

Legislative Finance Committee

October 30, 2014



Retta Ward, Cabinet Secretary

Brad McGrath, Chief Deputy Secretary

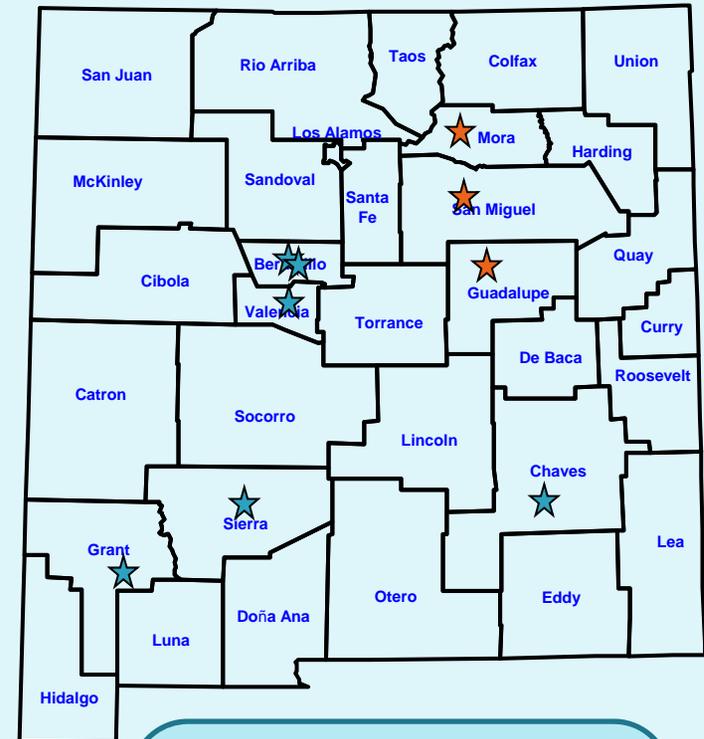
Lynn Gallagher, Deputy Secretary

Department of Health Organization

The Department of Health consists of eight Program Areas:

- Public Health
- Epidemiology and Response
- Scientific Laboratory
- DOH Facilities ----->
- Developmental Disabilities Supports
- Health Improvement (Health Facility Certification and Licensing)
- Medical Cannabis
- Administration (Includes: Finance/Admin; Public Information; General Council; Information Technology; Policy; Health Department Accreditation; Health Equity; Tribal Liaison; and Border Health)

New Mexico Health Facilities



Turquoise Lodge Hospital
NM Behavioral Health Institute
NM Rehabilitation Center
Sequoyah Adolescent Tx Center
NM State Veteran's Home
Fort Bayard Medical Center
Los Lunas Community Program

