

**ACTION PLAN**

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










The Department of Health (DOH) reported some improvements in performance targets across the agency at the close of FY22, managing the state’s Covid-19 response also continues to result in declining performance for other department programs. As part of the state plan to eliminate the waiting list for the Developmental Disabilities (DD) and Mi Via Medicaid waivers, DDSD has already begun allocations for clients. As of early August 2022, of the 5,650 individuals on the DD waiver central registry 1,920 (34 percent) were in complete status, 774 were on hold (14 percent), 525 (9 percent) had just started the application, 1,066 (19 percent) were child pend, and 1,365 (24 percent) were in the allocation process.

**Public Health**

Given the significant size of the Public Health Program’s response to the pandemic and statewide closures, the program has reported declining performance on tobacco cessation services. However, successful overdose reversals per client enrolled in the DOH Harm Reduction Program exceeded targeted performance. A recent LFC report found drug overdoses and alcohol-related deaths in New Mexico reached all-time highs in 2020, even though the state has tripled spending on substance use treatment since 2014. In FY16, New Mexico enacted legislation to reduce barriers in providing naloxone to individuals at highest risk of experiencing an opioid overdose. DOH reported in FY21 the program was challenged by federal funding no longer being available for the harm reduction program and the pandemic’s impact on staffing. DOH also believes this measure is likely an undercount of opioid overdose reversals because it is based on self-reporting when individuals return to receive a refill.

DOH reported: “Total overdose reversals for clients involved in the Harm Reduction program declined in FY21 related to the Covid-19 pandemic. Because of the huge need including the risk related to increasing fentanyl use, services quickly ramped back up and exceeded targets in FY22. This was aided by multiple increases in the program's budget from the state legislature, which were designated for the purchase of Naloxone, allowing new service modalities and partners. While opioid overdoses continue to rise across the nation, the trend has been better in New Mexico than in most states.”

**Budget:** \$181,884.1 **FTE:** 786

	<b>FY20 Actual</b>	<b>FY21 Actual</b>	<b>FY22 Target</b>	<b>FY22 Actual</b>	<b>Rating</b>
Percent of preschoolers (19-35 months) who are indicated as being fully immunized	63%	65%	65%	66%	
Percent of funded school-based health centers that demonstrate improvement in their primary care or behavioral health care quality improvement focus area	50%	73%	95%	91%	
Percent of children in the Healthy Kids Healthy Communities with increased opportunities for healthy eating in public elementary schools	98%	98%	89%	99%	
Percent of female clients ages 15-19 seen in public health offices who are provided most or moderately effective contraceptives	86%	88%	63%	86%	
Percent of New Mexico adult cigarette smokers who access cessation services	2.6%	1.9%	2.6%	1.9%	
Number of successful overdose reversals of clients enrolled in the Harm Reduction Program	3,444	2,572	2,750	3,420	
<b>Program Rating</b>					

\*Measure is classified as explanatory and does not have a target.

### Epidemiology and Response

The Epidemiology and Response Program (ERD), which also plays a key role in the state’s response to the pandemic, through case investigations and contact tracing. Additionally, ERD tracked all the data for the state’s Covid-19 response used to inform decisions about protecting the public, vaccine effectiveness, and health equity issues. The program did not meet a majority of performance targets. ERD did not report if most pharmacies in the state are continuing to dispense naloxone, an important tool for substance use treatment and support in the state. DOH also reported the decline in cities and counties with access and functional needs (AFN) plans was largely a result of local emergency managers who were primarily focused on vaccine distribution efforts.

