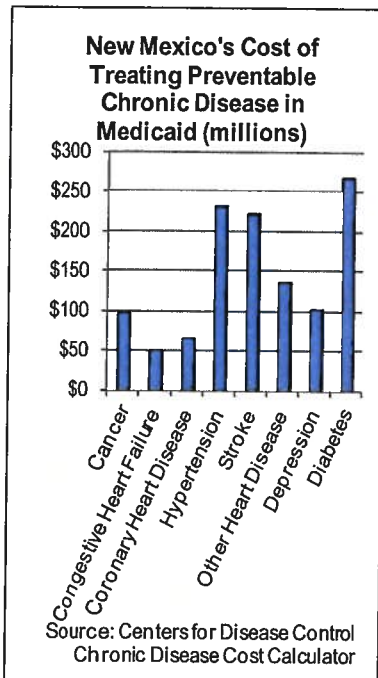


ACTION PLAN

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

Department of Health

The department switched to reporting performance through a new online system. Many of the indicators the department reported are directly related to its strategic priorities to address obesity and diabetes prevalence, substance misuse, and teen pregnancy. Performance measures in most cases reflect the performance of activities and initiatives the department engages in to affect the indicators. The new system includes functions allowing the department to provide action plans, data history, best practices, and strategy and other states use the system.



New Mexico Health Indicators		FY15	FY16	US 2016
1	Drug overdose death rate per 100,000 population	25	25	20
2	Births to teens aged 15-19 per 1,000 females aged 15-19	34	29	22
3	Alcohol-related death rate per 100,000 population*	66	66	32
4	Falls-related death rate per 100,000 adults aged 65 years or older*	104	92	58
5	Heart disease and stroke death rate per 100,000 population**	188	196	
6	Suicide rate per 100,000 population*	23	22	13.5
7	Pneumonia and Influenza death rate per 100,000 population	13	14	15
8	Diabetes hospitalization rate per 1,000 people with diagnosed diabetes**	184	155	
9	Percent of third grade children who are considered obese**	19%	19%	
10	Percent of adults who are considered obese	29%	28%	30%
11	Percent of adolescents who smoke	No Data	11%	11%
12	Percent of adults who smoke	17%	17%	17%

*Indicates areas of greatest concern.
** Indicates national measures lagging behind state data.

Source: DOH

Health Outcomes

Both Public Health and the Epidemiology and Response Programs have a direct impact on overall health outcomes. Children's health outcomes in New Mexico – including poor results on teen pregnancy, low birth weight, immunizations, and poverty – are not evenly distributed and are largely determined by socio-economic status and geography. According to New Mexico Health Care Workforce Committee analysis, Union County has no obstetric and gynecological physician – the closest is in Colfax County – and no certified nurse midwives or licensed midwives – absent in the three neighboring counties and Mora County to the southwest. Only four primary care doctors practice in Union County. It is no surprise that several of the counties in this area of the state have poor birth outcomes.

A 2015 LFC evaluation on teen births found that children born to teen moms cost taxpayers \$84 million annually due to costs to Medicaid associated with their births, increased reliance on public assistance, and poor educational outcomes. Furthermore, teens are more likely to have pre-term babies, which cost Medicaid an average of \$20 thousand in medical care during the first year of life. While progress was made in recent years, New Mexico still has one of the highest teen birth rates in the nation. For FY19, the department was appropriated \$250 thousand to purchase long-acting reversible contraceptive devices to improve same day access and to improve provider training.