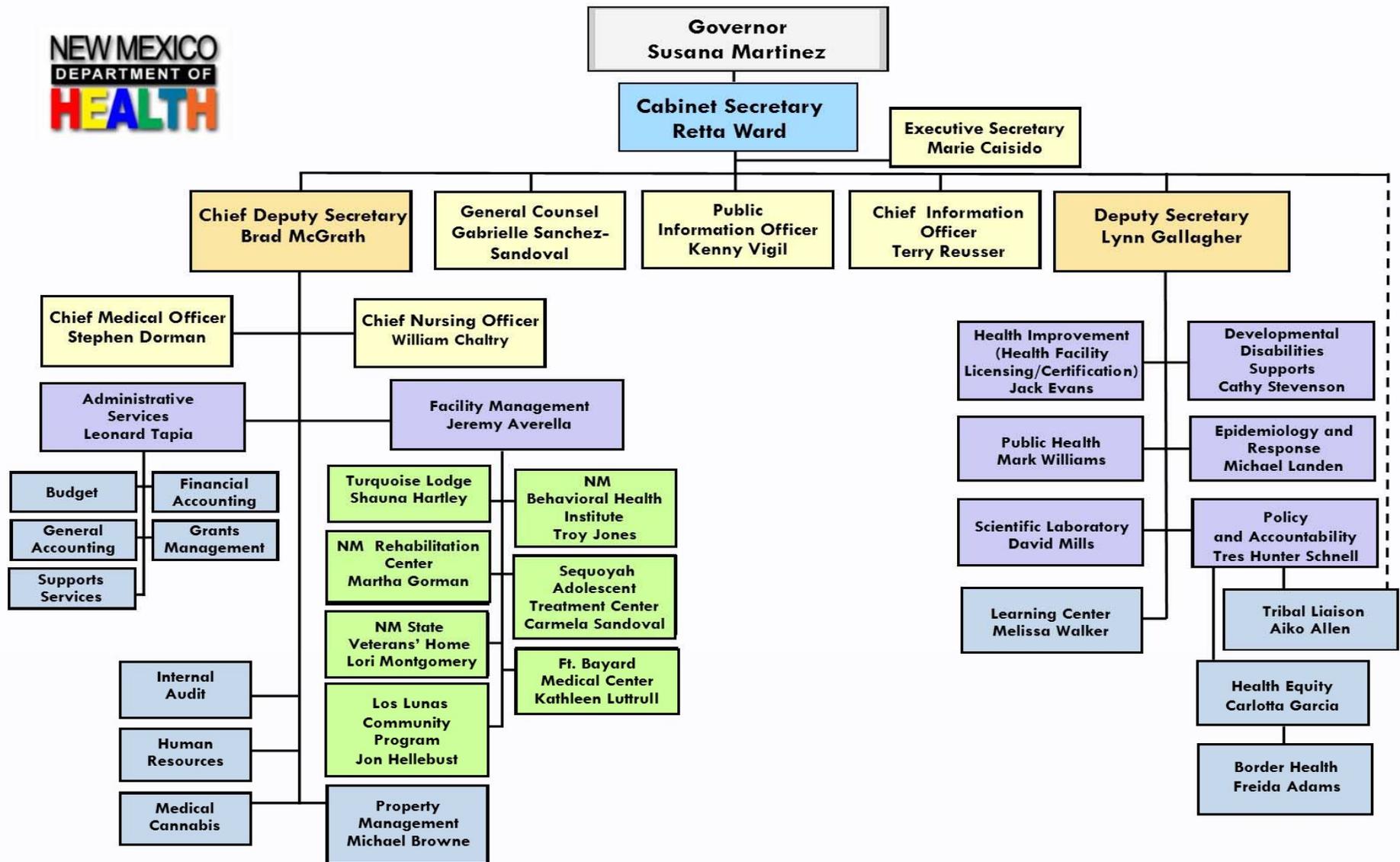
Department of Health Organization

Our statewide programs and operations include:

- ❑ 54 Public Health Offices
- ❑ Six 24-hour-a-day, 365-day-a-year rehabilitation, long-term care and behavioral health treatment facilities across New Mexico
- ❑ One community-based Developmental Disabilities Program (Los Lunas Community Program) and other Developmental Disabilities Offices statewide



Department of Health Organization



Department of Health

Vision, Mission, and Results

- ❑ Vision: *A Healthier New Mexico!*
- ❑ Mission: *The Department of Health works to promote health and wellness, improve health outcomes, and assure safety net services for all people in New Mexico*
- ❑ Results:
 - Improved health outcomes for the people of New Mexico
 - Improved quality, accessibility, and utilization of health care services
 - A more rewarding work environment to attract and cultivate a skilled, innovative, diverse, and committed workforce
 - Recruitment and retention of health professionals to respond to health care needs
 - Improved fiscal accountability
 - Technology that supports timely, data driven decisions; improves business operation; and improves public information and education

Department of Health

Priority Health Indicators

We maximize our effectiveness by prioritizing New Mexico's most pressing health concerns and work with partners to improve population health

