



Investing for tomorrow, delivering today.

New Mexico Department of Health

Presentation
Legislative Health & Human Services Committee
July 7, 2021

Today's Agenda

NMDOH BACKGROUND

- NMDOH: Mission, Vision, and Values
- NMDOH: Organizational Structure
- Impact of COVID on Health Equity
- Operationalizing Vaccine Equity To Address COVID
- Community Engagement for Vaccine Equity and Access
- Challenges, Opportunities and the CDC Grants

Division Updates: Part I

- Public Health Division (PHD)
- Epidemiology and Response Division (ERD)
- Scientific Laboratory Division (SLD)
- Information Technology Services Division (ITSD)

BREAK

Division Updates: Part II

- Developmental Disabilities Supports Division (DDSD)
- Division of Health Improvement (DHI)
- Medical Cannabis Program (MCP)
- Facilities Management Division (FMD)

QUESTIONS

NMDOH:

Mission, Vision, and Values

Promote health and wellness, improve health outcomes and assure safety net services for all people in New Mexico



Mission

Promote health and wellness, improve health outcomes, and assure safety net services for all people in New Mexico.



Vision

A healthier New Mexico!



Values

Accountability

Honesty, integrity, and honor commitments made

Communication

Promote trust through mutual, honest, and open dialogue

Teamwork

Share expertise and ideas through creative collaboration to work toward common goals

Respect

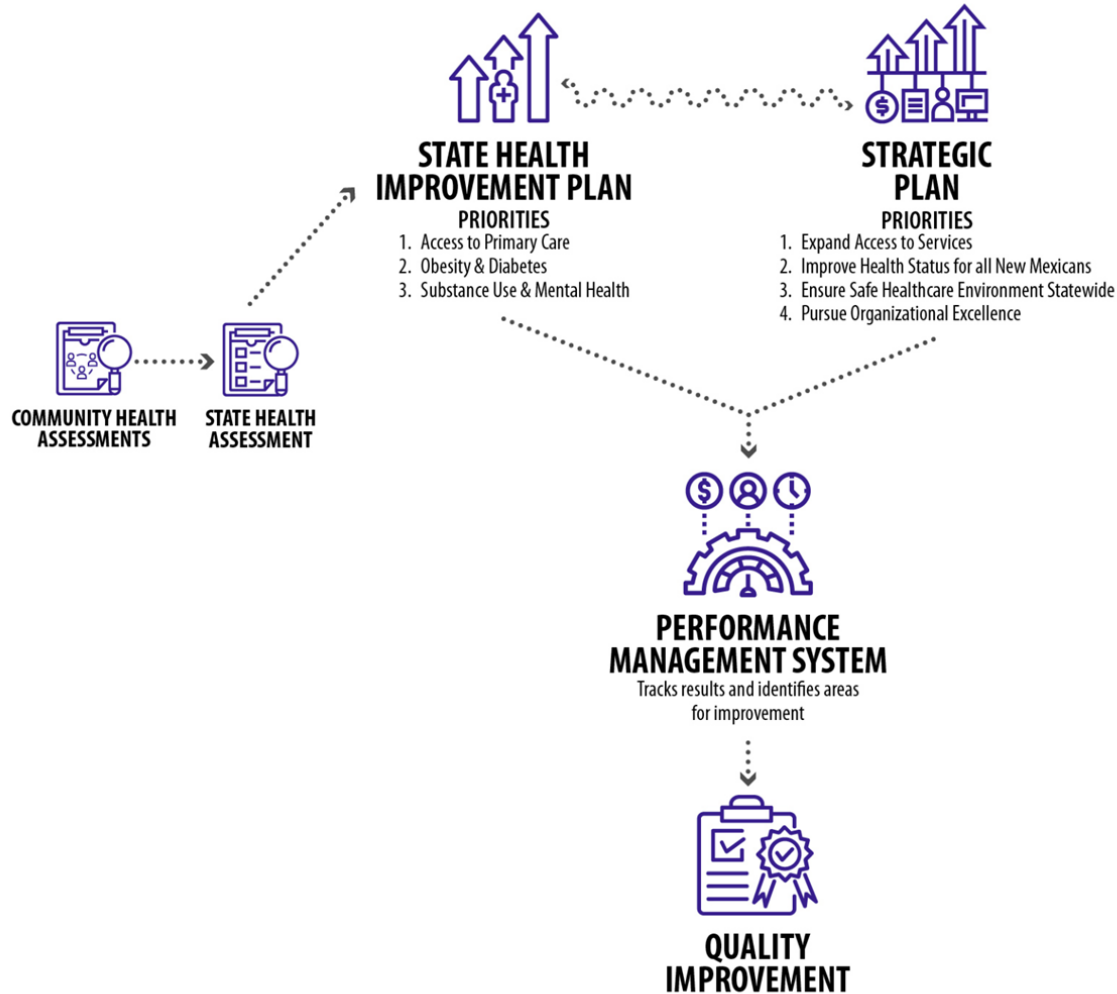
Appreciation for the dignity, knowledge, and contributions of all persons

Leadership

Promote growth and lead by example throughout the organization and in communities

Customer Service

Placing internal and external customers first, assure that their needs are met



WORKFORCE DEVELOPMENT
Workforce Development is foundational to all

10 Essential Public Health Functions



CDC 10 Essential Public Health Functions

<https://www.cdc.gov/publichealthgateway/publichealthservices/essentialhealthservices.html>

ESSENTIAL PUBLIC HEALTH SERVICE #1

Assess and monitor population health status, factors that influence health, and community needs and assets

ESSENTIAL PUBLIC HEALTH SERVICE #2

Investigate, diagnose, and address health problems and hazards affecting the population

ESSENTIAL PUBLIC HEALTH SERVICE #3

Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it

ESSENTIAL PUBLIC HEALTH SERVICE #4

Strengthen, support, and mobilize communities and partnerships to improve health

ESSENTIAL PUBLIC HEALTH SERVICE #5

Create, champion, and implement policies, plans, and laws that impact health

ESSENTIAL PUBLIC HEALTH SERVICE #6

Utilize legal and regulatory actions designed to improve and protect the public's health

ESSENTIAL PUBLIC HEALTH SERVICE #7

Assure an effective system that enables equitable access to the individual services and care needed to be healthy

ESSENTIAL PUBLIC HEALTH SERVICE #8

Build and support a diverse and skilled public health workforce

ESSENTIAL PUBLIC HEALTH SERVICE #9

Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement

ESSENTIAL PUBLIC HEALTH SERVICE #10

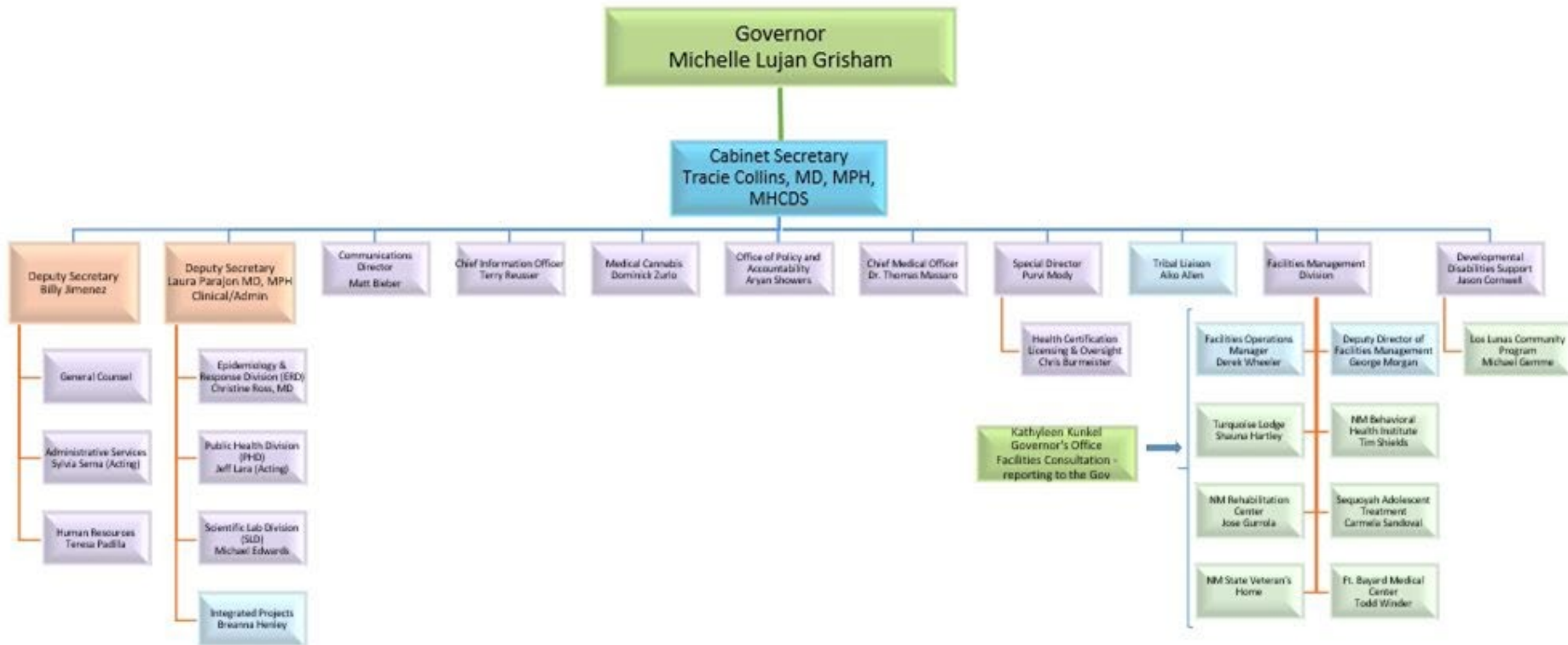
Build and maintain a strong organizational infrastructure for public health



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NMDOH: Organizational Structure

Organizational Structure



DOH Leadership Team



**Tracie Collins, MD,
MPH, MHCDS**
Cabinet Secretary

DOH Leadership Team



Jeff Lara
Director, Public Health Division



Christine Ross, MD, MPH
State Epidemiologist
Director, Epidemiologist and Response Division



Breanna Henley
Special Projects Director



Laura Parajón, MD, MPH
Deputy Secretary



Michael Edwards, PHD
Director, Scientific Laboratory Division



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DOH Leadership Team



Sylvia Serna
*Director, Administrative
Services Division*



Billy Jimenez
*General Counsel,
Deputy Secretary*



Teresa Padilla
Director, Human Resources

DOH Leadership Team



Aiko Allen
Tribal Liaison



Matt Bieber
Director, Communications



Aryan Showers
*Director, Policy and
Accountability*



Dominick Zurlo
Director, Medical Cannabis



Thomas Massaro, MD
Chief Medical Officer



Terry Reusser
Chief Information Officer

DOH Leadership Team



Purvi Mody
Special Director



George Morgan
*Deputy Director, Facilities
Management*



Chris Burmeister
*Director, Health Certification
Licensing & Oversight*



Jason Cornwell
*Director, Developmental
Disabilities Support Division*

Impact of COVID on Health Equity

Health Equity:

Health equity means that everyone has a fair and just opportunity to be as healthy as possible. To achieve this, we must remove obstacles to health -- such as poverty, discrimination, and deep power imbalances -- and their consequences, including lack of access to good jobs with fair pay, quality education and housing, safe environments and health care.

--Braveman et. al. 2017

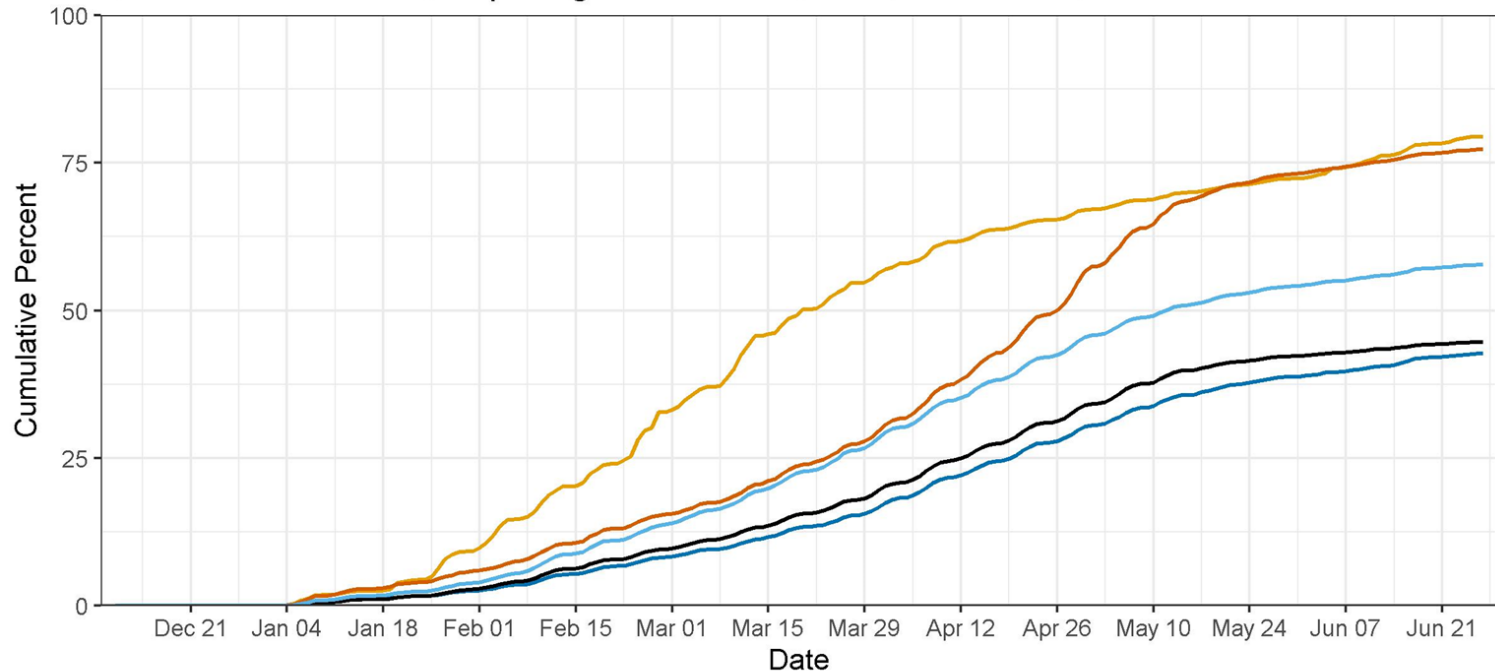
Braveman P, Arkin E, Orleans T, Proctor D, and Plough A. *What Is Health Equity? And What Difference Does a Definition Make?* Princeton, NJ: Robert Wood Johnson Foundation, 2017.

