C (Health Facility Licensing & Certification) conducted a total of 13 unannounced surveys for ICF/MR (Intermediate Care Facility for the Mentally Retarded) facilities. Of the total 42 facilities licensed and certified in the State, a total of 72% of facilities have been surveyed which exceeds our year-to-date target of 50%. Of the 72% ICF/MR facilities surveyed, all have been found to be in compliance and new annual provider agreements have been recommended to the HSD (Human Services Department).



ACTION PLAN:

- Leveraged resources to create a “Licensed Only Survey Team” that is dedicated to surveying Licensed Only facilities that in the past were lacking adequate oversight. This team consists of a Program Manager and four surveyors located in Santa Fe, Albuquerque, Roswell and Las Cruces. A survey tool has been developed and the team is trained and has begun surveying. This activity will enable DHI to increase the number of annual surveys done by adequately surveying the “Licensed Only” facility types as well as freeing up resources to survey the licensed and certified facility types.

Number of Applicants Screened for the Caregiver Criminal History Check



Data Reported Quarterly

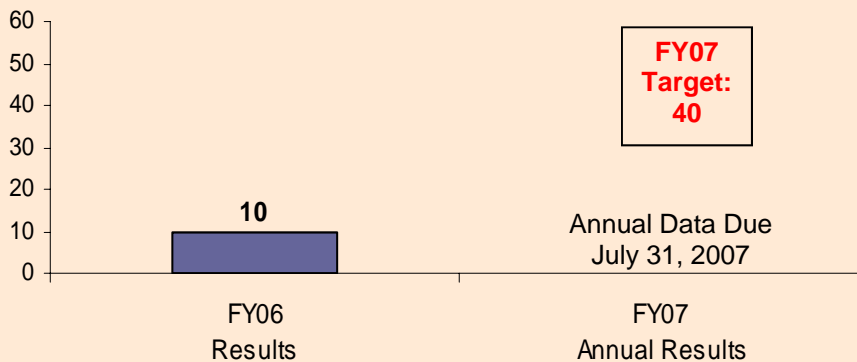
Data Source:
Caregivers Criminal History Screening database

Goal:
To increase the number of applicants screened for the Caregiver Criminal History check by 6,620.

ACTION PLAN:

- Increase the number of applicants screened by phasing in all hospital caregivers pursuant to the Caregivers Criminal History Screening (CCHS) Act requirements.
- Decrease application processing time through enhancements to the CCHS program database to more accurately and efficiently track and process applications.
- Continue to screen all applicable caregivers in facilities and community-based programs.
- Continue PACT (Providing Assistance, Communication and Training) outreach activities to inform and assist provider agencies in order to improve their program compliance. This collaboration and outreach is expected to result in an enhanced focus on compliance with criminal background check requirements and should result in increased submissions by previously noncompliant provider agencies.

Number of Quality Management Reviews as a Result of Disproportionate Substantiated Findings of Abuse, Neglect and Exploitation



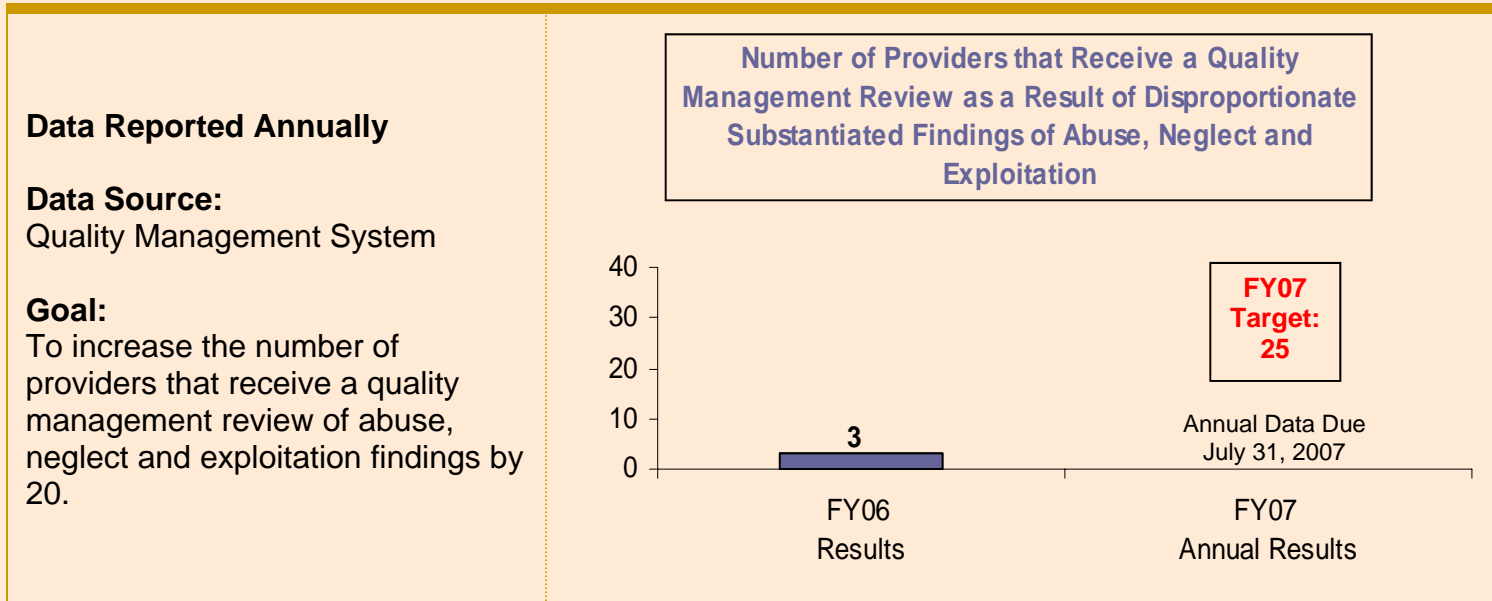
Data Reported Annually

Data Source:
Quality Management System

Goal:
To increase the number of quality management reviews of abuse, neglect and exploitation findings by 30.

ACTION PLAN:

- Review and utilize Incident Management data as a trigger to initiate focused survey activity.



ACTION PLAN:

- Review and utilize Incident Management data as a trigger to initiate focused survey activity.
- There were 69 quality management reviews conducted this quarter based on Incident Management findings. There was one Focused Survey generated as a result of referral to the Internal Review Committee (IRC) by the Incident Management Bureau, one Annual Survey was moved forward on the schedule based on referral to IRC, two follow-ups of Focused and Annual Surveys and QUEST (Quality Enhancement Survey Team) conducted 65 monitoring visits as a result of Incident Reports received from the Incident Management Bureau.

HEALTH FACILITY LICENSING AND CERTIFICATION SCORES 100%

The Division of Health Improvement’s Health Facility and Licensing Bureau (HFL&C) recently received an excellent score on the State Performance Standards System that is essentially their report card from the Centers for Medicare and Medicaid (CMS). The score on the report card is important because it affects funding for survey work that the bureau performs. The bureau received a score of 100% in a number of different categories, with 80% as the minimum score required for a pass. The CMS State Representative from the Regional Office congratulated New Mexico, stating that HFL&C’s score for this quarter was the best since he has been representing the state. Congratulations HFLC!



1190 S. St. Francis Dr., Suite N 4200
Santa Fe, New Mexico 87502
Phone: 827-2613 FAX: 827-2530
<http://www.health.state.nm.us/>