- Child and Adolescent Obesity
- Diabetes
- Tobacco Use
- Teen Births
- Adult Immunizations
- Oral Health
- Older Adult Falls
- Drug Overdose Deaths (Illicit and Prescription)
- Alcohol-Related Deaths
- Health System Access (Primary Prevention to Healthcare)

Department of Health Major Functions

- ❑ The Department of Health provides safety net functions and services to **improve population health**
- ❑ DOH population health functions are **focused on whole communities and sovereign Tribal nations** statewide, including: health assessment and epidemiology; health policy and planning; research and evaluation; disease and injury prevention and control; public health preparedness and response; and the promotion of health and wellness
- ❑ **Safety net functions** include: inpatient care and treatment, public health clinic services, reference laboratory testing, facility licensing and certification and developmental disability services
- ❑ This safety net care is provided to individuals without any other access to essential services and care

We Improve Population Health

Healthy Kids, Healthy Communities

Spotlight on Public Health's *Healthy Kids in Doña Ana County*

- ❑ The **Edible Education program** in the Las Cruces and Gadsden School Districts has partnered with La Semilla Food Center and consulted with the *Healthy Kids, Healthy New Mexico* Program; manages **7 school gardens**.
- ❑ Through the Edible Education program, kids in the Las Cruces and Gadsden schools take part in a nutrition curriculum in the classroom and in after school activities, including **cooking with their families**.