COVID19: Exposed and Exacerbated Inequities

Rate ratios compared to White, Non-Hispanic persons	American Indian or Alaska Native, Non-Hispanic persons	Asian, Non-Hispanic persons	Black or African American, Non-Hispanic persons	Hispanic or Latino persons
Cases ¹	1.6x	0.7x	1.1x	2.0x
Hospitalization ²	3.3x	1.0x	2.9x	2.8x
Death ³	2.4x	1.0x	2.0x	2.3x

Hispanics / African Americans Least Likely to Get Vaccinated

Cumulative Percent Completing Vaccination Series, for 16 and Older



Race/Ethnicity
— American Indian or Alaska Native — Black or African American — White
— Asian or Pacific Islander — Hispanic or Latino

Data are drawn from the New Mexico State Immunization Information System (NMSIIS) and Tiberius and include only residents of New Mexico.

NM racial/ethnic disparities compared to other states

	White		Black		Percent Vaccinated	Hispanic		Percent Vaccinated	Asian	
	Percent Vaccinated	Percent Vaccinated	White to Black Ratio	Percentage Points from White		White to Hispanic Ratio	Percentage Points from White		White to Asian Ratio	Percentage Points from White
Total (40 States)	47%	34%	1.4	-13	39%	1.2	-8	62%	0.8	15
Maryland	60%	49%	1.2	-11	50%	1.2	-10	71%	0.8	11
Massachusetts	67%	53%	1.3	-13	49%	1.4	-17	73%	0.9	6
Michigan	39%	27%	1.4	-12	32%	1.2	-7	46%	0.9	7
Minnesota	53%	39%	1.4	-14	38%	1.4	-14	58%	0.9	6
Mississippi	35%	34%	1.0	-1	29%	1.2	-5	69%	0.5	34
Missouri	38%	30%	1.2	-7	46%	0.8	8	58%	0.7	20
Nevada	37%	25%	1.5	-12	34%	1.1	-3	49%	0.7	13
New Mexico	63%	45%	1.4	-18	48%	1.3	-14	85%	0.7	23
New York	51%	35%	1.5	-16	46%	1.1	-6	78%	0.7	27
North Carolina	45%	38%	1.2	-7	37%	1.2	-8	69%	0.7	24
North Dakota	57%	35%	1.6	-22	41%	1.4	-16	50%	1.1	-6
Ohio	47%	34%	1.4	-13	39%	1.2	-8	70%	0.7	23
Oklahoma	33%	26%	1.3	-7	27%	1.2	-7	60%	0.6	26
Oregon	53%	67%	0.8	14	35%	1.5	-18	68%	0.8	15
Pennsylvania	48%	30%	1.6	-18	27%	1.8	-21	16%	3.1	-33

Kaiser Family Foundation: <https://www.kff.org/coronavirus-covid-19/issue-brief/latest-data-on-covid-19-vaccinations-race-ethnicity/>



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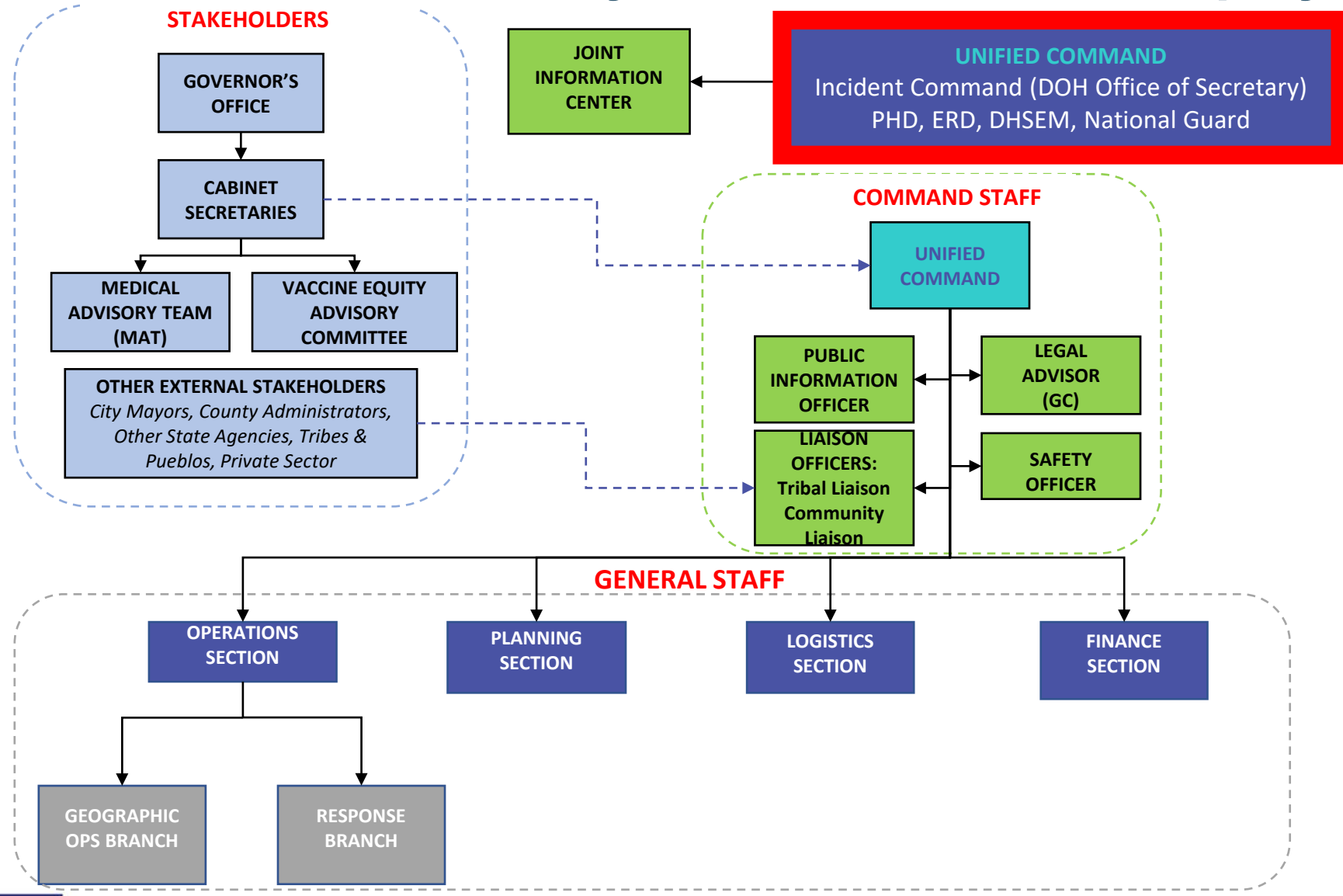
Operationalizing Vaccine Equity to Address COVID

Reaching the Goal for Reopening

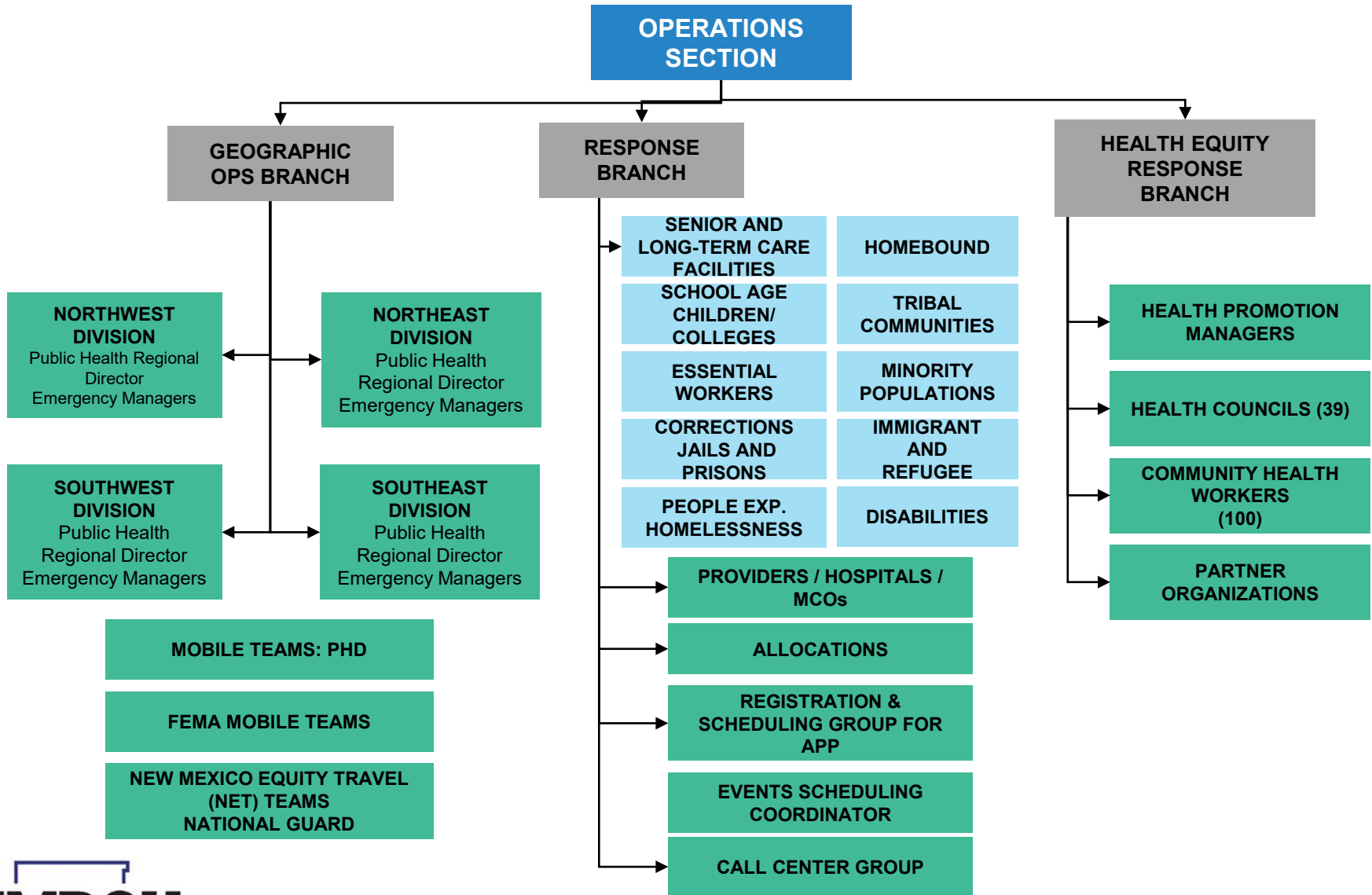
Vaccine Mission:

The Department of Health's mission is to vaccinate New Mexicans swiftly, efficiently, and equitably in order to save lives and stop the spread of the virus

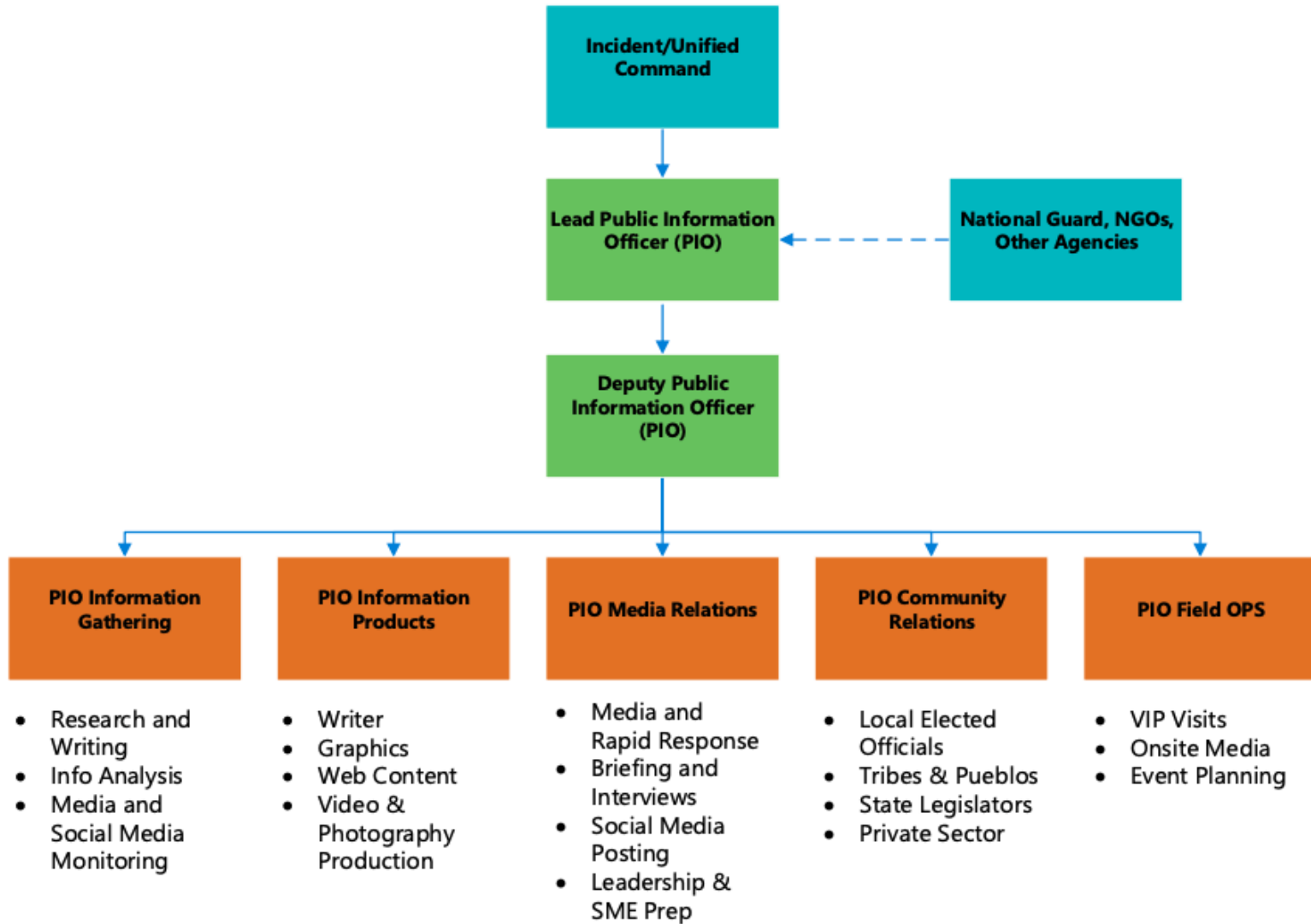
ICS Structure for Efficiency, Effectiveness and Equity



Vaccine Operations: Cross Departmental Coordination



Joint Information Center (JIC): Vaccine Messaging



JIC Responsibilities and Roles

Responsibilities

- Gather updated information
- Verify accuracy of data
- Coordinate all public statements
- Disseminate Consistent Messages

Roles

- Press conferences
- Gathering information
- Monitoring media
- Writing press releases
- Disseminating information

Community Engagement for Vaccine Equity and Access

Improvements to Vaccine Equity Program

Based on Rapid Community Assessments and Quality Improvement

Messaging :

- Free
- No need for ID
- No need for insurance
- Pictures of different racial/ethnic groups

Programming

- Call center registers people who call the hotline
- Community Health Workers (CHWs) register people and organize vaccine events
- Mobile team links to communities



COVID-19 VACCINES

COVID-19 vaccines are **free** to you and are for **anyone**.