New Mexico Child Health Indicator Rankings 2016	
Teen Pregnancies ages 15-19	4th Highest
Low Birthweight	12th Highest
Pertussis Cases	10th Highest
Child Immunizations	37th Highest
Children in Poverty	1st Highest

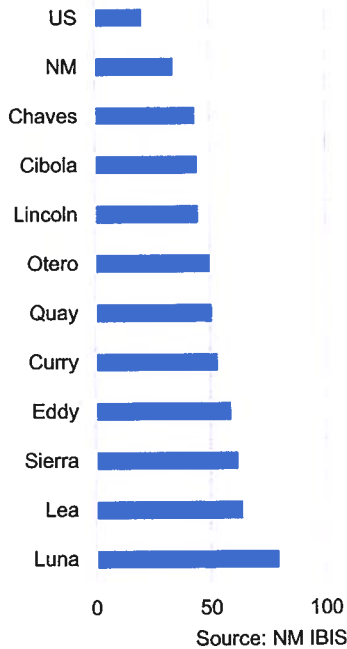
Source: Centers for Disease Control and America's Health Rankings



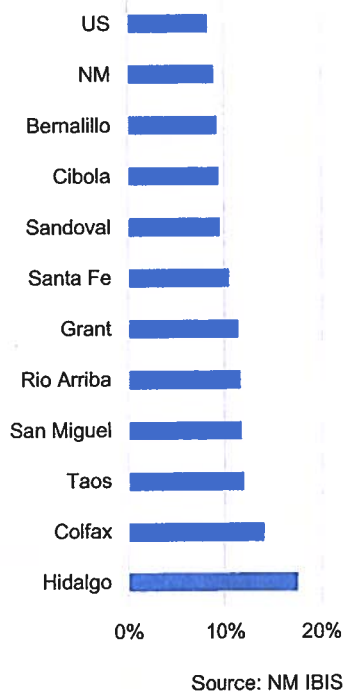
PERFORMANCE REPORT CARD

Department of Health
Second Quarter, Fiscal Year 2018

Births to Teens Ages 15-19 per 1,000 Girls, 2014-2016



Low Birthweight Babies, by County 2014-2016



Public Health		FY16 Actual	FY17 Actual	FY18 Target	Q1	Q2	Q3	Rating
Budget: \$181,331.1 FTE: 822								
1	Participants in the National Diabetes Prevention Program referred by a health care provider through the agency-sponsored referral system	New	70%	25%	70%	0%		G
2	Children in Healthy Kids, Healthy Communities with increased opportunities for healthy eating in public elementary schools	97%	89%	70%	89%	Annual		G
4	High school youth trained in the Evolvement youth engagement program to implement tobacco projects in their school/community	329	356	350	0	208		G
5	QUIT NOW enrollees who successfully quit using tobacco at 7-month follow-up	32%	32%	33%	29%	27%		Y
6	New Mexico adult cigarette smokers who access NMDOH cessation services	2.4%	2.8%	2.5%	0.7%	1.4%		Y
7	Teens who successfully complete a Teen Outreach Program (TOP) class	510	365	448	No Data	73		Y
8	Female clients ages 15-19 seen in NMDOH public health office who are provided most or moderately effective contraceptives	65%	66%	66%	60%	65%		Y
9	Preschoolers (19-35 months) fully immunized	68.5%	No Data	75%		Annual		
10	Total number of visits to School Based Health Centers (thousands)	48.2	50.3	48.0	0	24.0		G
Program Rating		Y	G					G

Substance Misuse

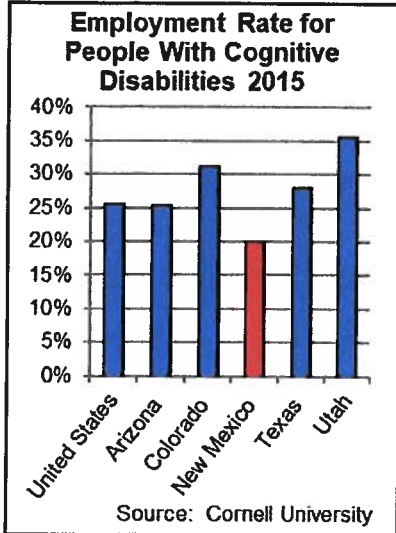
The alcohol-related death rate in New Mexico is trending upward, increasing 34 percent between 2010 and 2016. Since 1981, New Mexico's alcohol-related death rate ranked 1st, 2nd, or 3rd in the U.S, nearly double the national rate for two decades. The negative consequences of excessive alcohol use are costly and lead to a long list of diseases and other negative outcomes costing New Mexico \$2.2 billion in 2010. The Surgeon General's national prevention strategy calls for support for state, tribal, and local implementation and enforcement of alcohol control policies and emphasizing the identification of alcohol abuse disorder with brief intervention, referral and treatment.

