

ACTION PLAN

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

For the first quarter of FY21 DOH recognized the department's duty to Covid-19 response has hindered progress in other targeted performance areas stating, "Beginning in early March 2020, managing Covid-19 became NMDOH's first priority, and remains so as of this report cycle. Currently, most agency resources are dedicated to the pandemic response. The Public Health Division (PHD) and the Department's Operations Center (DOC) both activated their incident command systems when the pandemic began and have been operating at level one (the highest level) for the majority of that time. Level one ensures that staff and resources are available to respond to health emergencies 24 hours per day, seven days per week.

NMDOH's regular programs and services continue to function with many employees teleworking to ensure Covid-safe workplace practices. Teleworking employees regularly take on Covid-19 response work, and they as well as all front-line response staff often work outside of usual business hours to manage the pandemic. Because of this, the department may not be able to achieve its performance measures in the ways it originally anticipated."

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. DOH reported declines in performance targets across the agency during the first quarter of FY21. However, very few of the department's performance measures relate to the state's response to Covid-19, which a significant portion of DOH's resources are now dedicated to.

Covid-19

A significant portion of the state's response to Covid-19 is either managed, delivered, or coordinated by the Department of Health. Given the tremendous department resources being dedicated to the pandemic, DOH began reporting temporary performance measures regarding this work.

| Covid-19 | FY21 Target | FY21 Q1 | FY21 Q2 | FY21 Q3 |
|--|----------------|--------------------------|------------|------------|
| Covid-19 swab tests performed | N/A | 104,540 | | |
| Hours between the time a case is identified and when the case is contacted by Epidemiology and Response Division to isolate | 24 | 24 | | |
| Hours between the time a case contact is identified and when the case contact is contacted by Epidemiology and Response Division to quarantine | 36 | 30 | | |
| Facility admissions (and hospital readmissions) having two verified Covid-19 negative tests | 100% | 63% | | |
| Staff tested for Covid-19 | 20% | 100% | | |
| Patients/residents tested for Covid-19 | 25% | 100% | | |
| Number and percent of individuals receiving Home and Community Based Services (HCBS) who have received a Covid-19 test | N/A | 2,752/ 5,134 53.6% | | |
| Number and percent of individuals receiving Home and Community Based Services (HCBS) who have received a Covid-19 test | N/A | 28/5,134 0.55% | | |
| Number and percent of individuals receiving Home and Community Based Services (HCBS) who are confirmed positive for Covid-19 | N/A | 518/596 86.9% | | |
| Covid-19 tests resulted within 48 hours of receipt in the laboratory | 95% | 82% | | |

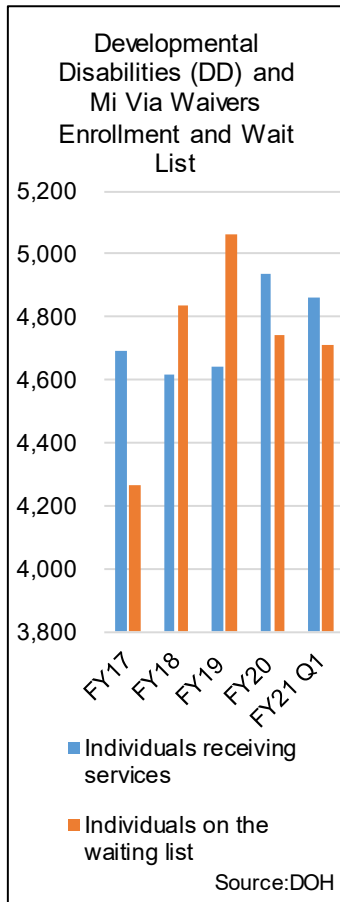
Public Health Program

The Public Health Program continues to be a cornerstone of the state's response to Covid-19. Since March, the Public Health Program has provided drive through testing sites and testing at long-term care facilities, tribal organizations, assisted living facilities, food processing facilities, grocery stores, childcare workers, first responders, and mining companies for testing. The program reported over half of the statewide Covid-19 tests were performed by the program. On average Public Health is performing 800-1,000 tests

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per day. During the first quarter, the program reported meeting performance targets for females receiving the most or moderately effective contraception and increased healthy eating opportunities for children.