FREE TO YOU

No ID Necessary.*

Regardless of your insurance coverage or immigration status.

*You may be asked for your insurance or ID. If you do not have one or cannot provide it for any reason, you will still receive your COVID-19 vaccine free of charge.

To register for your COVID-19 vaccine visit: vaccinernm.org or call 1-855-600-3453

NMDOH
NEW MEXICO DEPARTMENT OF HEALTH



VACUNAS DE COVID-19



COVID-19 VACCINES

Messaging Based on Evidence



**COVID-19 VACCINES
FREE**

At no cost to you.

COVID-19 vaccines are free at no cost to you, and are for anyone 16 or older.

Regardless of your insurance coverage or immigration status.

The information you give on the appointment registration form will be private and protected.

No ID Necessary.

To register for your COVID-19 vaccine visit: vaccinenm.org or call 1-855-600-3453



**VACUNAS DE COVID-19
GRATIS**

Sin costo para ti.

Las vacunas COVID-19 son gratis sin costo para ti y es para cualquier persona mayor de 16 años.

Independiente de su cobertura de seguro o estado migratorio.

La información que los pacientes dan en el formulario de registración de la cita será privada y protegida.

No se necesita identificación.

Para registrarse para su vacuna COVID-19 visite: vaccinenm.org o llame al 1-855-600-3453



Trusted Voices Campaign



Mobile Capacity: NET Teams and FEMA Teams

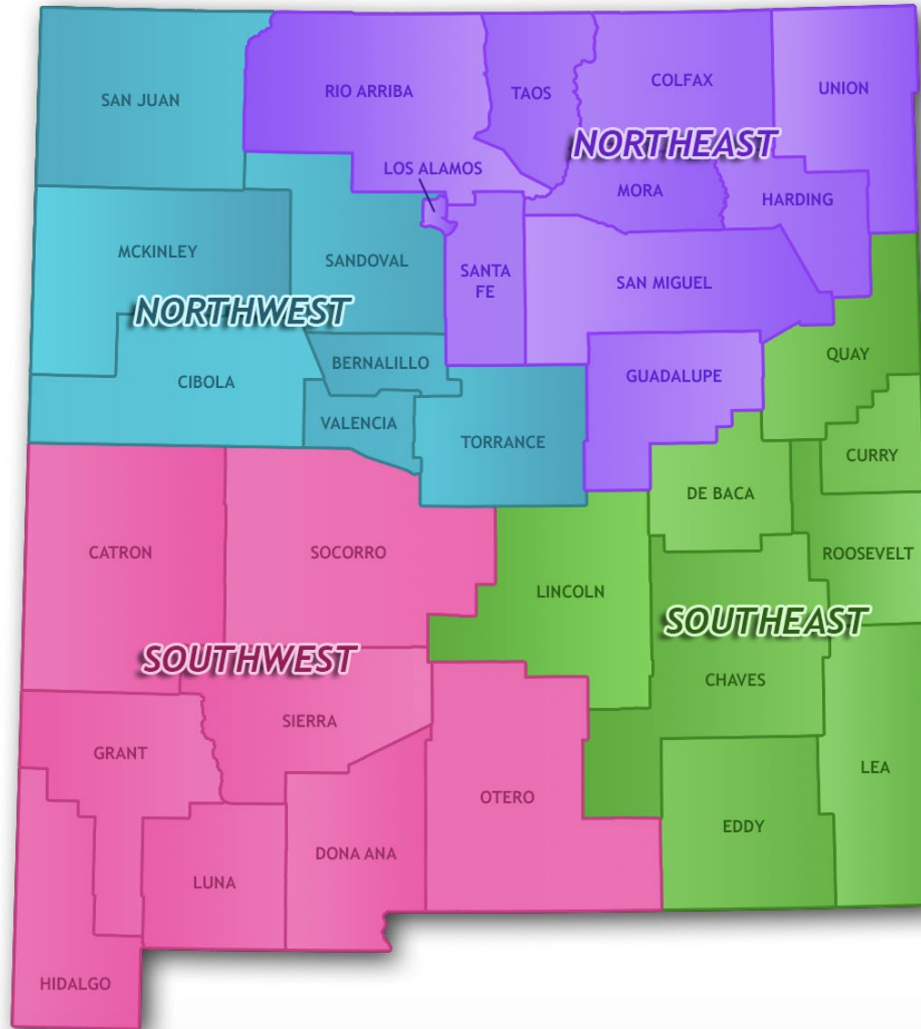
New Mexico Equity Travel Team
(NET) Team with National Guard



FEMA Urban Mobile Unit (FUMU) Type 5
Unit



Mobile Teams Cover Four Regions



Development of Alternate Hours (Nights, Weekends) with Mobile Teams



Partnerships for Vaccine Equity

Community Hospitals, Clinics

Universities

Foundations

Non-profits



Community Partners: CBOs, FBOs,

DOH

FEMA

National Guard

Local City and County Government

ALTS: Aging and Long Term Services

CHWs

Community Members

CYFD

HSD: Human Service Dept.

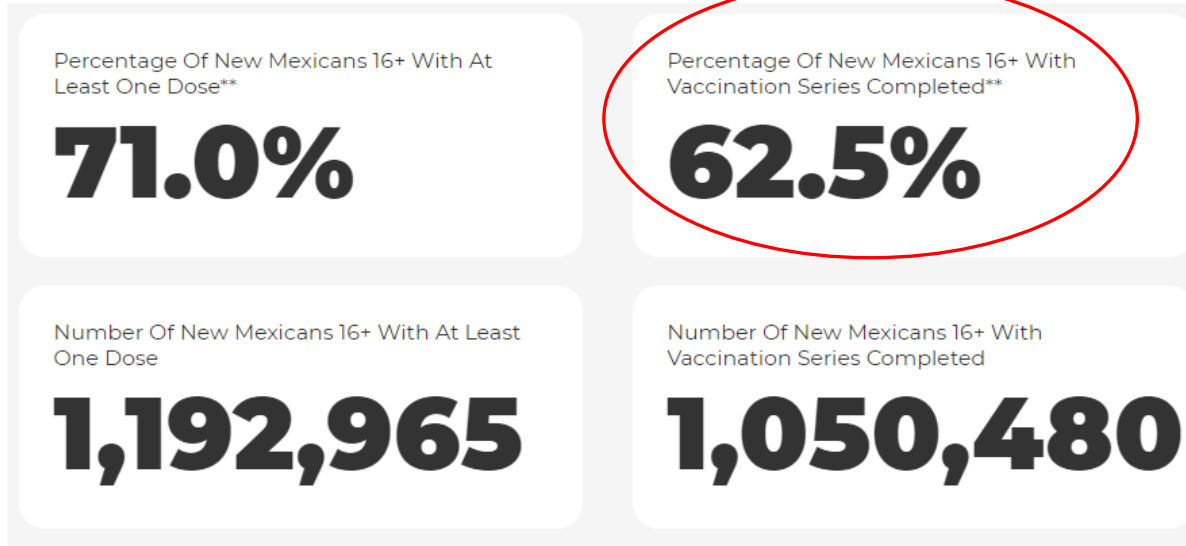
CDC



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Statewide Progress for 16+ Fully Vaccinated



Week ending:	Weekly relative increase
7/2	2.9 %
6/25	2.2 %
6/18	3.2 %
6/11	2.8 %
6/4	1.8 %
5/28	3.6 %
5/21	3.3 %

***Includes doses from the Indian Health Service, Veterans Administration, Department of Defense, Bureau of Prisons, **and doses from other states administered to New Mexico residents**

For this metric, the denominator will remain “New Mexicans age 16 and older” and numerator does not include children ages 12-15.

Challenges and Opportunities and CDC Grants

Challenges



Washington Post. (2021). [Photo]. Retrieved from https://www.washingtonpost.com/health/acquiring-covid-19-in-the-hospital/2020/12/31/8cac8b82-3a50-11eb-9276-ae0ca72729be_story.html

Opportunity for Transformation



- Opportunity to align short term grants for long term goals
- Build future capacity
- Strengthen public health workforce
- Coordinating federal funding

Summary of CDC COVID Grants

Grant	Summary	Amount	ITSD	ERD	SLD	PHD
Epidemiology and Lab Capacity (ELC): “Enhancing Detection”	ELC provides funding for strengthening core capacities in epidemiology, laboratory, and health information systems activities. COVID-19 funding was directed at case investigation, contact tracing, data analysis, laboratory testing, improved IT systems for data capture and emergency response activities.	\$198 Million	X	X	X	X
CDC Health Disparities	National Initiatives to Address COVID-19 Health Disparities among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities	\$38 Million	X	X		X
CDC COVID-19 Vaccine Supplement Funds (4 rounds)	National Initiative to ensure vaccine equity by identifying vulnerable populations and directing funds to specific programs and initiatives intended to increase access, acceptance, and uptake of COVID-19 vaccination by populations disproportionately affected by COVID-19.	\$59 Million				X
Public Health Workforce	Establish, expand, train, and sustain the STLT public health workforce to support jurisdictional COVID-19 prevention, preparedness, response, and recovery initiatives, including school-based health programs. CDC expects public health agencies to use available funding to recruit, hire, and train personnel to address projected jurisdictional COVID-19 response needs with at least 25% of the jurisdictional award will support school-based health programs.	\$13 Million	X	X	X	X
School Testing and CT	COVID-19 testing and contact tracing in schools, build public health infrastructure and capacity such as support to school nurses	\$63 Million		X		X

Aligning CDC Grants To Improve COVID Health Equity

1. Expand existing and/or develop new mitigation and prevention resources to reduce COVID-19 disparities among populations at higher risk and are underserved

- Contact tracing
- COVID Disease Management
- Community mitigation and prevention services
- Mobile Teams throughout state
- Increased PHD capacity to provide services

2. Increase/improve data collection and reporting for populations experiencing disproportionate burden to guide response to COVID-19 pandemic: DATA to ACTION

- Health Information Exchange to share data
- Interoperability of health system data
- Improved IHS/DOH interface
- Ability for Epidemic forecasting and outbreak analytics

-Health Equity Evaluation Team: Improved data collection and reporting for decision making

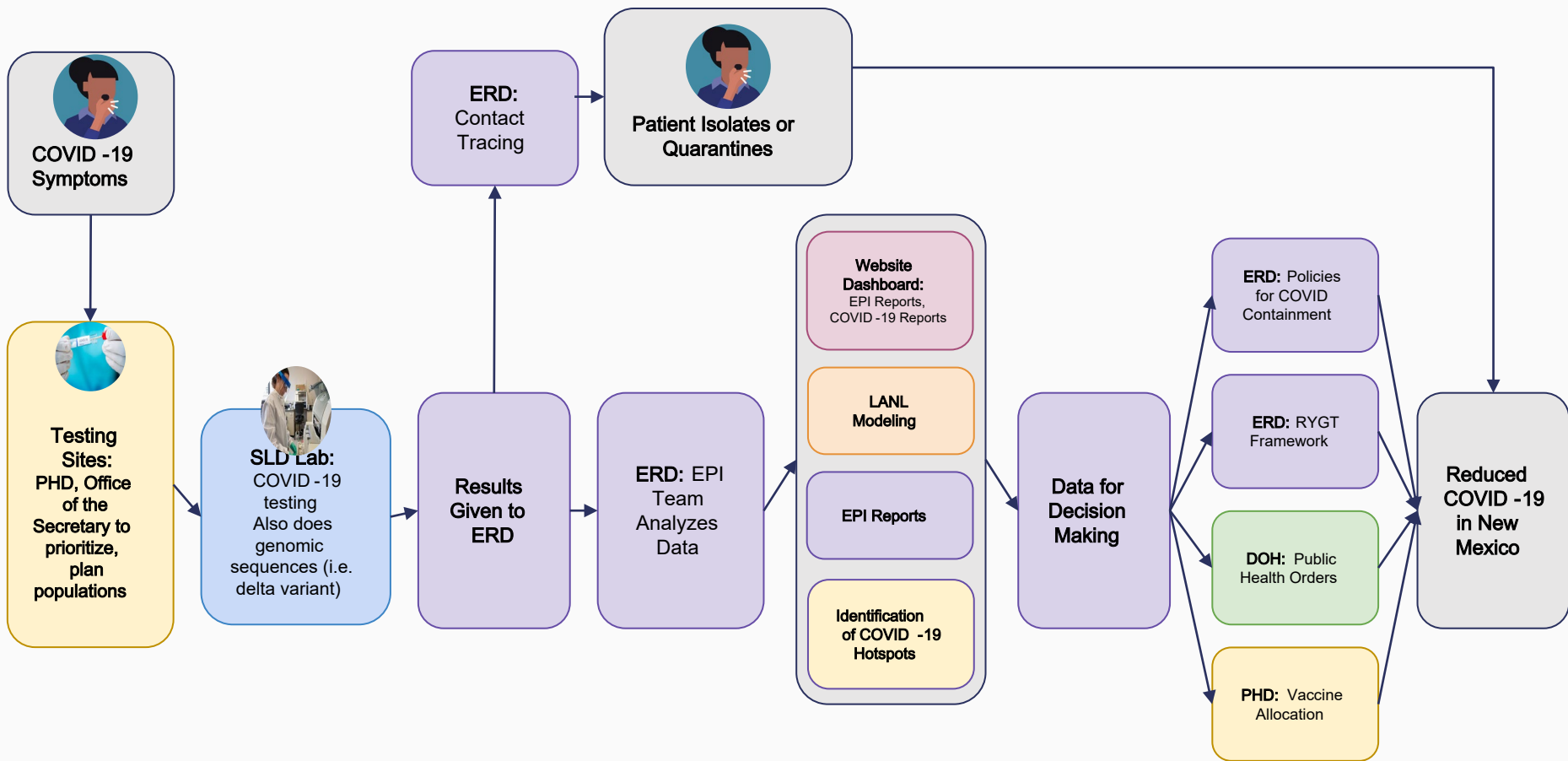
3. Build, leverage and expand infrastructure support for COVID19 prevention and control among high risk and underserved:

