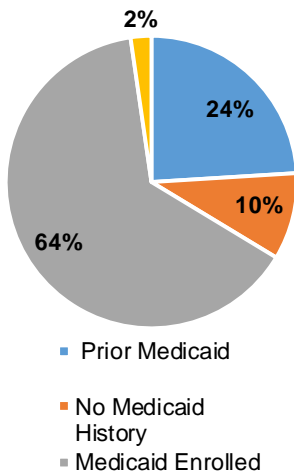


ACTION PLAN

Submitted by agency?	Yes
Timeline assigned?	Yes
Responsibility assigned?	No

HSD Analysis of DD Waitlist

N=5,030
October 2019



Source: HSD

DD Waitlist by Age (MCO Enrolled)

Age	Percent of Waitlist	Individuals
0-20	45%	1,377
21-59	52%	1,591
60+	3%	86

Department of Health

The Department of Health's (DOH) mission is to promote health and wellness, improve health outcomes, and assure safety net services for all people in New Mexico. New Mexico is facing significant health issues relating to substance use disorder (SUD). A recent LFC report found New Mexico has long had some of the highest rates of alcohol and drug abuse in the country, and the problem is getting worse. Since 2001, the combined rates of alcohol and drug related deaths in New Mexico rose by more than 60 percent. In 2018, deaths due to substance use accounted for 11 percent of all deaths. Hospital emergency departments are a potentially key intervention point, but the report found nearly half of hospitals in New Mexico do not even stock the drugs used for medication-assisted treatment in their pharmacies, and the state has an overall shortage of providers who are able and willing to prescribe these drugs. To address the SUD crisis, DOH is working on developing more services statewide, including medication-assisted treatment (MAT). MAT is the use of FDA-approved medications, in combination with counseling and behavioral therapies, to provide a "whole-patient" approach to the treatment of substance use disorders.

New Mexico Health Indicators		2016	2017	2018	US 2018
1	Drug overdose death rate per 100,000 population	25	25	26.6	22
2	Births to teens aged 15-19 per 1,000 females aged 15-19	29.1	27.6	25.2	19
3	Alcohol-related death rate per 100,000 population	66	67	70.3	32
4	Fall-related death rate per 100,000 adults aged 65 years or older	92	88	93.9	61
5	Heart disease and stroke death rate per 100,000 population	196	198	227.2	
6	Suicide rate per 100,000 population	22	23	24.8	14
7	Pneumonia and Influenza death rate per 100,000 population	14.0	13.5	14.2	13.5
8	Diabetes hospitalization rate per 1,000 people with diagnosed diabetes	162	162		
9	Third grade children who are considered obese	19%	20%		21%
10	Adults who are considered obese	29%	28%	32.3	32%
11	Adolescents who smoke	No Data	10.6%		9%
12	Adults who smoke	17%	17.5%		15.2%

Several U.S. measures for 2018 are not yet reported.

Source: DOH

Public Health

The mission of public health is to reduce the leading causes of preventable death and disability, especially for underserved populations and those with health disparities. The program administers 52 health clinics statewide and provides services such as family planning, tuberculosis treatment, sexually transmitted disease treatment, immunization and the Women, Infant and Children (WIC) supplemental food program. The program reported improved performance in diabetes prevention participation and teens provided contraception through public health offices. DOH reported a range of contraceptive methods (including IUDs, pills, injectables, and rings) are available at 39 of the 44 public health offices that offer family planning services. Since 2013, the teen birth rate among 15-to-19-year-olds in New Mexico has declined by 41 percent to 25.2 per 1,000 in 2018, ranking New Mexico sixth highest in the nation.

PERFORMANCE REPORT CARD

Department of Health
First Quarter, Fiscal Year 2020

Budget: \$178,297.4 **FTE:** 818.5

Measure	FY18 Actual	FY19 Actual	FY20 Target	FY20 Q1	Rating
Participants in the National Diabetes Prevention Program referred by a health care provider through the agency-sponsored referral system	0%	29%	25%	82%	G
Children in Healthy Kids, Healthy Communities with increased opportunities for healthy eating in public elementary schools	89%	99%	89%	Not Reported	Y
High school youth trained in the Evolverment youth engagement program to implement tobacco projects in their school or community	402	394	375	122	G
QUIT NOW enrollees who successfully quit using tobacco at 7-month follow-up	30%	32%	30%	32%	G
New Mexico adult cigarette smokers who access DOH cessation services	3.0%	2.7%	2.5%	0.7%	Y
Teens who successfully complete teen outreach programming	362	512	232	0	Y
Female clients ages 15-19 seen in DOH public health office who are provided most or moderately effective contraceptives	61%	82%	62.5%	72.5%	G
Preschoolers (19-35 months) fully immunized	61.8%	63.8%	65%	65%	G
Program Rating	G	R			Y

