

ACTION PLAN

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

Department of Health

The Department of Health (DOH) reported some improvements in performance across the agency during the second quarter of FY23.

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 Public Health Program reported mixed performance during the second quarter of FY23. Programs dedicated to smoking cessation activities continued to report low performance. Tobacco use can lead to tobacco or nicotine dependence and serious health problems. Public health programs nationally have been focused on reducing nicotine activities to prevent the risk of developing smoking-related diseases. The U.S. Center for Disease Control (CDC) reports cigarette smoking as the leading cause of preventable disease and death in the United States. In 2020, an estimated 12.5 percent (30.8 million) of U.S. adults currently smoked cigarettes.

The U.S. Center for Disease Control (CDC) reported in 2019 37.5 percent of New Mexico high school youth reported currently using any tobacco product, including e-cigarettes. Among New Mexico high school youth, 8.9 percent reported currently smoking cigarettes.

The CDC also reported in New Mexico 9 percent of cigarette smokers are Spanish-speaking, but only 5 percent of the state's Quitline users are.

	FY21 Actual	FY22 Actual	FY23 Target	FY23 Q1	FY23 Q2	FY23 Q3	Rating
Budget: \$213,192.6 FTE: 786							
Percent of female New Mexico department of health's public health office family planning clients, ages fifteen to nineteen, who were provided most or moderately effective contraceptives	88.8%	86%	62.5%	88.6%	85.3%		G
Percent of school-based health centers funded by the department of health that demonstrate improvement in their primary care of behavioral healthcare focus area	73%	91%	≥95%	Reported Annually			
Percent of New Mexico adult cigarette smokers who access New Mexico department of health cessation services	1.9%	1.9%	≥2.6%	0.3%	0.3%		R
Number of successful overdose reversals in the harm reduction program	2,572	3,420	2,750	965	722		G
Percent of preschoolers ages nineteen to thirty-five months indicated as being fully immunized	65%	66%	≥65%	68%	70%		G
Number of community members trained in evidence-based suicide prevention practices	NA	NA	225	126	248		G
Program Rating	R	R					Y

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

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. Program performance metrics in the program are centered on improving health statuses, substance use deaths, and suicide prevention. The program has failed to reach targeted performance measures. The

In December 2021, DOH reported 520 New Mexico residents died by suicide in 2020, an increase of five suicides as compared to 2019. New Mexico had the fourth highest age-adjusted rate for suicides in the nation in 2019. New Mexico had a crude suicide rate of 24.6 deaths per 100,000 residents in 2020, 23 percent higher than the crude rate in 2010 (19.9 deaths per 100,000 residents).

In September 2022, DOH reported provisional data show a small decline in the 2021 rate of suicide among youth ages 5 to 18 years compared with the year before. Final figures from 2021 are expected in mid-to-late fall of this year.

program identified five emergency department with higher than average rates of suicide attempts that also had the capacity to implement a secondary prevention of suicide program. As of September 2022, the five identified emergency department sites were Christus St. Vincent Regional Medical Center, Presbyterian Espanola Hospital, Taos Holy Cross Hospital, Artesia General Hospital, and San Juan Regional Medical Center.

	FY21 Actual	FY22 Actual	FY23 Target	FY23 Q1	FY23 Q2	FY23 Q3	Rating
Budget: \$127,901.5 FTE: 298							
Number of people admitted to the emergency department of participating hospitals with a suicide diagnosis	NA	NA	3,408	71	69		G
Percent of death certificates completed by bureau of vital records & health statistics within ten days of death	50%	50%	64%	55%	56%		R
Percent of hospitals with emergency department based self-harm secondary prevention programs	2.5%	5%	7%	5%	5%		R
Rate of persons receiving alcohol screening and brief intervention services	52.2	69.1	72.6	Not Reported	Not Reported		R
Program Rating	R	R					R

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Scientific Laboratory

The Scientific Laboratory Division (SLD), which provides a wide variety of laboratory services and programs that support the citizen and other agencies in New Mexico, did not meet targets for the second quarter of FY23. However, previous fiscal years set the timeline for this performance measure at 30 days, and it is now 15 days. During the quarter, 99 percent of cases were analyzed in 30 days and 88 percent of cases were analyzed in 15 days.