- DOH Positions for improved long-term implementation:** Increase capacity and expand inclusive workforce of entire DOH
- Staffing positions to do health equity work for high risk and underserved populations
- Develop Academic Health Dept. for Health Equity Support Pipeline, Health Equity training, implementation research
- Align with Health Equity Public Health Accreditation for Health Equity
- Performance evaluation indicators that demonstrate outcomes and impact for the long-term

4. Mobilize partners for COVID Equity

- Health Promotion/Health Equity Team
- Coordination of multiple grants for leveraging impact
- Community-based partners and evaluation of impact
- Generate demand for testing, vaccine
- Health Equity Geographic Focus:** Health promotion teams working with CHWs, community partners for health equity programming

COVID TESTING AND LINKAGES



ERD Call Center

IT Support and Platform: Results postal, provider portal, modeling website, Gov. Dashboards, Contact Tracing Platform, Vendor Support, Data Management, CVNMhealth.org

PART I: Essential Public Health Services Provided by

- **Public Health Division (PHD)**
- **Epidemiology Response Division (ERD)**
- **Scientific Laboratory Division (SLD)**

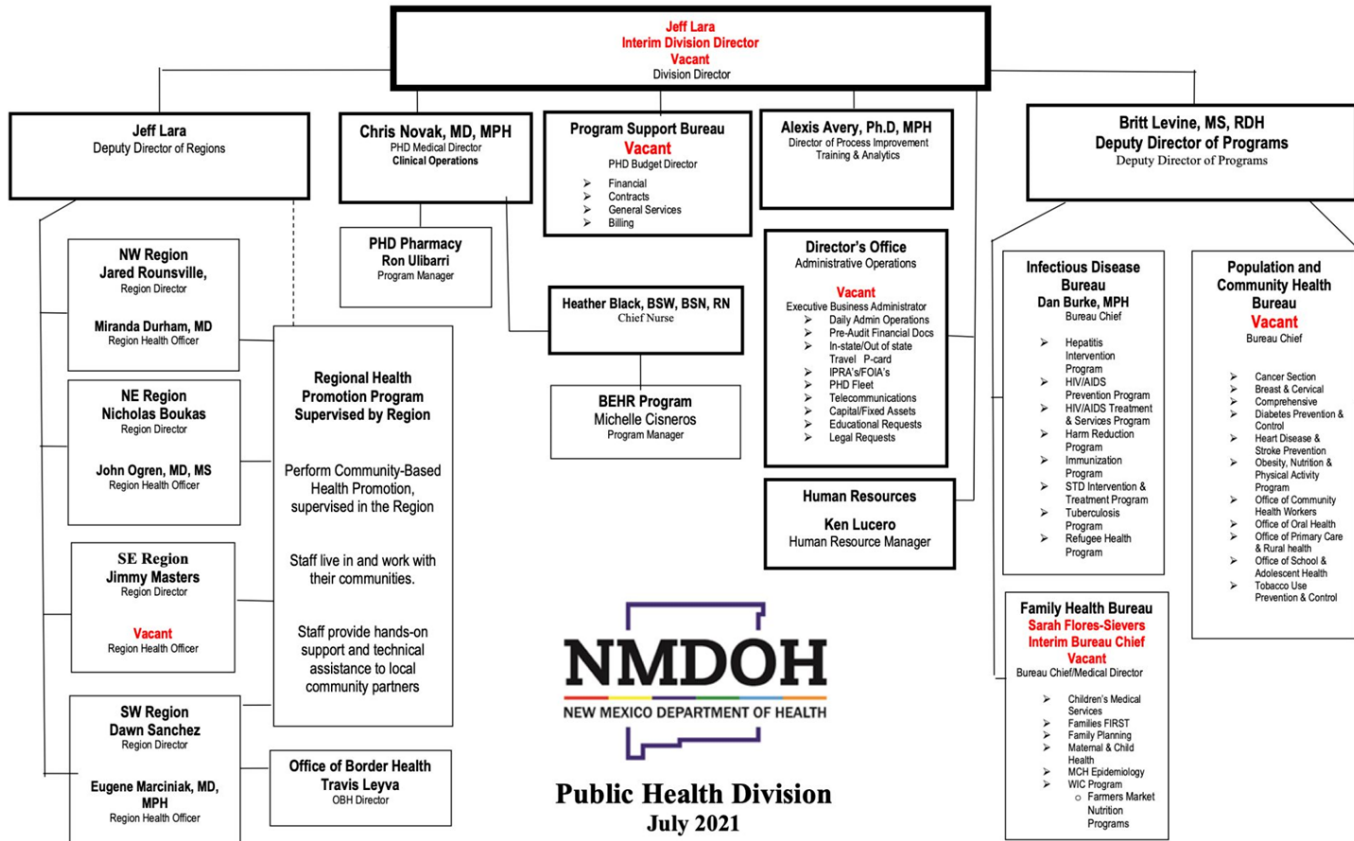


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Public Health Division (PHD)

Public Health Division

The Public Health Division (PHD) fulfills the New Mexico Department of Health's mission by working with individual families, communities and partners to improve health, eliminate disparities, and ensure timely access to quality, culturally competent health care. The Public Health Division is the largest division in NMDOH.

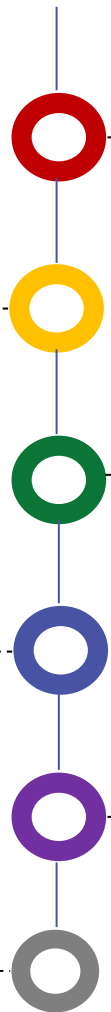


Public Health Division
July 2021



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Public Health Division Achievements



Implemented the Incident Command System (ICS) to organize COVID-19 responses

Became the major testing organization for the Department of Health's response to COVID-19

Provided other COVID-19 responses that include contact tracing, assistance with the Epidemiology and Response Division

Wrote or contributed to developing protocols related to COVID-19 testing

Involved in the planning, distribution, and administration of COVID-19 vaccine

Adapted and innovated delivery of essential public health services during the COVID-19 pandemic

Budget Priorities

- PHD will need support to cover the recurring Personnel Services and Employee Benefits that are not related to COVID mitigation through federal grants.
- PHD needs additional support for the Harm Reduction program. This funding would not only sustain the provision of Naloxone but also enable the program to provide education on how to prevent opioid overdose to people who use substances, reducing overdose related death and hospital visits.

Personnel Needs

PHD Priority

The Department of Health, Public Health Division's (PHD) four regions are facing a budget shortfall in all categories. PHD staff has decreased 20% since 2010 and have not been able to hire vacant positions due to their deficit.

- PHD is receiving COVID related federal grant money, which temporarily funds positions working on COVID activities specific to the awarded grants.
- PHD will need support for non-COVID related personnel and operating costs, which have exceeded current budget allowances.
- Other operational costs have been reduced to compensate for the budget shortfall.

Adequate staffing, operational services, and efficiencies for the local public health offices across the four public health regions will support current needs in addition to future pandemic responses.

Public Health Division

Harm Reduction Program Needs

PHD Priority

Opiate overdoses are one of the most preventable causes of death in New Mexico. The Harm Reduction Program of the NMDOH Public Health Division (PHD) provides overdose prevention education and distributes Naloxone to persons who use substances and their friends/family who can respond to an overdose and administer this medication.

Continuing growth of the program has helped reduce New Mexico's ranking in overdose deaths over the past decade but has led to increasing costs that exceed the program's budget. In just three years from state fiscal year (SFY) 2018 to SFY 2020, the program more than doubled Naloxone purchases and distribution from 10,612 doses to 21,648 doses. This dramatic increase was partially possible due to a special appropriation of \$750,000 for SFY20-21. Additional funding is needed to ensure these life-saving services can be sustained.

In FY 2020, there were 3,456 successful overdose reversals reported to the Harm Reduction Program. Roughly 20,000 doses of Naloxone were distributed at a cost of \$37.50 per dose.

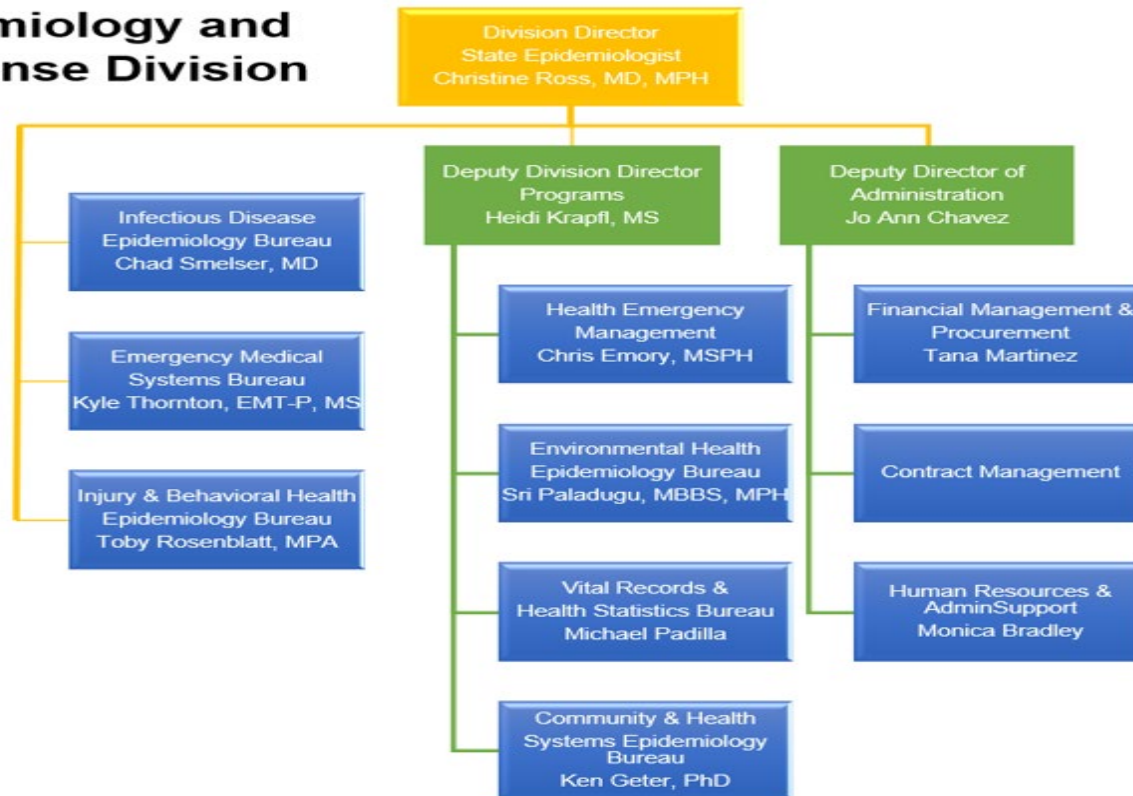
Without additional funding, residents of New Mexico will be at higher risk of opioid overdose, including overdose related deaths. These negative outcomes are preventable.

Epidemiology Response Division (ERD)

Epidemiology and Response Division

The Epidemiology and Response Division (ERD) monitors health, provides health information, prevents disease and injury, promotes health and health behaviors, responds to public health events, prepares for health emergencies, and provides emergency medical, trauma and vital records to New Mexicans. ERD provides services through six bureaus: Emergency Medical Systems (EMS), Environmental Health Epidemiology (EHEB), Health Emergency Management (BHEM), Infectious Disease Epidemiology (IDEB), Injury and Behavioral Epidemiology (IBEB), and Vital Records and Health Statistics (BVRHS).

Epidemiology and Response Division



Epidemiology and Response Division

Epidemiology Reports

COVID-19 Epidemiology Reports

The New Mexico Department of Health (NMDOH) is committed to providing New Mexico residents with the most current information regarding COVID-19 in the state. As part of the COVID-19 pandemic response, NMDOH collects and analyzes statewide data for COVID-19 and will be updated weekly.

Weekly Reports

Case Reports

- DOWNLOAD THE LATEST COVID-19 GEOGRAPHIC TRENDS REPORT
- DOWNLOAD THE LATEST COVID-19 DEMOGRAPHICS REPORT
- DOWNLOAD THE LATEST COVID-19 HEALTH AND SOCIAL CHARACTERISTICS REPORT

Hospitalization Reports

- DOWNLOAD THE LATEST COVID-19 HOSPITALIZATION REPORT

Mortality Reports

- DOWNLOAD THE LATEST COVID-19 MORTALITY REPORT

Variant of Concern Reports

- DOWNLOAD THE LATEST COVID-19 VOC REPORT

Pediatric Case Report

- DOWNLOAD THE LATEST COVID-19 PEDIATRIC CASE REPORT

ERD generates and disseminates data to guide public health interventions and supports programs to improve the health of all New Mexicans and save lives.