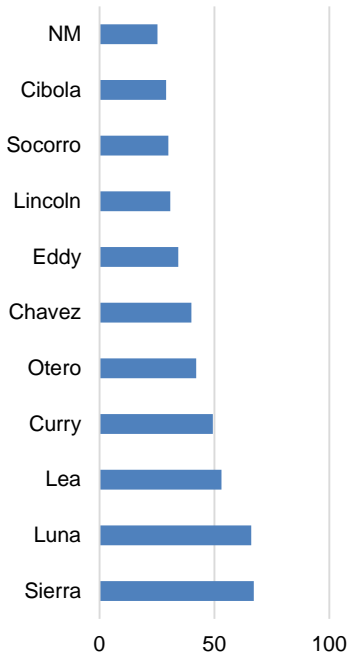
Epidemiology and Response

The Epidemiology and Response Program monitors and provides health information, prevents disease and injury, promotes health and healthy behaviors, responds to public health events, prepares for health emergencies, and provides emergency medical and trauma services and vital records to New Mexicans. In FY19 DOH's Epidemiology and Response Program worked to increase the availability of naloxone statewide, a medication that reverses drug overdoses. The percent of retail pharmacies dispensing naloxone has improved over the past few years. DOH is continuing to work to increase the availability of naloxone by identifying retail pharmacies that have not submitted Medicaid claims for naloxone, and contracted with the University of New Mexico (UNM) College of Pharmacy for pharmacy training. In addition, a law enacted in 2019 now requires the co-prescription of naloxone with any opioid prescription.

Budget: \$28,649.8 **FTE:** 204

Measure	FY18 Actual	FY19 Actual	FY20 Target	FY20 Q1	Rating
Retail pharmacies that dispense naloxone	73%	83%	80%	Not Reported	Y
Community members trained in evidence-based suicide prevention practices	222	522	600	504	G
Opioid patients also prescribed benzodiazepines	13%	12%	5%	Not Reported	Y
County and tribal health councils that include evidence-based strategies to reduce alcohol-related harms	11%	18%	20%	21%	G
New Mexico hospitals certified for stroke care	16%	16%	20%	Not Reported	Y

Births to Teens Ages 15-19 per 1,000 Girls, 2018



Source: NM IBIS

PERFORMANCE REPORT CARD

Department of Health
First Quarter, Fiscal Year 2020

New Mexico population served during mass distribution of antibiotics or vaccinations through public/private partnerships in the event of a public health emergency

15%	15%	19%	Not Reported	Y
Y	R			Y

Program Rating

Health Facilities

The Facilities Management Division (FMD) provides services for mental health, substance abuse, long-term care, and physical rehabilitation in both facility and community-based settings. Consisting of six healthcare facilities and one community program, FMD reported mixed performance results in the first quarter of FY20. Third party revenue collection remains lower than performance targets. The collection of revenue is important to maintain services and low collections strains the department's general fund appropriations for operations.