In 2016, New Mexico ranked 12th for drug overdose deaths in the United States while male drug deaths were nearly double the national rate. One way to reduce drug deaths is to ensure widespread availability of Naloxone, an opioid overdose reversal medication. According to the department, "in 2015, 1.7 million opioid prescriptions were written in New Mexico, dispensing enough opioids for each adult in the state to have 800 morphine milligram equivalents (MME), or roughly 30 opioid doses."



PERFORMANCE REPORT CARD

Department of Health
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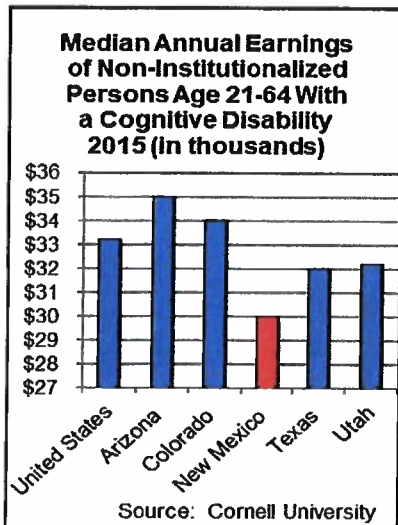


Epidemiology and Response		FY16 Actual	FY17 Actual	FY18 Target	Q1	Q2	Q3	Rating
Budget: \$28,188.7 FTE: 188								
11	Retail pharmacies that dispense naloxone	23%	34%	55%	40%	60%		G
12	Community members trained in evidence-based suicide prevention practices	30	52	100	0	0		R
Program Rating		Y	Y					Y

Health Facilities

The department's FY17 reversions included \$3.3 million from the Facilities Management Program, primarily due to a 24 percent vacancy rate for direct-care positions. Uncompetitive salaries hinder recruitment and retention and there are nearly 200 vacancies at the Behavioral Health Institute in Las Vegas. The General Appropriations Act of 2018 included a \$720 thousand appropriation to provide employees classified as nurses, nurse technicians, mid-level providers, home health aids, social workers, counselors and therapists an average 2.5 percent salary increase in addition to the blanket 2 percent salary increase for all state workers. In October, the department adjusted psych-tech salaries by up to 10 percent.

Office of Facilities Management		FY16 Actual	FY17 Actual	FY18 Target	Q1	Q2	Q3	Rating
Budget: \$124,072.3 FTE: 1,808								
13	Turquoise Lodge Hospital Detox Occupancy Rate	72%	85%	85%	88%	86%		G
14	Long-term care patients experiencing one or more falls with major injury	Not Reported	Not Reported	3%	1.7%	2.5%		G
15	Eligible third-party revenue collected at all agency facilities	94%	93%	93%	85%	85%		R
16	Vacancy rate for direct care positions	New	24%	10%	25%	24%		R
17	Operational beds occupied	Not Reported	87%	90%	83%	81%		R
Program Rating		Y	Y					Y



Services for People with Developmental Disabilities

Positively impacting people with developmental disabilities requires more than counting Developmental Disabilities (DD) Medicaid waiver wait lists. Education, transitional supports, supported and customized employment, Medicaid, and Mi Via are all examples of services that could be better leveraged to improve the quality of life for people not on the DD Waiver. For example, the employment rate for people with cognitive disabilities in New Mexico is the seventh lowest in the country and six percent lower than the national average. Median annual incomes are also low for this population and this may be related to New Mexico's lower educational attainment.