NEW MEXICO SELECTED HEALTH STATISTICS ANNUAL REPORT 2019

BUREAU OF VITAL RECORDS AND HEALTH
EPIDEMIOLOGY AND RES

Clearing the
Reducing the Burden of Asthma

New Mexico Strategic Asthma
2021-25

New Mexico's Indicator-Based Information System (NM-IBIS)
...Monitoring New Mexico's Health

Search this website...

About NM-IBIS • Health Topics • Health Indicator Reports • Explore Communities • Explore Datasets • Resources

Introduction Overview

Community Snapshot for Bernalillo County - Community Health Status Indicators

Community Data Comparison Values

Count/Rate	Confidence Interval*	Compared to NM	New Mexico
9.2%	(8.8% - 9.5%)		9.0%

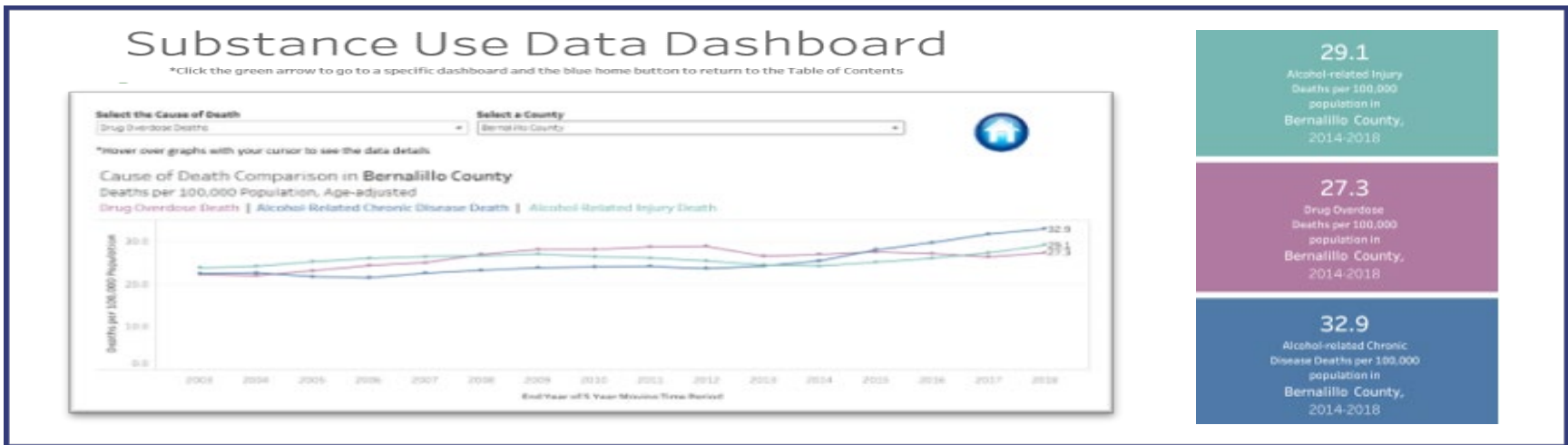
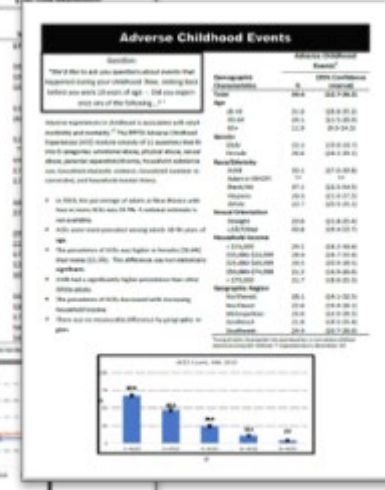
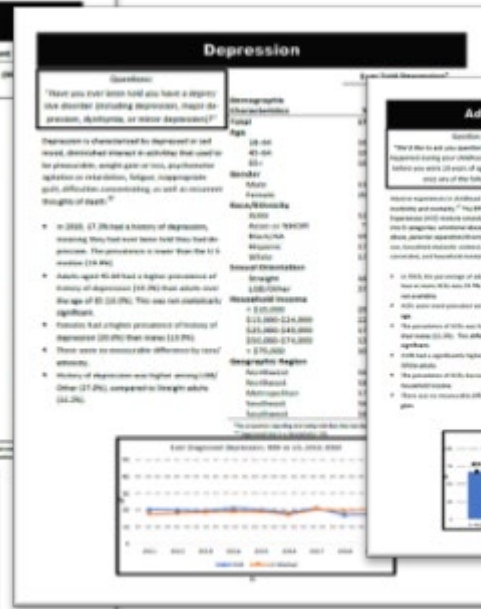
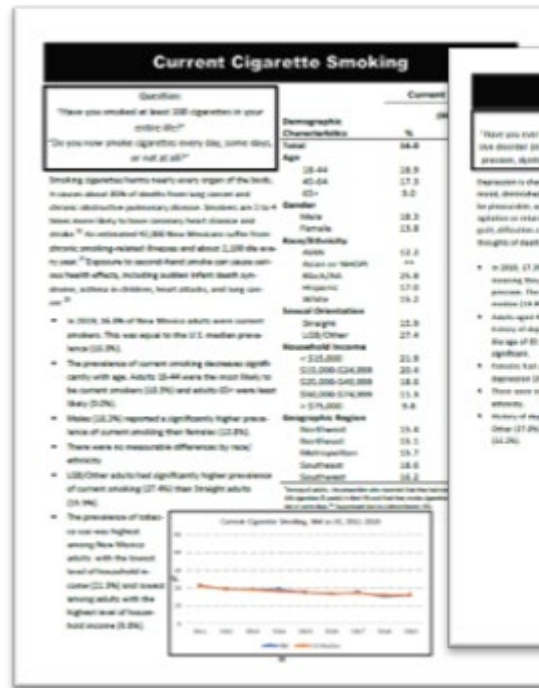
HEALTH STATISTICS ANNUAL REPORT

Births and Deaths, 2019

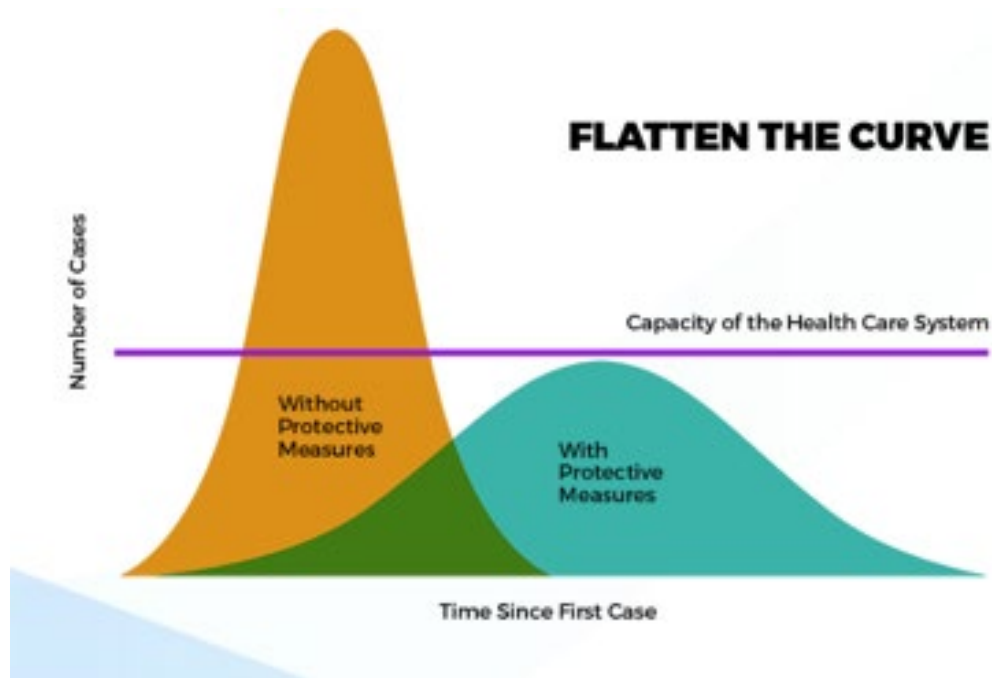
City	Births	Deaths	Population			
			2010 Population Estimate	2019 Population Estimate	Percent Change 2010-2019	
Lake Arthur	52	432	436	420	-3.7	
Las Cruces	2,567	5802	97,618	103,432	6.0	
Las Vegas	113	12	13,753	12,919	-6.1	
Logan	N/A	219	1,042	979	-6.0	
Lordsburg	93	275	2,797	2,398	-14.3	
Los Lunas	6,369	58	14,835	16,061	8.3	
Los Ranchos De Albuquerque	2,123	88	6,024	6,108	1.4	
Loving	7,269	7,416	1,413	1,393	-1.4	
Lovington	8,320	10,477	11,009	11,489	4.4	
Magdalena	8,112	7,685	938	878	-6.4	
Maxwell	3,904	3,888	254	212	-16.5	
Melrose	1,489	1,431	651	629	-3.4	
Mesilla	26,138	29,810	2,196	1,828	-16.8	
Milan	996	935	3,245	3,669	13.1	
Moriarty	104	98	1,910	1,860	-2.6	
Mosquero	922	992	93	85	-8.6	
Mountainair	21	881	14	928	873	-5.9
Pecos	9	2,681	1,392	1,320	-5.2	
Peralta	701	4.0	3,660	3,584	-2.1	
Portales	18,318	1.4	12,280	11,610	-5.5	

Asthma-Related Emergency Department Rates (per 10,000) by County, NM, 2015-2017

Figure 3. The map above illustrates asthma-related ED rates by County in NM. Over the past 5 years, the highest rates are Chaves, Curry, Eddy, Grant, Quay



ERD COVID-19 Pandemic Response Achievements



Epidemiology and Response Division Achievements

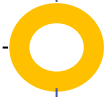
Created a statewide call center that supported multiple critical functions including vaccine registration

Established the Epidemiology Task Force, a multidisciplinary team to guide COVID-19 response efforts

Activated the Medical Reserve Corps of volunteers who logged 150,000 hours responding to the pandemic. The Medical Reserve Corps also credentialed and performed background checks for over 5,000 new volunteers



Created a Case Investigation/Contact Tracing Unit dedicated to support COVID-19 cases and contacts



Expanded COVID-19 response collaboration with Navajo Nation and tribal partners



Created a Medical Advisory Team, Medical Surge Model, State Crisis Standards of Care approach and provided weekly updates to hospital executive leadership in coordination with the NM Hospital Association





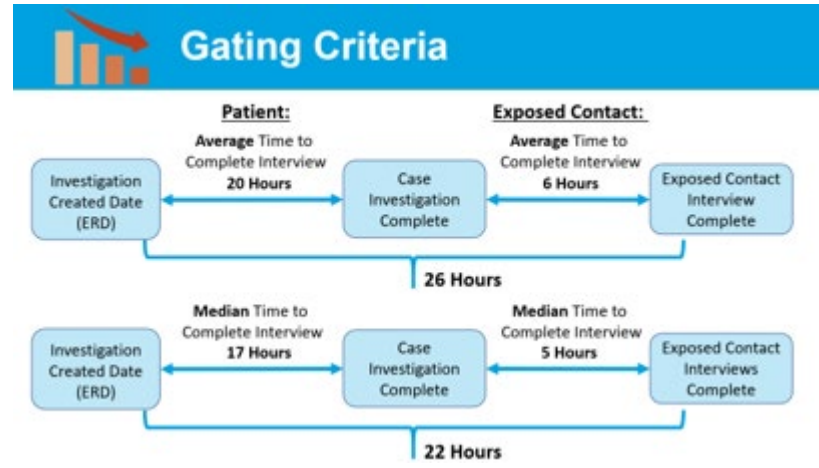
Testing & Notification



Case Investigation



Contact Tracing



CONTACT TRACING SLOWS THE SPREAD OF COVID-19




Answer the call!

Contact tracing helps keep you, your family, and your community safe.


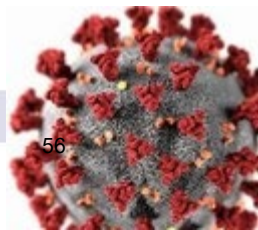
 [cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

Google/Apple Exposure Notifications



Kickoff November 2020
Goes live ~ March 23

Requires user download from Google App Store or changes to Settings in Apple iOS

Developed Guidance and Policies

Supported First Responders

Managed COVID -19 Hotline

COVID-19 PREVENTION
PREVENCIÓN COVID-19

**CLOTH FACE-COVERER
REQUIRED**
in public and all indoor common areas
for everyone's safety

Violators, putting our state at risk, are subject to a fine of \$100.

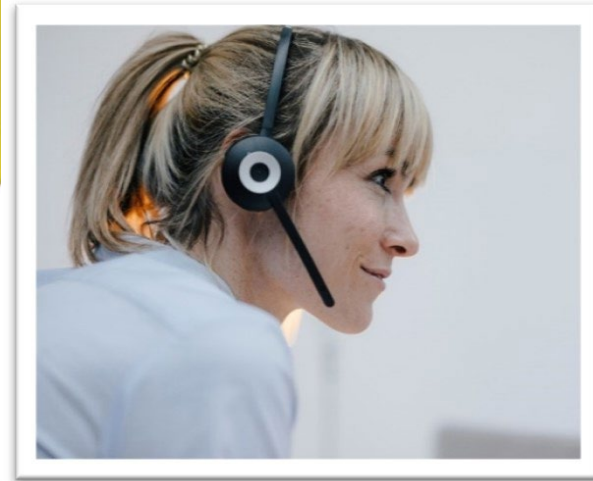
**COBERTURAS FACIALES DE
REQUERIDA**
en áreas públicas y todas las áreas
bajo techo por la seguridad de todos

Los violadores, poniendo a nuestro estado en riesgo, están sujetos a una multa de \$100.

