

The Department of Health (DOH) reported some improvements in performance across the agency during at the close of FY23. However, state health indicators, especially those related to substance use disorder are rising contribution to overall declines in the health of at-risk populations in the state. Additionally, the department reported it overspent its budget for state facilities and will submit a deficiency over \$5 million.

# **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 at the close 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. Centers 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.

#### Budget: \$213,192.6 FTE: 789

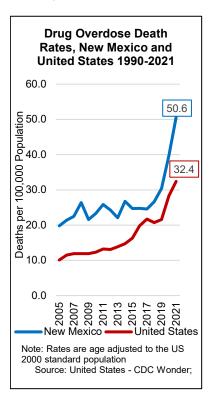
-	FY21 Actual	FY22 Actual	FY23 Target	FY23 Actual	Rating
Percent of female New Mexico department of health's Public Health Office family planning clients, ages 15 to 19, who were provided most or moderately effective contraceptives	88.8%	86%	62.5%	88%	G
Percent of school-based health centers funded by the department of health that demonstrate improvement in their primary care of behavioral healthcare focus area	73%	91%	≥95%	96%	G
Percent of New Mexico adult cigarette smokers who access New Mexico Department of Health cessation services	1.9%	1.9%	≥2.6%	1.36%	R
Number of teens who successfully complete a youth development program to prevent unintended teen pregnancy	385	424	≥232	384	G
Number of successful overdose reversals in the harm reduction program	2,572	3,420	2,750	3,025	G
Percent of preschoolers ages 19 to 35 months indicated as being fully immunized	65%	66%	≥65%	69%	G
Number of community members trained in evidence-based suicide prevention practices	NA	NA	225	775	G
Program Rating	R	R			Y

# **ACTION PLAN**

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

A recent LFC progress report found New Mexico consistently has the highest alcohol-related death rate in the country and ranked sixth nationally for drug overdose deaths in 2021. Substance use disorders (SUD) remain a problem in New Mexico, as alcohol- and drug-related deaths increased rapidly during the pandemic.

Between 2019 and 2021, the state's alcohol-related death rate increased by 31 percent, and 2,274 New Mexicans died of alcohol-related deaths in 2021. Similarly, the state's overdose death rate increased by 68 percent, and 1,029 New Mexicans died of a drug overdose in 2021.



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

# **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. However, the program was unable to report on the performance of many measures at the close of FY23. Without timely reporting policy makers are unable to make thoughtful funding and legislative decisions.

Budget: \$127,901.5	FTE: 298
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	FY21 Actual	FY22 Actual	FY23 Target	FY23 Actual	Rating
Percent of New Mexico hospitals certified for stroke care	19.5%	20%	24%	18%	R
Number of people admitted to the emergency department of participating hospitals with a suicide diagnosis	NA	NA	3,408	294	G
Cities and counties with access to functional needs plans that help prepare vulnerable populations for a public health emergency	60%	35%	33%	33%	G
Number of people admitted to the emergency department of participating hospitals with a suicide attempt diagnosis	NA	NA	3,408	294	G
Percent of death certificates completed by Bureau of Vital Records & Health Statistics within ten days of death	50%	50%	64%	Not Reported	R
Percent of hospitals with emergency department based self-harm secondary prevention programs	2.5%	5%	7%	Not Reported	R
Percent of opiod patients also prescribed benzodiazepines	10.5%	9.9%	5%	Not Reported	R
Rate of persons receiving alcohol screening and brief intervention services	52.2	69.1	72.6	Not Reported	R
Program Rating	R	R			G

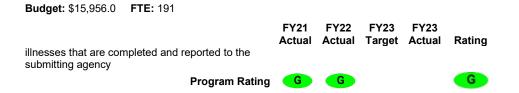
### Scientific Laboratory

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, had mixed result for FY23. At the end of the fiscal year, 99 percent of cases were analyzed in 30 days and 86 percent of cases were analyzed in 15 days.

Budget: \$15,956.0 FTE: 191

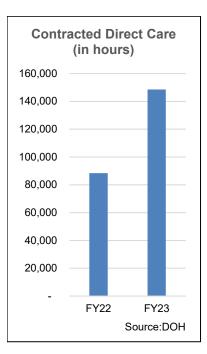
	FY21 Actual	FY22 Actual	FY23 Target	FY23 Actual	Rating
Percent of blood alcohol tests from driving-while- intoxicated cases completed and reported to law enforcement within 15 calendar days	NA	NA	95%	86%	Y
Percent of public health threat samples for communicable diseases and other threatening	98%	98%	90%	97%	G

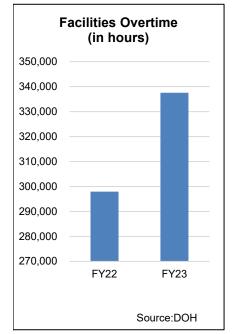
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## **Facilities Management**

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 with recommendations, such as developing recruitment and retention campaigns and case mix, that can be implemented to ensure admitted patients will not necessitate an immediate increase in staffing. At the close of FY23, the facilities statewide census was 47 percent of total beds. Despite low census the department is reporting increased overtime and contracted direct services raising costs. Lower than expected revenues and high personnel and contract costs have resulted in a significant deficiency.





### Budget: \$183,833.3 FTE: 1,930

	FY21 Actual	FY22 Actual	FY23 Target	FY23 Actual	Rating
Number of medication errors causing harm per one thousand patient days within identified categories	0.6	0.2	2.0	0	G
Percent of medical detox occupancy at Turquoise Lodge Hospital	70%	69%	75%	76%	G
Percent of medication assisted treatment utilized in the management of opioid use disorders while at Turquoise Lodge Hospital	NA	73%	65%	100%	G
Percent of patients educated on medication assisted treatment options while receiving medical detox services	NA	89%	90%	83%	R
Percent of patients eligible for naloxone kits who received the kits	NA	NA	50%	52%	G
Percent of licensed beds occupied	58%	52%	75%	47%	R
Percent of eligible third-party revenue collected at all agency facilities	92%	93%	93%	89%	R
Program Rating	R	R			<b>Y</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, 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. At the close of FY23 6,766 individuals were receiving waiver services.

Budget:	\$193,412.8	FTE: 204
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	FY21 Actual	FY22 Actual	FY23 Target	FY23 Actual	Rating
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%		G
Percent of general event reports in compliance with general events timely reporting requirements (two-day rule)	83%	85%	86%	90%	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%	87%	R
Percent of adults between ages 22 and 64 served on a Developmental Disabilities Daiver (traditional or Mi Via) who receive employment supports	18.4%	9.8%	27%	9.5%	R
Program Rating	G	R			Y

### Health Certification Licensing and Oversight

The Health Certification, Licensing, and Oversight Program met a majority of performance measures targets in FY23. The program reported a low rate of reabuse for individuals on the Developmental Disabilities and Mi Via waivers, a key indicator for safety. However, abuse rates are on the rise.

#### Budget: \$17,510.0 FTE: 174

	FY21 Actual	FY22 Actual	FY23 Target	FY23 Actual	Rating
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%	97%	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%	51%	R
Percent of abuse, neglect, and exploitation investigations completed according to established timelines	96%	95%	86%	95%	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%	85%	G
Abuse rate for developmental disabilities waiver and mi via waiver clients	5.6%	7.9%	NA	9.8%	
Re-abuse rate for developmental disabilities waiver and mi via waiver clients	6%	6%	NA	0%	
Program Rating	Y	Y			Y