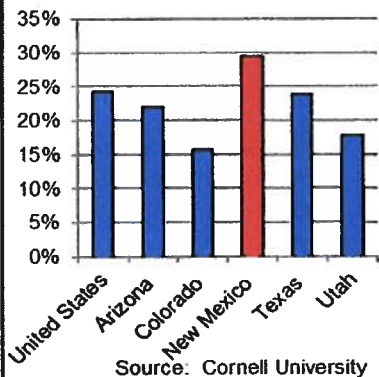
Between 2016 and 2017, the average cost per client on the DD Waiver jumped 7 percent from \$73.1 thousand to \$78.4 thousand. Recent litigation required the department to end the use of the supports intensity scale (SIS) and switch to a new "outside review" process, and the new process may be driving costs up. The LFC, in a June 2010 evaluation, found the department lacked a reliable way to determine appropriate services for people on the DD Waiver. In response, the department began using the SIS and successfully managed average per client costs for several years.



PERFORMANCE REPORT CARD

Department of Health
Second Quarter, Fiscal Year 2018

People With Less than High School Educational Attainment With Cognitive Disabilities 2015



FY17 DD Waiver Employment Type, Wages, and Hours

¹ Self-Employment	20
² Individual Employment	524
³ Group Employment	249
⁴ Facility-Based Work	123
Total	916

Average Work Week Hours	14.02
Average Hourly Wage	\$6.78

¹ Self-owned enterprise.

² Full or part-time employment.

³ A small group of individuals, no more than one staff member to six.

⁴ In settings such as sheltered workshops and little contact with other workers without disabilities.

Source: Department of Health

Developmental Disabilities Support		FY16 Actual	FY17 Actual	FY18 Target	Q1	Q2	Q3	Rating
Budget: \$159,443.8 FTE: 182								
18*	Individuals receiving developmental disabilities waiver services	4,660	4,574	N/A	4,574	4,608		
19*	Individuals on the developmental disabilities waiver waiting list	6,526	6,775	N/A	6,529	6,479		
20	Developmental disabilities waiver applicants who have a service plan in place within 90 days of income and clinical eligibility	54%	92.3%	95%	67%	80%		R
21	Adults receiving community inclusion services through the DD Waiver who receive employment services	38%	36%	34%	37%	30%		G
Program Rating		Y	Y					Y

* Explanatory measure for information purposes only; does not have a target.

Health Facility Oversight

Reports of poor conditions and weakening performance at many nursing facilities in New Mexico continue to challenge the Health Certification, Licensing, and Oversight division to improve performance at these facilities through its regulatory authority. Improving performance at many of these facilities will ensure New Mexico's vulnerable populations remain protected – especially now that many facilities received FY19 Medicaid reimbursement rate increases and the department received additional funding to improve oversight. By decreasing the number of nursing home residents that get pneumonia, the number of hospital admission and treatment costs are reduced. The department's action plan to improve immunization rates in nursing homes is to provide civil and monetary penalty funds to educate and improve outreach and improve data tracking. For measures 22 through 25 the department collected this data on a quarterly basis last year but will no longer do so this year. Some of this data is collected for the federal Centers for Medicare and Medicaid Services.

Health Certification Licensing and Oversight		FY16 Actual	FY17 Actual	FY18 Target	Q1	Q2	Q3	Rating
Budget: \$12,047.5 FTE: 172								
22	New Mexico's nursing home population who have received or who have been screened for influenza immunizations	91%	85%	90%	Annual			
23	New Mexico's nursing home population who have received or who have been screened for pneumococcal immunizations	83%	71%	90%	Annual			
24	Abuse Rate for Developmental Disability Waiver and Mi Via Waiver clients	10%	7%	8%	5%	No Data		Y
25	Re-Abuse rate (within 12 months- same person) for Developmental Disability Waiver and Mi Via Waiver clients	14%	18%	9%	Annual			
Program Rating		Y	Y					Y