**NEW MEXICO
DEPARTMENT OF
HEALTH**

For more information visit: cv.nmhealth.org
or call: 1-855-600-3453

Para más información visite: cv.nmhealth.org
o llame al: 1-855-600-3453



**NEW MEXICO
Department of Health**
Epidemiology and Response Division

MICHELLE LUJAN GRISHAM
Governor

DR. TRACIE C. COLLINS, M.D.
Cabinet Secretary

**POLICIES FOR THE PREVENTION AND
CONTROL OF COVID-19
IN NEW MEXICO**

June 24, 2021

Note: These policies are based on the best scientific information available as of the date above. Policies will be updated as new information becomes available.

Activated the MRC



Budget Priorities

Budget needs are driven by lessons learned from the COVID-19 pandemic response

- Modernize data systems and support a skilled professional workforce to improve and protect public health in NM.
- Secure capacity built by COVID-19 federal investments.

Budget Priorities cont.

- **Fund critical leadership positions in the Director's Office** .
- **Support EMS** by hiring an EMS Investigator and implementing contracts to support NM's Trauma Centers
- **Fund Vital Records and Health Statistics** for additional FTEs, system upgrades, and supplies needed for implementation of recent legislation.
- **Funding for Community and Health Systems Epidemiology** . Need for a data scientist to focus on data modernizations and analytics.
- **Funding for Environmental Health Epidemiology Bureau** . Need FTE for birth defect prevention and climate change surveillance.
- **Funding for Infectious Disease Epidemiology Bureau** for additional FTE and contractual services related to mosquito control and surveillance.

Budget Priorities cont.

- **Funding for Infectious Disease Epidemiology Bureau** for development of a permanent Case Investigation and Contract Tracing Unit to respond to >75 notifiable diseases and conditions statewide, contractual services, and other operating costs of newly created unit

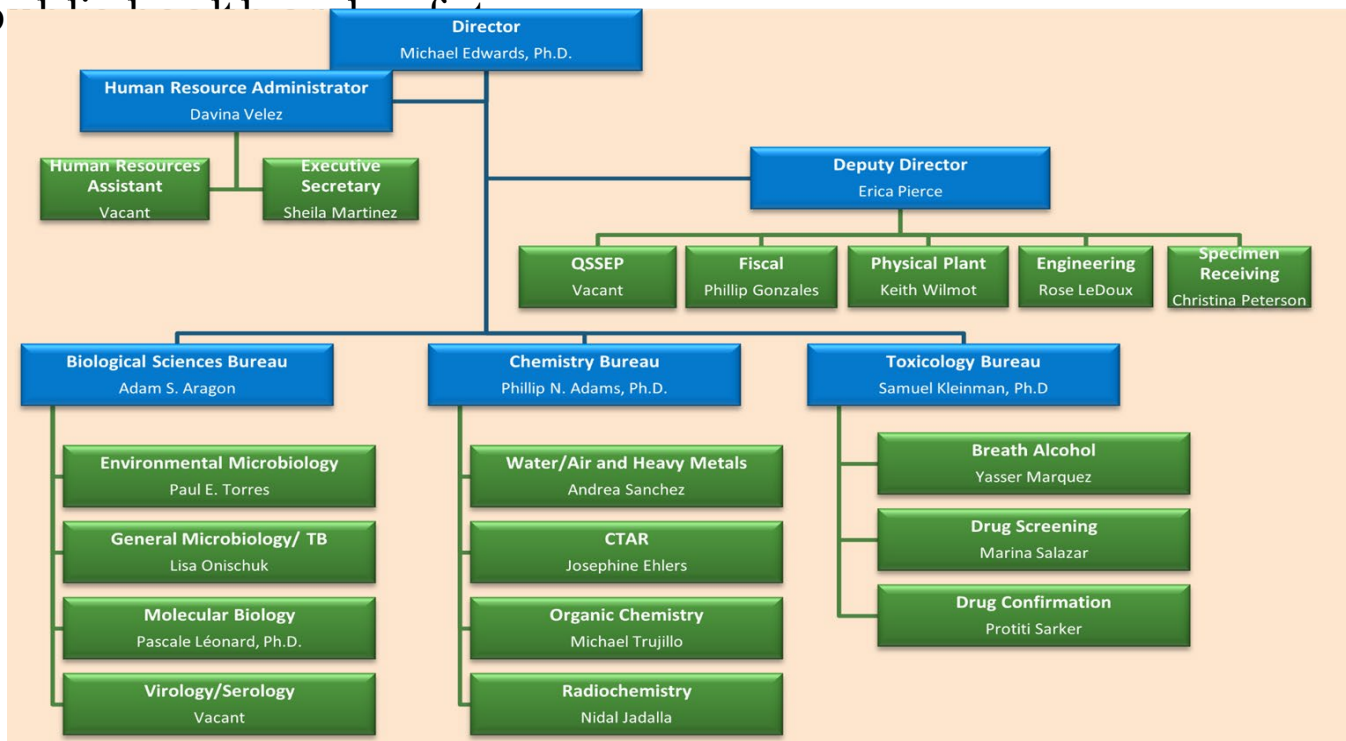
Scientific Laboratory Division (SLD)

Scientific Laboratory Division (SLD)

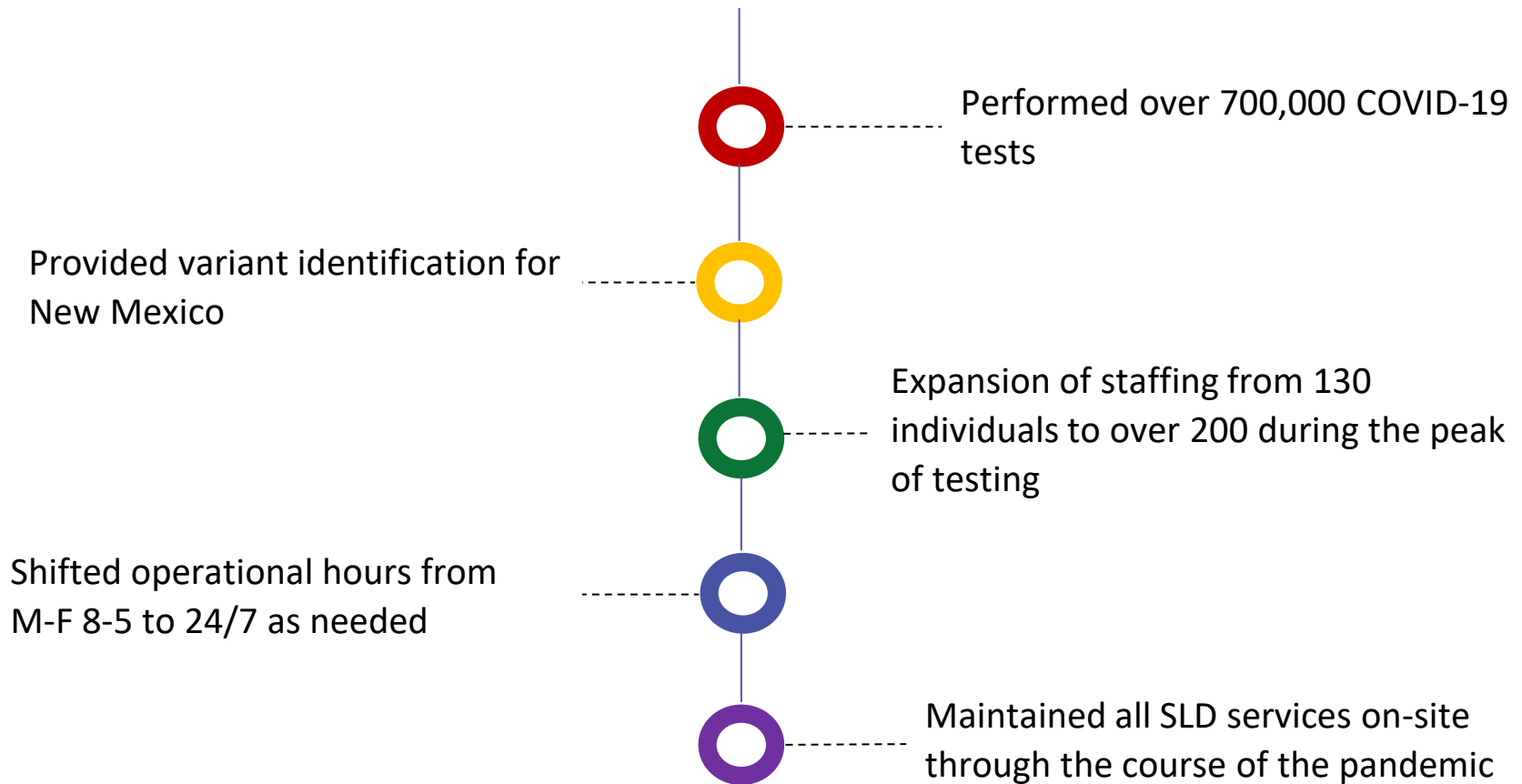
Mission: To provide analytical laboratory support services and scientific advisement services for tax-supported agencies and groups or entities administering health and environmental programs for New Mexico citizens.



The Scientific Laboratory Division (SLD) is a multiagency laboratory that provides environmental, clinical and forensic diagnostics to support New Mexico's public health and environmental programs.



Scientific Laboratory Division Accomplishments



Challenges

Staff retention problems due to private sector competition, physical and mental stress, and increased workload from pandemic related responsibilities

Outdated instrumentation and information technology equipment

Accelerated wear on facility due to increased workload and operational hours

Increase in costs for all laboratory supplies and materials due to the demand for COVID-19 testing as well as a decrease in supply chain production

Budget Priorities

- Sustainability of funds to support current staffing levels
- The need to modernize non-COVID-19 testing equipment
- Resources to maintain and replace aging and overused building infrastructure

Personnel Needs

Requested Funding	Funding Purpose
Increased funding	<p>SLD is operating at a 20% vacancy rate and is not able to decrease the vacancy rate as a cost savings to offset expenses.</p> <ul style="list-style-type: none">• SLD received ELC grant funding, which temporarily funds certain COVID19 related positions.• Additional funding for staffing is needed to maintain laboratory services and accreditation activities outside of COVID19.

Information Technology Services Division (ITSD)

Information Technology Services Division (ITSD)

Mission: To provide quality IT services for the Department of health by engaging them in effective planning, development, implementation, and support of IT solutions that help them achieve their business goals in an efficient and effective manner.

Information and Technology Services Accomplishments

Implemented a public facing dashboard reporting testing, cases, and vaccine provider certification

Utilized Salesforce for contact tracing and case investigation tracking system to improve productivity



Developed and implemented the coronavirus microsite on nmhealth.org



Built COVID vaccine registration and support including registration, scheduling, and notifications; help desk support; call center functions; and reporting to NMSIIS.



Completed DOH Internal Data warehousing and modernization.



Information and Technology Services Division

Healthcare providers need to see the medical history and medication disbursement for patients. Health records that capture history from other providers or healthcare settings are valuable and interoperable certified healthcare records systems allow for more information to be readily available. A new electronic healthcare records system and pharmacy system would achieve the above stated needs.

Healthcare Records and Billing System

- \$4M appropriated for FY20 and 21
- \$3.5M appropriated for FY21

DOH Pharmacy System

- \$442K appropriated for FY22
- While these initial investments have supported over-all progress, we project additional funding needs for completing the remaining phases of the Healthcare Records and Billing System and Pharmacy System.

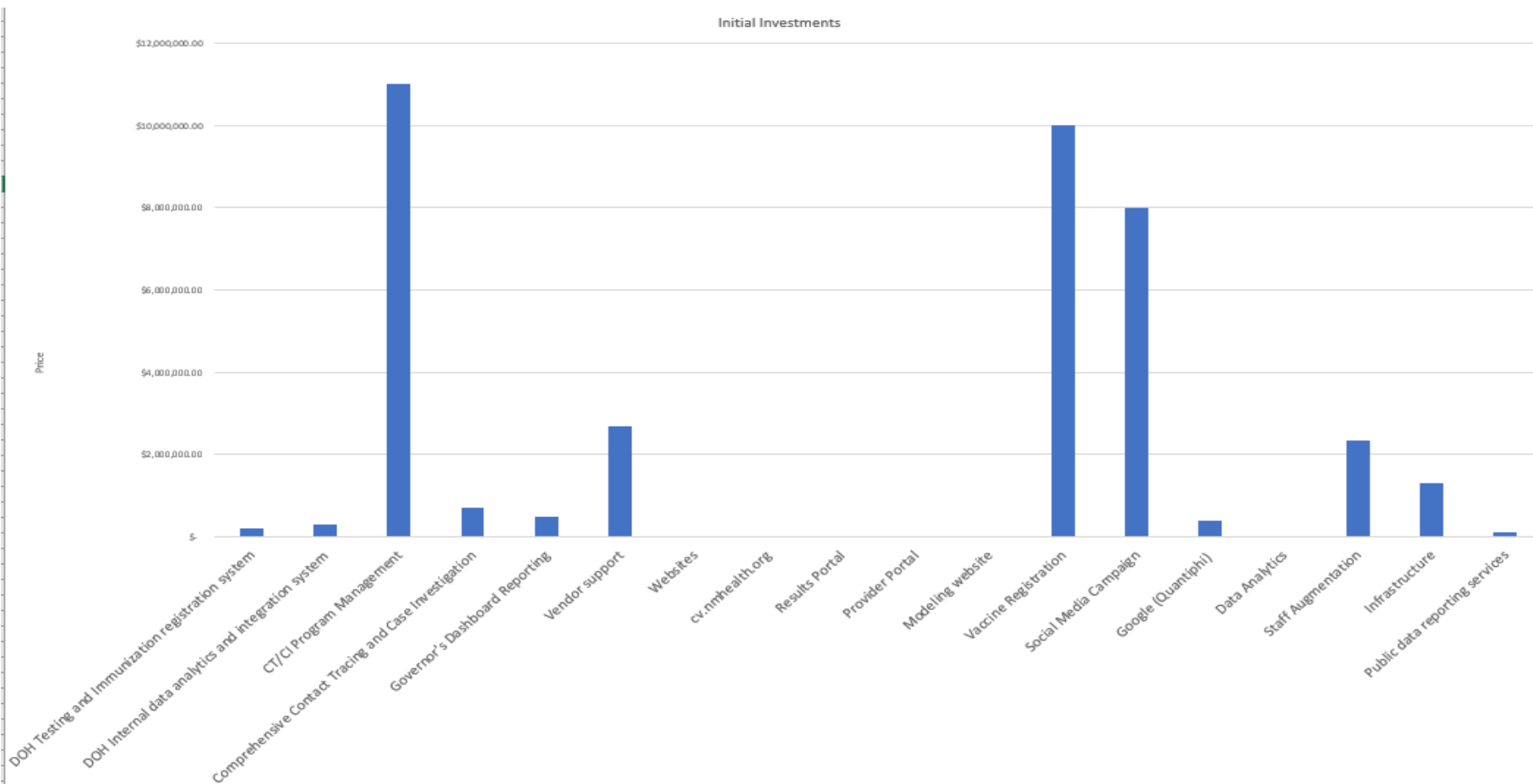
Implementation of DOH Electronic Healthcare Records and Billing Systems