	FY21 Actual	FY22 Actual	FY23 Target	FY23 Q1	FY23 Q2	FY23 Q3	Rating
Budget: \$15,956.0 FTE: 191							
Percent of blood alcohol tests from driving-while-intoxicated cases completed and reported to law enforcement within fifteen calendar days	NA	NA	95%	81%	88%		R
Program Rating	G	G					R

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

Facilities Management

The global pandemic continued to affect 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 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 facility level to determine how to safely open more beds and which provided recommendations, such as developing recruitment and retention campaigns and case mix, can be implemented to ensure admitted patients will not necessitate an immediate increase in staffing. During the

second quarter of FY23, the facilities statewide census was 42 percent of total beds. Additionally, the program has continued to report failing to meet targeted performance of third-party revenue collections, vital to FMD’s financial stability.

	FY21 Actual	FY22 Actual	FY23 Target	FY23 Q1	FY23 Q2	FY23 Q3	Rating
Budget: \$183,833.3 FTE: 1,930							
Number of medication errors causing harm per one thousand patient days within identified categories	0.6	0.2	2.0	0	0		G
Percent of medical detox occupancy at Turquoise Lodge Hospital	70%	69%	75%	68%	74%		Y
Percent of medication assisted treatment utilized in the management of opioid use disorders while at Turquoise Lodge Hospital	NA	73%	65%	100%	100%		G
Percent of patients educated on medication assisted treatment options while receiving medical detox services	NA	89%	90%	99%	50%		R
Percent of patients eligible for naloxone kits who received the kits	NA	NA	50%	26%	61%		G
Percent of licensed beds occupied	58%	52%	75%	41%	42%		R
Percent of eligible third-party revenue collected at all agency facilities	92%	93%	93%	82%	84%		R
Program Rating	R	R					Y

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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, and as the program continues, it plans to eliminate the list. 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.

	FY21 Actual	FY22 Actual	FY23 Target	FY23 Q1	FY23 Q2	FY23 Q3	Rating
Budget: \$193,412.8 FTE: 204							
Percent of adults between ages 22 and 64 served on a developmental disabilities waiver (traditional or mi via) who receive employment supports	18.4%	9.8%	27%	9.5%	9.5%		R
Percent of general event reports in compliance with general events timely reporting requirements (two-day rule)	83%	85%	86%	88%	91%		G
Percent of developmental disabilities waiver applicants who have a services plan and budget in place within ninety days of income and clinical eligibility determination	97%	96%	95%	90%	85%		R
Program Rating	R	G					Y

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Health Certification Licensing and Oversight

The Health Certification, Licensing, and Oversight Program met a majority of performance measures targets during the first quarter of FY23. The program reported a lower rate of re-abuse for individuals on the Developmental Disabilities and Mi Via waivers, a key indicator for safety.

	FY21 Actual	FY22 Actual	FY23 Target	FY23 Q1	FY23 Q2	FY23 Q3	Rating
Budget: \$17,510.0 FTE: 174							
CMS: Percent of nursing home survey citations upheld when reviewed by the Centers for Medicare and Medicaid Services and through informal dispute resolution process	77%	88%	90%	100%	100%		G
IDR: Percent of nursing home survey citations upheld when reviewed by the Centers for Medicare and Medicaid Services and through informal dispute resolution process	90%	57%	90%	75%	66%		R
Percent of abuse, neglect, and exploitation investigations completed according to established timelines	96%	95%	86%	96%	96%		G
Percent of acute and continuing care facility survey statement of deficiencies (CMS Services form 2567/state form) distributed to the facility within 10 days of survey exit	82%	86%	85%	93%	88%		G
Re-abuse rate for developmental disabilities waiver and mi via waiver clients	6%	6%	NA	1.4%	0.7%		G
Program Rating	Y	Y					G

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