| Budget: \$170,302.6 | FTE: 775 | FY19 Actual | FY20 Actual | FY21 Target | FY21 Q1 | FY21 Q2 | FY21 Q3 | Rating |
|--|----------|-------------|--------------|-------------|-------------------|---------|---------|--------|
| Adolescents who smoke | | 8.9% | Not Reported | N/A | Reported Annually | | | |
| Adult who smoke | | 16% | Not Reported | N/A | Reported Annually | | | |
| Adult cigarette smokers who access cessation services | | 2.7% | 2.6% | 2.9% | 0.4% | | | Y |
| Successful overdose reversals per client enrolled in the NMDOH Harm Reduction Program | | 3,446 | 3,444 | 3,000 | Not Reported | | | R |
| Births to teens per 1,000 females aged 15-19 | | 21.7 | Not Reported | N/A | Reported Annually | | | |
| Female clients ages 15-19 seen in NMDOH public health offices who are provided most or moderately effective contraceptives | | 68.5% | 85.8% | 62.5% | 90.3% | | | G |
| Teens that successfully complete teen pregnancy prevention programming | | 512 | 502 | 232 | Reported Annually | | | |
| School-based health centers that demonstrate improvement in their primary care or behavioral health care focus area | | 86% | 50% | 95% | 0% | | | Y |
| Third grade children who are considered obese | | 20.8% | 22.9% | N/A | Reported Annually | | | |
| Children in Healthy Kids, Healthy Communities with increased opportunities for healthy eating in public elementary schools | | 99% | 97% | 89% | 97% | | | G |
| Participants in the National Diabetes Prevention Program that were referred by a health care provider through the agency-sponsored referral system | | 29% | 27% | 25% | 0% | | | Y |
| Preschoolers (19-35 months) who are indicated as being fully immunized | | 69.9% | 62.9% | 65% | 64.6% | | | G |
| Older adults who have ever been vaccinated against pneumococcal disease | | 71.6% | Not Reported | 75% | Not Reported | | | R |
| Program Rating | | | Y | Y | | | | Y |

Epidemiology and Response

The Epidemiology and Response Program (ERD) also plays a key role in the state's response to the pandemic, including case investigations of individuals who test positive for Covid-19 and contact tracing of individuals with direct exposure to Covid-19. The program did not meet a majority of performance targets.

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As of July 1, 2020, a newly created home and community-based waiver was federally approved. The Supports Waiver is an option for individuals who are on the Developmental Disabilities (DD) waiver wait list. Supports Waiver services are intended to complement unpaid supports that are provided to individuals by family and others.

In FY21 Q1, the Developmental Disabilities Supports Division (DDSD) began providing offer letters to individuals on the DD waiver waitlist. An unduplicated count of persons receiving supports waiver services is not available until eligible recipients complete their initial planning and entry into services. Data may be expected in FY21 Q2.

| Budget: \$108,305.7 | FTE: 204 | FY19 Actual | FY20 Actual | FY21 Target | FY21 Q1 | FY21 Q2 | FY21 Q3 | Rating |
|---|----------|--------------------|--------------------|----------------|-------------------|------------|------------|--------|
| Youth who were sexually assaulted in the last 12 months | | 11.4% | 11.4% | N/A | Reported Annually | | | |
| Youth who have completed an evidence-based or evidence-supported sexual assault primary prevention program | | 5,905 | 13,051 | 7,000 | Not Reported | | | R |
| Suicide per 100,000 population | | Not Reported | Not Reported | N/A | Reported Annually | | | |
| Community members trained in evidence-based suicide prevention program | | 522 | 1,030 | 225 | 0 | | | Y |
| Hospitals with emergency department based self-harm secondary prevention program | | New | 2.5% | 7% | 2.5% | | | Y |
| Alcohol-related deaths per 100,000 population | | Not Reported | Reported Fall 2021 | N/A | Reported Annually | | | |
| Persons receiving alcohol screening and brief intervention (a-SBI) services | | 20.8 | 62.4 | 5% | Reported Annually | | | |
| Retail pharmacies that dispense naloxone | | 83% | 95% | 85% | 83% | | | Y |
| Opioid patients also prescribed benzodiazepines | | 12% | 11% | 5% | 12% | | | Y |
| Heat related illness hospitalizations per 100,000 population | | Not Reported | Reported Fall 2021 | N/A | Reported Annually | | | |
| Cardiovascular disease (heart disease & stroke) deaths per 100,000 population | | Not Reported | Not Reported | N/A | Reported Annually | | | |
| NM hospitals certified for stroke care | | 16% | 14% | 24% | 14% | | | Y |
| Rate of fall-related deaths per 100,000 adults, aged 65 years or older | | Not Reported | Reported Fall 2021 | N/A | Reported Annually | | | |
| Emergency department based secondary prevention of older adult fractures due to falls programs | | Data not collected | 5% | 7% | 5% | | | Y |
| Rate of pneumonia and influenza death per 100,000 population | | Not Reported | Not Reported | N/A | Reported Annually | | | |
| Cities and counties with Access and Functional Needs (AFN) plans that help prepare vulnerable populations for a public health emergency | | New | 5% | 65% | 15% | | | Y |
| Persons hospitalized for influenza who were treated with antivirals within 2 days of onset of illness | | Data not collected | Not reported | N/A | 0 | | | Y |
| Rate of avoidable hospitalizations per 100,000 population | | 751 | Reported Fall 2021 | N/A | Reported Annually | | | |
| Program Rating | | Y | Y | | | | | Y |