**Budget:** \$118,065.7 **FTE:** 341

	FY20 Actual	FY21 Actual	FY22 Target	FY22 Actual	Rating
Percent of death certificates completed by Bureau of Vital Records and Health Statistics within 10 days of death	61%	50%	64%	50%	<span style="color: red;">R</span>
Average time to provide birth certificate to customer	NA	3 days	5 days	5 days	<span style="color: green;">G</span>
Number of youth who have completed an evidence-based or evidence-supported sexual assault primary prevention program	13,051	3,112	7,000	6,733	<span style="color: red;">R</span>
Rate of drug overdose deaths per 100,000 population*	30.4	39.7	N/A	Not Reported	<span style="color: red;">R</span>
Percent of NM hospitals certified for stroke care	14%	19%	24%	20%	<span style="color: red;">R</span>
Percent of retail pharmacies that dispense naloxone	95%	88%	85%	Not Reported	<span style="color: red;">R</span>
Percent of opioid patients also prescribed benzodiazepines	11%	10.5%	5%	Not reported	<span style="color: red;">R</span>
Rate of alcohol-related deaths per 100,000 populations*	73.8	86.6	N/A	Not reported	<span style="color: red;">R</span>
Rate of persons receiving alcohol screening and brief intervention services	62.7	52.2	69.1	Not reported	<span style="color: red;">R</span>
Rate of suicide per 100,000 population*	24.1	24.2	N/A	Not reported	<span style="color: red;">R</span>
Percent of cities and counties with Access and Functional Needs plans that help prepare vulnerable populations for a public health emergency	5%	65%	33%	33%	<span style="color: green;">G</span>
Number of community members trained in evidence-based suicide prevention program	1,030	618	225	853	<span style="color: green;">G</span>
Percent of hospitals with emergency department based self-harm secondary prevention program	2.5%	2.5%	7%	5%	<span style="color: red;">R</span>
Percent of cities and counties with Access and Functional Needs plans that help prepare vulnerable populations for a public health emergency	5%	60%	35%	35%	<span style="color: green;">G</span>
<b>Program Rating</b>					<span style="color: yellow;">Y</span> <span style="color: red;">R</span> <span style="color: red;">R</span>

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### Facilities Management

The global pandemic has affected the intake and capacity of the Facilities Management Program (FMD), which provides services for behavioral healthcare for adults and adolescents, addictions treatment services, long-term care, and

Some data noted as “not reported” are a result of surveillance system timelines which could not meet the annual report deadline. DOH hopes to submit at a later date.

transitional living services. Many of the state facilities with declining occupancy will also experience significant operational funding strains if they are unable to reverse the trend. To increase census, the program is developing a needs assessment at the facilities level to determine how to safely open more beds, which provided recommendations such as developing a recruitment and retention campaigns and case mix to ensure admitted patients won't require immediate increased staffing. At the close of FY22, the facilities statewide census was 52 percent of total beds. Additionally, the program has continued to report not meeting targeted performance of third-party revenue collections, vital to FMD's financial stability.


**Budget: \$167,287.2 FTE: 1,930**

	FY20 Actual	FY21 Actual	FY22 Target	FY22 Actual	Rating
Percent of eligible third-party revenue collected at all agency facilities	81%	92%	95%	92%	
Number of significant medication errors per 100 patients	0.2	0.6	2	0.2	
Percent of in-house acquired pressure ulcers for long term care residents – long stays	N/A	N/A	2%	8%	
Percent of beds occupied	N/A	58%	75%	52%	
Percent of adolescent residents who successfully complete program	77%	82%	90%	58%	
Percent of long-term care residents experiencing one or more falls with major injury	5.3%	4%	3.5%	3.9%	
Percent of patients educated on MAT option while receiving medical detox services	NA	NA	90%	89%	
Percent of Medication Assisted Treatment (MAT) inductions conducted or conducted after referrals on alcohol use disorders	NA	NA	65%	83%	
Number of Narcan kits distributed or prescribed	NA	231	180	258	
Percent of medical detox occupancy at Turquoise Lodge Hospital	68%	70%	75%	69%	
<b>Program Rating</b>					

### Scientific Laboratory

The Scientific Laboratory Division (SLD) provides a wide variety of laboratory services and programs that support the citizen and other agencies in New Mexico. SLD met targeted performance for FY22 and would like to add additional quarterly performance measures . The SLD Toxicology staff analyze samples for blood alcohol concentration (BAC) and drugs to determine cause of impairment in drivers as well as support the Office of the Medical Investigator (OMI) by testing samples for carboxyhemoglobin. The Chemistry Bureau staff analyzes water samples for contaminants in drinking water and including forever chemicals and lead. The Biological Sciences Bureau staff analyzes human and environmental samples that could pose a risk of outbreaks in our state and nationwide.

**Budget: \$174,908.1 FTE: 188**

	FY20 Actual	FY21 Actual	FY22 Target	FY22 Actual	Rating
Percent of blood alcohol tests from driving-while-intoxicated cases that are completed and reported to law enforcement within 30 calendar days	91%	98%	90%	98%	

Budget: \$174,908.1 FTE: 188

In April 2022, U.S. Magistrate Judge John F. Robbenhaar granted the state’s motion to dismiss the Jackson lawsuit. Filed in 1987, the Jackson litigation centered on significant deficiencies at a pair of since-closed state-run institutions for intellectually and developmentally disabled New Mexicans. Attorney fees and associated costs for the state have topped \$80 million over the course of the litigation. DOH and the plaintiffs reached a settlement agreement in 2019.