ITSD Priority	Purpose
Prioritizing additional funding through Information Technology (C2) for a new electronic healthcare records system	System customization for New Mexico requirements for healthcare information management, safety and regulatory compliance
	Creation of performance measures and reports to meet all state, federal, licensing and accreditation requirements
	System interoperability with other agencies such as the NM Corrections Department

Information and Technology Services Division

Sustainability Needs

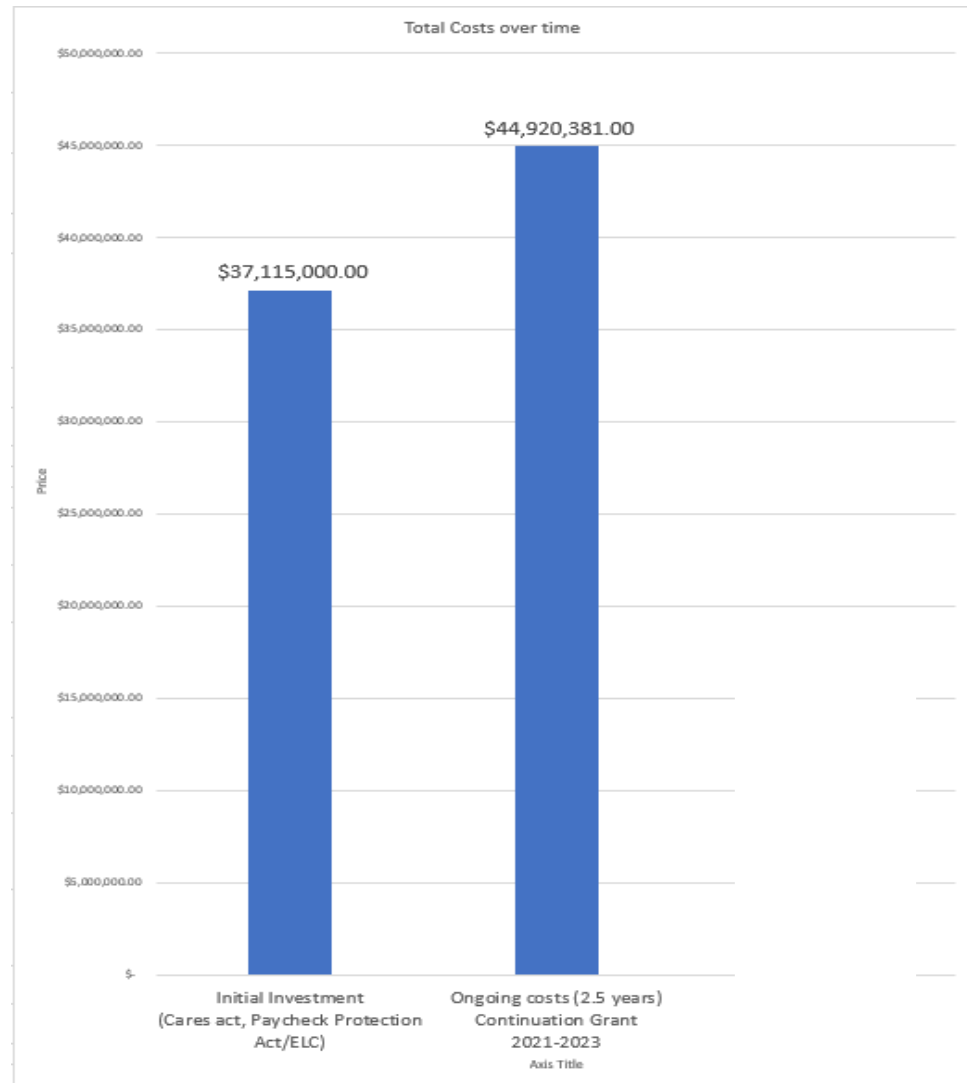
COVID Response Investments \$37,115,000



Sustainability Needs

ITSD is proud of the accomplishments achieved during the COVID-19 pandemic. Through the CARES Act Relief funding and a continuation grant, an investment in new technology allowed ITSD to provide the necessary technical support and develop critical tools that assisted with COVID data dissemination and public health support.

To continue these efforts, ITSD will need additional funding to sustain the technology that has been invested.



Information and Technology Services Division

Implementation of DOH Pharmacy System

ITSD Priority	Purpose
Continued development of new pharmacy system	System customization for New Mexico requirements for pharmacy and prescription management, safety, and regulatory compliance
	Creation of performance measures and reports to meet all state, federal, licensing and accreditation requirements for electronic prescribing

PART 2: Essential Public Health Services Provided by

- **Developmental Disabilities Supports Division (DDSD)**
- **Division of Health Improvement (DHI)**
- **Medical Cannabis Program (MCP)**
- **Facilities Management Division (FMD)**
- **Information Technology Services Division (ITSD)**

Developmental Disabilities Supports Division (DDSD)

Developmental Disabilities Supports Division (DDSD)

*Mission: Effectively administer a system of **person-centered** community supports and services that promotes positive outcomes for all stakeholders with a primary focus on assisting individuals with developmental disabilities and their families to exercise their right to make choices, grow, and contribute to their community.*



The Developmental Disabilities Supports Division oversees four home and community-based Medicaid waiver programs. These include the Developmental Disabilities Waiver (Traditional Waiver), the Medically Fragile Waiver (Traditional Waiver), Mi Via Self-Directed Waiver and the Supports Waiver. The Intake and Eligibility Bureau manages the Central Registry for individuals waiting for services. DDSD also provides several State General Funded Services.

Developmental Disabilities Supports Division

New Mexico State Agencies Administration and Operation

Administrative Agency



Human Services Department (HSD) is the administrative agency (Administrative Agency)

Operational Agency



Developmental Disabilities (Operating Agency)

Four Home and Community Based Waivers

- Developmental Disabilities Waiver (traditional)
- Mi Via Waiver Fragile Waiver (self-directed services)
- Medically Fragile Waiver (traditional and self-directed services for individuals with complex medical needs)
- Supports Waiver (traditional and self-directed services, does not include residential services)

Traditional Developmental Disability Waiver

Current Term of Approval
7/01/16 – 6/30/21

Individuals Served:
3261

No Individual Budget Ceiling

Per Capita Cost Per Person
\$94,233

The New Mexico Developmental Disabilities Waiver is vital for improving the lives of adults and children with intellectual and developmental disabilities (ID and DD). This waiver allows ID individuals to receive services within the community instead of in a facility with nursing home levels of care. The DD Waiver enhances the lives of individuals with disabilities so they can oversee their own lives as much as possible. For families who cannot afford the level of care needed for their family member with a disability, the services provided by the DOH DD Waiver are a crucial lifeline.

Traditional DD Waiver Service Array

Assistive Technology	Behavioral Support Consultation	Case Management	Community Integrated Employment	Customized Community Supports
Customized In-Home Supports	Crisis Supports	Environmental Modifications	Family Living	Supported Living
Intensive Medical Living Services	Transportation	Nutritional Counseling	Personal Support Technology	Preliminary Risk Screening and Consultation Related to Inappropriate Sexual Behavior
Adult Nursing Services	Respite	Socialization and Sexuality Education	Occupational Therapy	Physical Therapy
		Speech Language Pathology		

Mi Via Waiver

Current Term of Approval
10/1/20 – 9/30/2025

Individuals Served: 1775

Highest available Individual Budget Ceiling
\$72,710

Per Capita Cost Per Person
\$66,693

Mi Via is designed to support participants' decision-making authority over their Waiver services and encourages direct responsibility over the management of their services within a system of available supports. With more choice, control, flexibility, and freedom offered through self-direction, there is more participant responsibility and accountability.

The guiding principles of Mi Via are all participants:

- Have value and potential;
- Will be viewed in terms of their abilities;
- Have the right to live, work, learn, and receive services and supports to meet their individual needs in the most integrated setting possible within their community.

Medically Fragile Waiver

Current Term of Approval:
7/01/2016 –
6/30/21

Number of
Individuals
Served
275

Highest
available
Individual
Budget Ceiling
\$190,000

Per Capita Cost Per
Person \$24,599

The Medically Fragile Waiver (MFW) program is intended for individuals who have been determined to have both a medically fragile condition and developmental disability and live in their homes. New Mexico children who have a high level of dependence on medical technology such as ventilators, oxygen, dialysis, and intravenous medication, and require total care for all their daily needs can benefit from the Medically Fragile Waiver program.

The MFW program provides case management, private duty nursing, home health aides, physical therapy, speech therapy, occupational therapy, psychosocial counseling, nutritional counseling, and specialized medical equipment.

Medically Fragile Waiver Service Array

Case
Management

Behavior
Support
Consultation

Home Health
Aide

Nutritional
Counseling

Occupational
Therapy

Physical
Therapy

Speech
Therapy

Private Duty
Nursing

Respite

Specialized
Medical
Equipment

Environmental
Modifications

Supports Waiver

Current Term of Approval:

7/01/2020 –
6/30/25

Number of
Individuals
Served

97

Highest
available
Individual
Budget Ceiling
\$10,000

Per Capita Cost Per
Person:
Preliminary
Data Only

The Supports Waiver (SW) is a Home and Community Based Services (HCBS) waiver that 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.

The Supports Waiver is intended as a support option for individuals who are on the Developmental (DD) Waiver wait List waiting for an allocation to the DD/Mi Via Waivers. Individuals keep their place on the wait-list, but can still access an array of services.

Supports Waiver Service Array



Central Registry and Waitlist Data (as of 6/25/2021)

Wait List Updates

Keeping current contact information is critical:

DDSD Intake and Eligibility Bureau (IEB) will inquire about any possible updates to the Central Registry any time they have contact with an individual or guardian of an individual on the waitlist.

Approximately 350 individuals are determined to match New Mexico's definition of developmental disability each year (are a "Yes" match) and are added to the waitlist. There is no cost involved in adding an individual to the waitlist.

Wait List	4,674
Complete	4,188
Allocation On Hold	486
Start	730
Child Pend	1,074
Total on Central Registry	6,478

Developmental Disabilities Supports Division

During COVID-19 individuals were not able to receive services to the same level as pre-pandemic.

6.2% FMAP will expire on 12/31/2021

FY21

Anticipated shortfall with no enhanced FMAP rate = \$592.9 thousand

Anticipated surplus including 6.2% FMAP = \$28.3 million

FY22

Anticipated surplus with no enhanced FMAP = \$11.9 million

Anticipated surplus with 6.2% FMAP = \$23.2 million

Division of Health Improvement (DHI)

Division of Health Improvement (DHI)

Mission: Assuring safety and quality of care in New Mexico's health facilities and Home and Community-Based Waiver programs.

- The Department of Health Improvement (DHI) provides licensing and certification oversight to New Mexico's long term, acute and continuing care facilities statewide. DHI works to protect New Mexico residents, patients and most vulnerable populations through regulatory survey and complaint investigations.
- DHI collaborates with state, federal and community partners to assure health facilities and community program providers have the knowledge and skills to meet and exceed standards of care, improving the health status of all New Mexicans.
- DHI provides compliance oversight of New Mexico's Developmental Disability waivers and conducts investigations of abuse, neglect, and exploitation for all waiver participants.
- Pursues organizational excellence through performance management, accountability and transparency. DHI is comprised of 162 licensing and survey professionals with a diverse range of professional and educational competencies.

Mission Priorities

- Expand access to healthcare services
- Ensure health, safety and welfare for all New Mexicans

DHI Achievements: Accountability, Transparency, and Visibility

- Transformed survey and investigation process to utilize audio-video technology
- Partnered with Epidemiology, surveyors and investigators; received PPE training and equipment and began critical field work in August 2020
- DHI maintained a high profile to assure ongoing quality from health providers
- Hosted weekly informational meetings with all nursing homes, assisted living, intermediate care, and home health and hospice
- Issued guidance combining CMS, CDC, and state requirements for facilities
- Implemented several emergency rule amendments to address COVID-19 needs, including allowing NP/ PA to sign orders, and reducing the age requirement for caregivers from 18 to 17 for NH and ALF
- Promulgated new rule to license boarding homes

DHI Achievements: Accountability, Transparency, and Visibility

Key Achievements for 68 Nursing Homes

- 1100+ offsite video surveys of nursing homes
- Onsite visits with ALL nursing homes to review infection control practices and preparedness
- 240 COVID-19 surveys; 80% deficiency free
- 732 citations including 6 immediate jeopardy (IJs) citations for infection control and 4 IJs for other care areas and 13 actual harm citations

Key Achievements for 241 Assisted Living Facilities

- 220 onsite infection control surveillance visits
- Approximately 1,200 offsite infection control reviews
- 254 health surveys, including revisits
- 267 citations for 43 facilities

DHI Achievements: Accountability, Transparency, and Visibility

Acute & Continuing
Care Facilities
(Hospitals, Hospice,
Dialysis centers, etc.)