Scientific Laboratory

The Scientific Laboratory Program provides a wide variety of laboratory services to programs operated by numerous partner agencies across the State of New Mexico. The

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program provides a significant level of Covid-19 testing in the state. The program met all performance targets for the first quarter.

As of 2016, New Mexico has the twelfth highest drug overdose death rate in the nation. The consequences of substance use are not limited to death, but include many medical and social consequences, including poverty and lack of adequate insurance. Turquoise Lodge Hospital (TLH) is a specialty hospital that provides safety net services for New Mexican adults with substance use disorders.

According to the U.S. Centers of Disease Control and Prevention, for the year 2013, the average specialty hospital occupancy rate in the United States was 63 percent and in New Mexico the average rate was 56 percent.

| | Budget: \$16,963.1 | FTE: 136 | FY19 Actual | FY20 Actual | FY21 Target | FY21 Q1 | FY21 Q2 | FY21 Q3 | Rating |
|---|--------------------|----------|----------------|----------------|----------------|------------|------------|------------|--------|
| Blood alcohol tests from driving-while-intoxicated cases that are completed and reported to law enforcement within 30-calendar days | | | 44% | 91% | 95% | 96% | | | G |
| Environmental samples for chemical contamination that are completed and reported to the submitting agency within 60-business days | | | 91% | 91% | 90% | 99% | | | G |
| Public health threat samples for communicable diseases and other threatening illnesses that are completed and reported to the submitting agency within published turnaround times | | | 97% | 97% | 90% | 99% | | | G |
| Program Rating | | | Y | Y | | | | | G |

Facilities Management

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. Intake and capacity of state facilities has also been impacted by the global pandemic. Many of the state facilities have experienced declining occupancy. For example, from March to November 2020 Fort Bayard Medical Center dropped from 86 percent occupancy to 75 percent, New Mexico Behavioral Health Institute (BHI) Adult Psychiatric dropped from 80 percent to 67 percent, and BHI Long Term Care dropped from 73 percent to 65 percent. If facilities are unable to increase their occupancy there will be significant operational funding strains and possibly shortfalls. Priority admittance for clients in Turquoise Lodge Hospital (TLH) continued to decline below FY19 and FY20 performance actuals but was still above annual targeted performance. TLH provides safety net services for consumers in New Mexico who are seeking detoxification from drugs or alcohol. Prioritized admission includes pregnant injecting drug users, pregnant substance users, and other injecting drug users, women with dependent children, parenting women, and men and women seeking to regain custody of children. The program stated the decline was due to operational changes related to the pandemic; however, the program is still meeting targeted performance for this measure. Eligible third-party revenue collections increased significantly above previous fiscal years. The collection of this revenue is important for the facilities to remain financially secure.

| | Budget: \$151,277.2 | FTE: 2,003 | FY19 Actual | FY20 Actual | FY21 Target | FY21 Q1 | FY21 Q2 | FY21 Q3 | Rating |
|---|---------------------|------------|----------------|----------------|----------------|---------|---------|---------|--------|
| Eligible third-party revenue collected at all agency facilities | | | 83% | 81% | 93% | 95% | | | G |
| Beds occupied | | | New | New | 75% | 61% | | | Y |
| Overtime hours worked | | | New | New | 387,000 | 182,686 | | | Y |
| Direct care contracted hours | | | New | New | N/A | 36,015 | | | |