Budget: \$148,524.9 **FTE:** 2,003

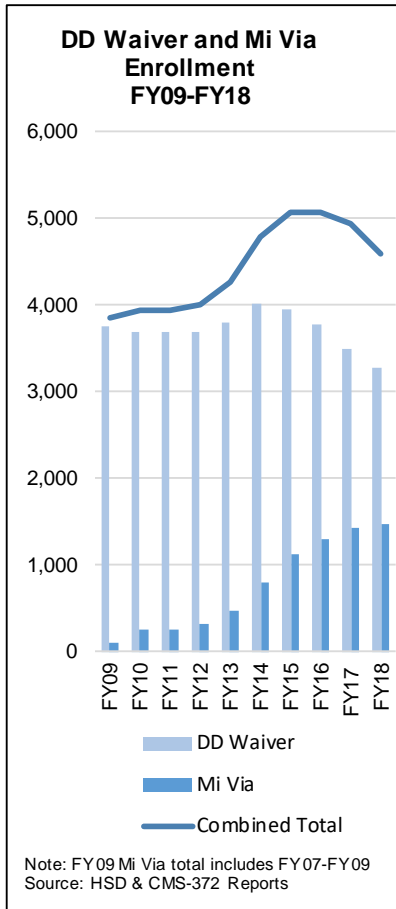
Measure	FY18 Actual	FY19 Actual	FY20 Target	FY20 Q1	Rating
Priority request for treatment clients admitted to Turquoise Lodge Hospital	59%	68%	50%	55%	G
Turquoise Lodge Hospital detox occupancy rate	86%	83%	75%	75%	G
Long-term care patients experiencing one or more falls with major injury	3.9%	3.9%	5%	5.5%	Y
Eligible third-party revenue collected at all agency facilities	88%	83%	93%	84%	Y
Number of significant medication errors per 100 patients	New	2.4	2.0	.3	G
Residents successfully discharged	New	78%	80%	75%	Y
Blood alcohol tests from driving-while-intoxicated cases that are completed and reported to law enforcement within 30 calendar days	43%	44%	90%	96%	G
Program Rating	Y	Y			Y

Developmental Disabilities Support

While DOH was able to increase the number of individuals receiving Developmental Disabilities (DD) and Mi Via Medicaid waivers, the numbers of individuals registering for the program waitlist continues to outpace allotments. The department's plan to implement a community supports waiver to provide an array of services to those individuals on the waitlist could reduce individuals seeking the more comprehensive waivers if their service needs are met with the new waiver. The agency hopes to provide services to an additional five thousand people through the Community Supports Waiver for an additional \$5 million general fund in FY21, which will be matched by federal Medicaid revenue.

Budget: \$188,943.6 **FTE:** 188

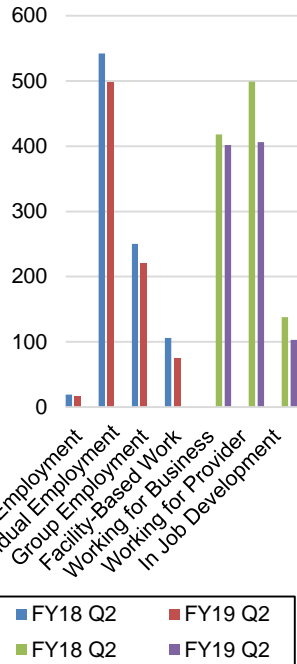
Measure	FY18 Actual	FY19 Actual	FY20 Target	FY20 Q1	Rating
Individuals receiving developmental disabilities waiver services*	4,618	4,638	N/A	4,698	
Individuals on the developmental disabilities waiver waiting list*	4,834	5,066	N/A	4,950	



PERFORMANCE REPORT CARD

Department of Health
First Quarter, Fiscal Year 2020

DD Employment and Provider Type



Source: Department of Health

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

73% 87% 90% 98% **G**

Adults receiving community inclusion services through the DD Waiver who receive employment services

26% 24% 34% 23% **R**

Percent of general event reports entered and approved in a timely manner

76% 65% 86% 76% **Y**

Program Rating

Y **Y** **Y**

*Measures are classified as explanatory and do not have targets.

Health Certification, Licensing, and Oversight

The purpose of the health certification, licensing, and oversight program is to provide 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 vulnerable populations are safe from abuse, neglect, and exploitation. While the program did not meet performance targets for abuse rates of clients receiving DD waiver and Mi Via waiver services, the re-abuse rate remained stable with the previous fiscal year.

Budget: \$14,917.7 FTE: 182

Measure

Abuse Rate for Developmental Disability Waiver and Mi Via Waiver clients

FY18 Actual **FY19 Actual** **FY20 Target** **FY20 Q1** **Rating**
7% 11% 7% 11% **Y**

Re-Abuse rate (within 12 months- same person) for Developmental Disability Waiver and Mi Via Waiver clients

7% 7% 6% 7% **G**

Abuse, neglect and exploitation investigations completed within required timeframes

New 49% 90% 100% **G**

Program Rating

Y **Y** **Y**

Top Ten Counties Smoking-Related Death Rates 2013-2017