	FY20 Actual	FY21 Actual	FY22 Target	FY22 Actual	Rating
Percent of environmental samples for chemical contamination that are completed and reported to the submitting agency within 60 business days	91%	97%	90%	93%	G
Percent of 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%	98%	90%	98%	G
<b>Program Rating</b>	<b>Y</b>	<b>R</b>			<b>G</b>

### Developmental Disabilities Supports

DOH reported an increase in the number of individuals receiving services in the Developmental Disabilities (DD) and Mi Via Medicaid waivers programs. The number of individuals on the waiting list is decreasing as the program continues the plan to eliminate the wait list. Of the individuals on the waiting list, 501 have placed their allocation on hold, meaning these individuals were offered waiver services and have chosen to continue on the wait list for now. In addition to the provider rate, which will increase in FY23, DD waiver providers statewide recently received a one-time payment of \$136 million. This payment is part of the federal plan for “super allocation”, DD providers will receive temporary Covid-19 economic recovery payments, which will boost provider rates over three years; starting at 15 percent in year one and scaling down to 10 percent in year two, and 5 percent in year three.

Budget: \$14,825.2 FTE: 190

	FY20 Actual	FY21 Actual	FY22 Target	FY22 Actual	Rating
Number of individuals on the Developmental Disabilities Waiver waiting list*	4,743	4,669	N/A	2,610	
Number of individuals receiving Developmental Disability Waiver services*	4,934	5,111	N/A	5,416	
Number of individuals receiving developmental disability supports waiver services*	N/A	70	N/A	220	
Percent of Developmental Disabilities Waiver applicants who have a service plan and budget within 90 days of income and clinical eligibility	96%	97%	95%	96%	G
Percent of adults of working age (22 to 64 years), served on the DD Waiver (traditional or Mi Via) who receive employment supports	28%	18%	27%	9.8%	R
Percent of Developmental Disabilities Waiver providers in compliance with General Events timely reporting requirements (2-day rule)	87%	83%	86%	85%	Y
<b>Program Rating</b>	<b>Y</b>	<b>R</b>			<b>G</b>

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### Health Certification Licensing and Oversight

The Health Certification, Licensing, and Oversight Program met a majority of performance measures targets for FY22. The program did not report on the rate of re-abuse for individuals on the Developmental Disabilities and Mi Via waivers, is a key indicator for safety.

The Department of Health, Developmental Disabilities Supports Program (DDSD) plans to send over 600 allocation letter for individuals on the waiting list on September 6, 2022. These letters will provide allocations to individuals who have been waiting since 2017, or 5 years. This is a significant decrease in wait time due to the state’s super allocation plan, previously individuals waited for 12 or more years on average. Additionally, DDSD plans to send the next round of allocation letter in November for individuals on the wait list since 2019.

**Budget:** \$14,371.1 **FTE:** 182

	<b>FY20 Actual</b>	<b>FY21 Actual</b>	<b>FY22 Target</b>	<b>FY22 Actual</b>	<b>Rating</b>
Rate of abuse for Developmental Disability Waiver and Mi Via waiver clients*	12.8%	5.5%	N/A	8%	
Rate of re-abuse for Developmental Disabilities Waiver and Mi Via Waiver clients*	8.5%	6.1%	N/A	Not Reported	
Percent of abuse, neglect, and exploitation investigations completed within required timeframes	82%	96%	86%	95%	<b>G</b>
Percent of (acute and critical care) health facility survey statement of deficiencies (CMS form 2567/state form) distributed to the facility within 10 days of survey exit	75%	71%	85%	63%	<b>R</b>
Percent of nursing home citations upheld as valid when reviewed by the Centers for Medicare and Medicaid Services (CMS) and through informal dispute resolution	86%	90%	90%	90%	<b>G</b>
Percent of (IMB) assigned investigations initiated within required timelines	90%	94%	86%	95%	<b>G</b>
The number of Caregiver Criminal History Screening Appeal Clearance recidivism/re-offense (conviction) after a successful appeal	0	6	12	0	<b>G</b>
Percent of Acute and Continuing Care health facility survey statement of deficiencies distributed to the facility within 10-days of survey exit	82%	82%	85%	86%	<b>G</b>
<b>Program Rating</b>	<b>Y</b>	<b>R</b>			<b>G</b>