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| Significant medication errors per 100 patients | 2.4 | .2 | 2.0 | 0.7 | G |
| Long-term care residents experiencing one or more falls with major injury | 3.9% | 5.3% | 4% | 4.5% | Y |
| Long-term Veterans Home residents experiencing facility acquired pressure injuries | .8% | 4.4% | 2% | 4.9% | Y |
| Adolescent residents (SATC & NMBHI Care Unit) who successfully complete program | 78% | 77% | 90% | 86% | Y |
| Priority Request for Treatment clients who are provided an admission appointment to Turquoise Lodge's program within 2 days | 68% | 66% | 50% | 55% | G |
| Medical detox occupancy at Turquoise Lodge Hospital | 83% | 68% | 75% | 69% | Y |
| Naltrexone initiations on alcohol use disorders | New | New | 360 | 38 | Y |
| Naltrexone initiations on opioid use disorders | New | New | 12 | 1 | Y |
| Buprenorphine inductions conducted or conducted after referrals on opioid use disorders | New | New | 240 | 34 | Y |
| Narcan kits distributed or prescribed | New | New | 180 | 49 | G |
| Program Rating | Y | Y | | | Y |

Developmental Disabilities

DOH reported a decline in the number of individuals receiving Developmental Disabilities (DD) and Mi Via Medicaid waivers. The program reported as of September 2020, there were 4,713 individuals on the waiting list for waivers. Of those individuals, 463 have placed their allocation on hold, meaning these individuals were offered waiver services and chose to remain on the waiting list, for now. During the first quarter, the number of individuals on the waitlist increased in FY21 despite increased funding for an additional 190 waiver slots. As of September 2020, 128 of those slots have been filled.

| Budget: \$167,880.4 | FTE: 182 | FY19 Actual | FY20 Actual | FY21 Target | FY21 Q1 | FY21 Q2 | FY21 Q3 | Rating |
|--|----------|----------------|----------------|----------------|------------|------------|------------|--------|
| Individuals on the developmental disabilities' waiver waiting list | | 5,064 | 4,743 | N/A | 4,713 | | | |
| Individuals receiving developmental disability waiver services | | 4,641 | 4,934 | N/A | 4,859 | | | |
| Individuals receiving developmental disability supports waiver services | | New | New | N/A | 0 | | | |
| People on the waiting list that are formally assessed once allocated to the DD Waivers | | New | New | 100% | 100% | | | G |

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|---|-----|-----|-----|-----|---|
| Developmental disabilities waiver applicants who have a service and budget in place within 90-days of income and clinical eligibility | 87% | 96% | 95% | 93% | Y |
| Adults of working age (22 to 64 years), served on the DD Waiver (traditional or Mi Via) who receive employment supports | 29% | 29% | 34% | 28% | Y |
| DD Waiver providers in compliance with General Events timely reporting requirements (2-day rule) | 66% | 84% | 86% | 89% | G |
| Program Rating | Y | Y | | | G |

Health Certification, Licensing, and Oversight

The Health Certification, Licensing, and Oversight Program met several performance measures targets during the first quarter of FY21. The program also has many Covid-19 related activities such as routine outreach to all nursing homes and assisted living facilities in the state in order to obtain information on how many staff and residents have been tested for Covid-19, test results, deaths, number of test kits available, and identifying any issues with PPE and staffing.

| | FY19 Actual | FY20 Actual | FY21 Target | FY21 Q1 | FY21 Q2 | FY21 Q3 | Rating |
|---|----------------|----------------|----------------|-------------------|------------|------------|--------|
| Budget: \$14,371.1 FTE: 183 | | | | | | | |
| Rate of abuse for developmental disability waiver and mi via waiver clients | 10.6% | 12.8% | NA | 7.4% | | | G |
| Rate of re-abuse for developmental disability waiver and mi via waiver clients | 7% | 8.5% | N/A | Reported Annually | | | |
| Percent of abuse, neglect and exploitation investigations completed within required timeframes | 48.6% | 81.7% | 86% | 99.5% | | | G |
| Percent of (IMB) assigned investigations initiated within required timelines | New | 90.3% | 86% | 96.2% | | | G |
| Percent of Assisted Living Facilities in compliance with caregiver criminal history screenings requirements | New | 77% | 85% | 77% | | | Y |
| Percent of Nursing Home survey citation(s) upheld as valid when reviewed by the Centers of Medicare and Medicaid Services (CMS) and through Informal Dispute Resolution | 85% | 83% | 90% | 100% | | | G |
| Program Rating | Y | Y | | | | | G |