- New Facility Surveys: 15
- COVID-19 Surveys: 154
- Total Surveys: 424

Key
Accomplishments
for Life Safety
Code & Plan
Review

- New Surveys: 76
- New Building Approvals: 187

Key
Accomplishments
for Laboratories

- New Applications: 240
- Total Surveys: 55

DHI Achievements: Accountability, Transparency, and Visibility

Key Accomplishments for Home and Community-based Medicaid Waiver Program

- 1500 off-site video phone investigations of ANE to investigate and verify health and safety
- Safety and compliance video phone survey visits to ensure the health and safety of 678 consumers and maintain compliance with CMS required survey cycles

Key Accomplishments for Facility Complaints and Incident Reporting

- 890 out of 1,198 Consumer complaints regarding care issues from patients, family members and the community were received and assigned for survey
- 7,642 out of 7,848 incident reports were completed by Health Facilities with approved corrective actions plans by DHI

Budget Priorities

DHI Priority	Funding Purpose
Staffing Needs	Additional surveyors needed to enforce new rule in 2020 requiring all Boarding Homes to be licensed by DHI
	Additional surveyors and inspectors needed to support new HCBW Supports and Services Waiver recently implemented

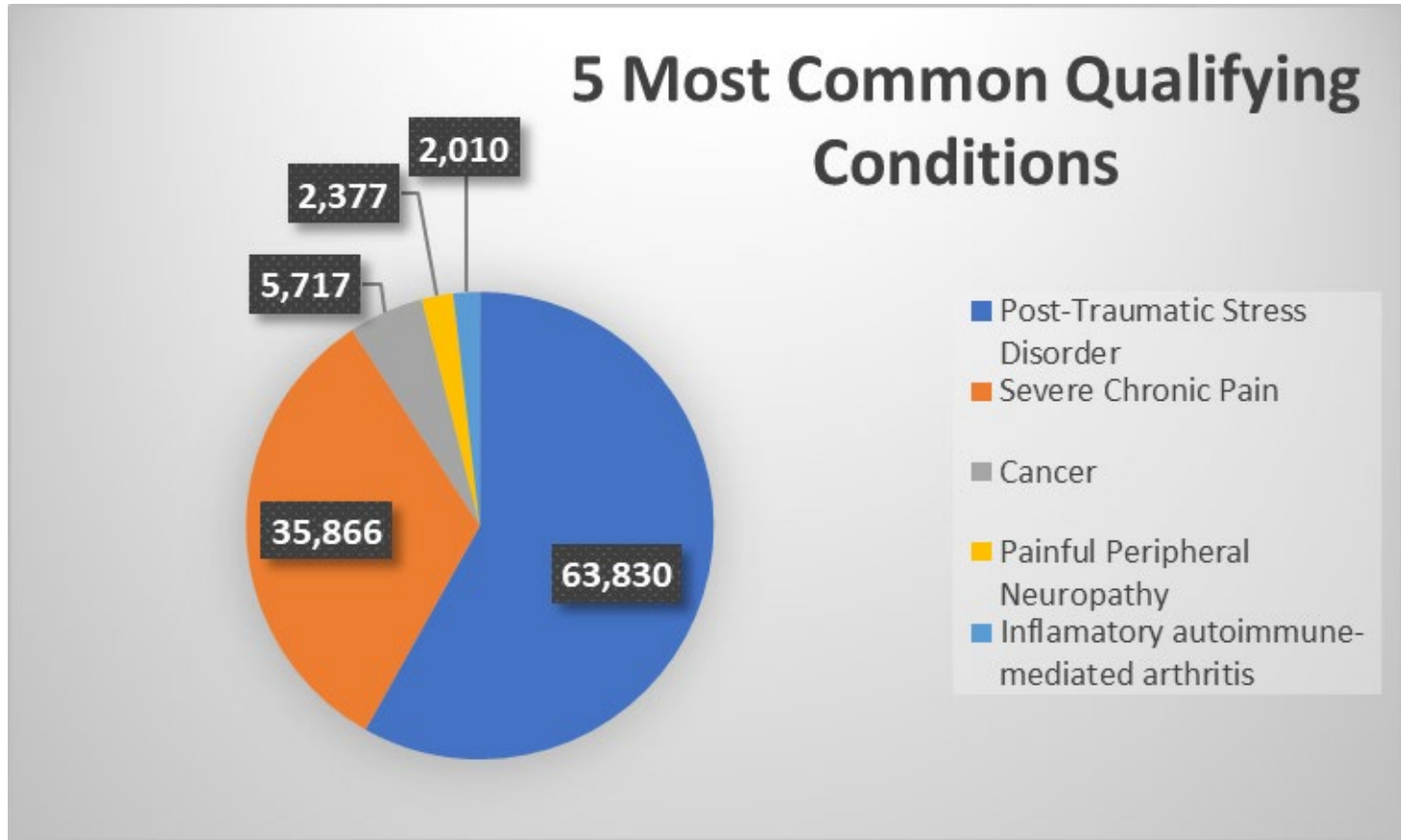
Medical Cannabis Program (MCP)

Medical Cannabis Program (MCP)

The Cannabis Regulation Act took effect on Tuesday, June 29, 2021. The Medical Cannabis Program (MCP) was created under the Lynn and Erin Compassionate Use Act. The purpose of the Act is to allow the beneficial use of medical cannabis in a regulated system for alleviating symptoms caused by debilitating medical conditions and their medical treatments.

The Department continued to maintain the Patient Registry and Patient Service under the Lynn and Erin Compassionate Use Act. Through the Regulation and Licensing Department, the Cannabis Control Division will be responsible for all licensing and production of cannabis. A total of 13 staff positions have transferred to the newly created Cannabis Control Division as of June 29, 2021.

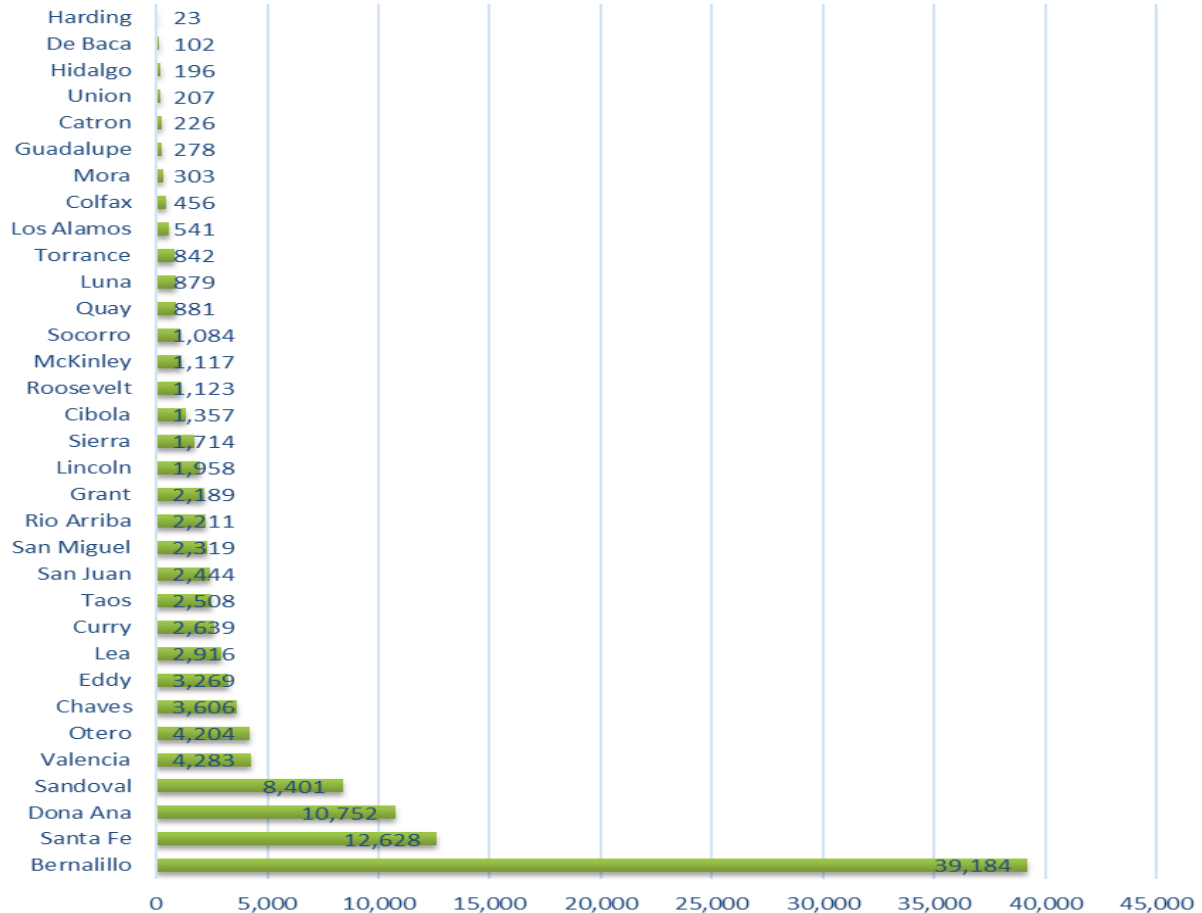
28 Qualifying Conditions to become a Medical Patient



Over 117,500 enrolled patients as of May 31, 2021

Medical Cannabis Program

Patient Enrollment by County



There are Medical Cannabis Patients in Every County in NM

Over 117,500 enrolled patients as of May 31, 2021

Medical Cannabis Program COVID Achievements

- Operates a 24-hour/7-day–a-week First Responder Response Line to assist Law Enforcement Officers regarding Medical Cannabis questions
- In April 2020, a Covid-19 option for First Responders was added to the previously existing 24-hour MCP Law Enforcement response line.
- First Responders (EMS, Fire, Law Enforcement) were able to call for updated information on Covid-19 and for testing information and results.
- There were over 6,000 calls, responses, and events through this line related to Covid-19.

Medical Cannabis Budget

- The Medical Cannabis Program has been funded through licensing fees.
- As of June 29, 2021, the funding is through the Regulatory and Licensing Department-Cannabis Control Division and their collection of licensing fees through the Cannabis Regulations Act.



Facilities Management Division (FMD)

Consistent with the mission of the DOH, the facilities management division provides quality safety net services to veterans, seniors, developmentally disabled adults and those needing *psychiatric care in compassionate, patient-centered and safe environments* .

Behavioral Health Related Improvements to Facilities

- Turquoise Lodge and New Mexico Rehabilitation Center –physical modifications and equipment to meet AARTC programming and regulations and be eligible for Medicaid service reimbursement.
- NM Behavioral Health Institute– contracted direct patient care services, behavioral health appropriate furniture, IT equipment, dietary equipment, anti-ligature items, and supplies to support therapeutic/social skills/interpersonal development.

Behavioral Health Related Improvements to Facilities

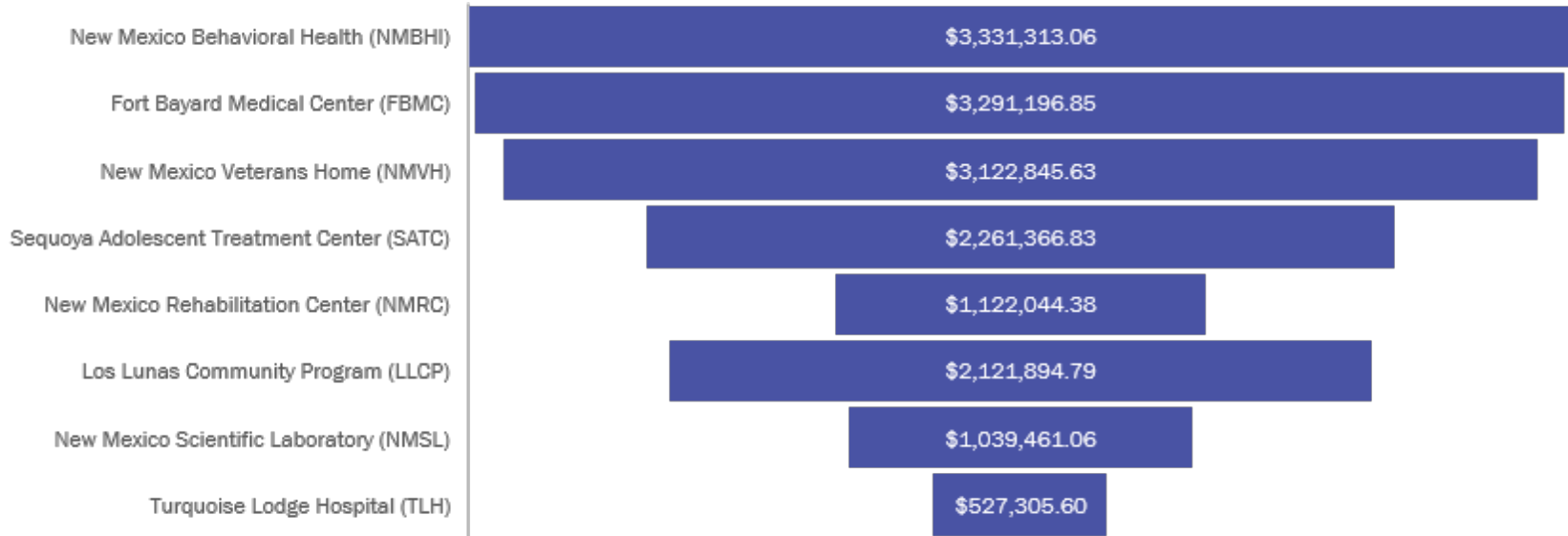
- Sequoyah Adolescent Treatment Center– Behavioral health appropriate furniture, obstacle course to assist residents with aggression coping skills.
- NM Rehabilitation Center, Turquoise Lodge Hospital, Sequoyah Adolescent Treatment Center, NM Behavioral Health Institute – electronic pharmacy ordering for controlled substances; compliance was required by April 2021.

Challenges

- **Occupancy decline**
 - Due to COVID-19 there has been a decline in occupancy leading to significant funding constraints.
- **Cost increases**
 - Personal protective equipment
 - Infection control and prevention efforts
 - Contract staffing rates at crisis/demand levels

DOH Facilities Capital Improvements

Capital Outlay (Total: \$16,817M) Investment DOH Facilities (FY18-21)



Includes projects that are completed, 11-month warranty, active construction, repairs, and design.

Additional DOH large construction projects:

- NMBHI Meadows Phase 3 - \$25M project, 54 bed, completion July 2021.
- Vital Records & Statistics building – \$5.4M project, completed February 2021.

QUESTIONS?