We Improve Population Health

Reducing Drug Overdose Deaths

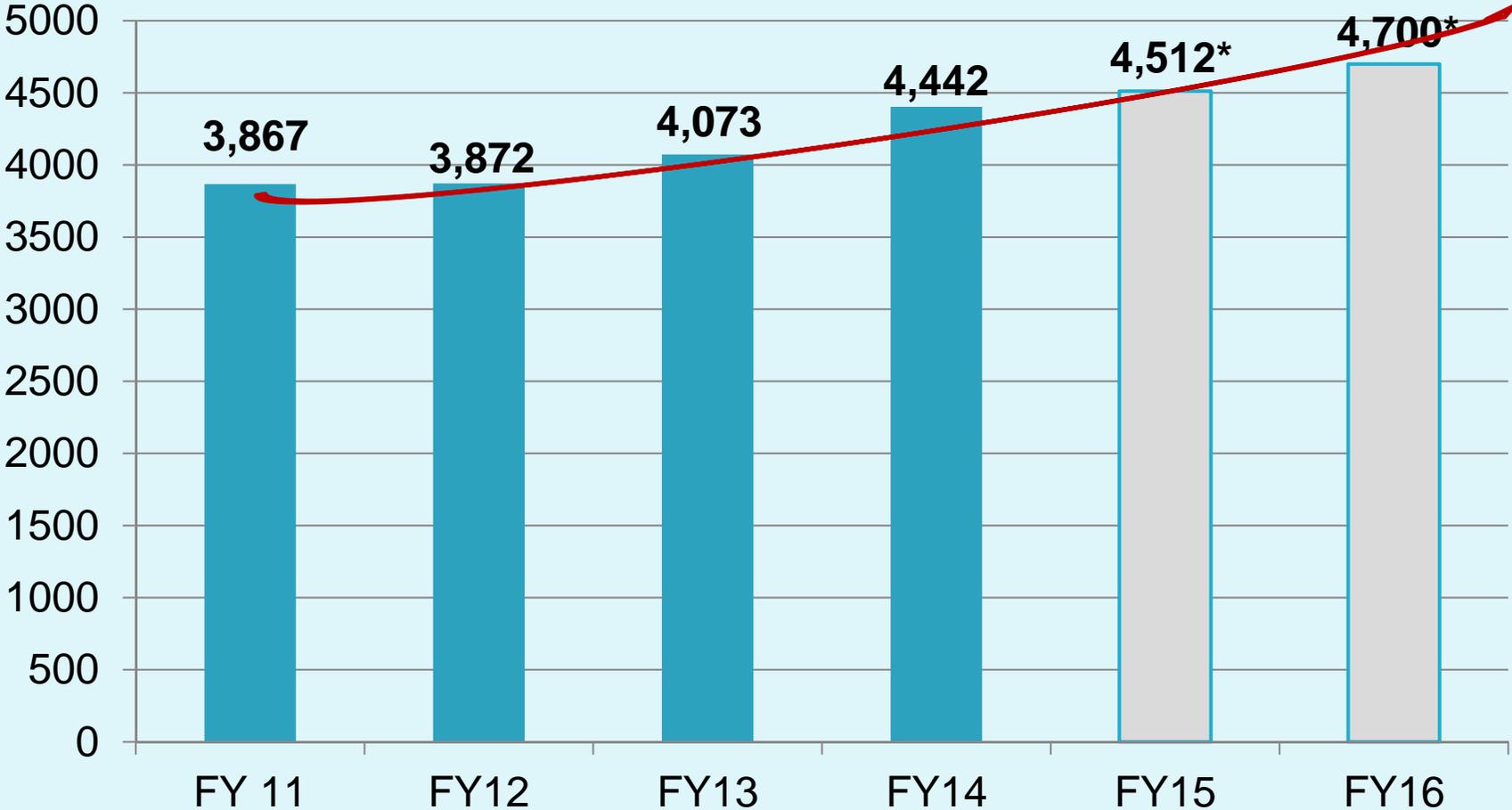
Reduced Drug Overdose Deaths by 16%

- ❑ After leading the nation in drug overdose deaths for the last 2 decades, NM has had the a **sustained decrease** over two years of **16%**.
- ❑ This decrease has largely been due to reductions in opioid prescribing because of the efforts of **DOH and partners**, including the Board of Pharmacy and health care licensing boards.
- ❑ Additionally, naloxone provided by DOH has led to over **500 drug overdose death reversals** annually.



Turning the Curve on Numbers Served ~ DD Waivers

- ❑ Enrollment in DDW grew by 613 individuals in FY14
- ❑ The waiting list has been reduced - instead of growing each year as in the past



*Projected

Department of Health

Our Programs are Accountable for Results

FY13 Performance Measures					
Explanatory	Efficiency	Quality	Output	Outcome	TOTAL
3	3	0	3	2	11
27.3%	27.3%	0.0%	27.3%	18.2%	100.0%

FY14 Performance Measures					
Explanatory	Efficiency	Quality	Output	Outcome	TOTAL
3	3	1	5	4	16
18.8%	18.8%	6.3%	31.3%	25.0%	100.0%

FY15 Performance Measures					
Explanatory	Efficiency	Quality	Output	Outcome	TOTAL
2	8	6	3	12	31
6.5%	25.8%	19.4%	9.7%	38.7%	100.0%

Department of Health

Accreditation, Licensing and Certification

The Public's Assurance of Quality and Service Excellence

CMS.gov
Centers for Medicare & Medicaid Services

The Joint
Commission



carf INTERNATIONAL

Scientific Laboratory

- ❑ The Scientific Laboratory Division holds 5 accreditations:
 - College of American Pathologists/Centers for Medicare and Medicaid Services (CMS)
 - US Environmental Protection Agency
 - US Food and Drug Administration
 - American Board of Forensic Toxicology
 - CDC Select Agent and Toxic Substances Registry

The Joint Commission... Licensing/Certification

❑ NM Behavioral Health Institute

➤ The Joint Commission Accredited

Licensed/Certified as:

- Skilled Nursing/Nursing Facility
- Specialty Hospital
- Psychiatric Hospital
- Residential Treatment Services
- Community Mental Health Center
- Limited Diagnostic Treatment Center
- Centers for Medicare and Medicaid Services (CMS) accredited, CYFD, DHI, and DD Waiver Case Management

❑ Sequoyah Adolescent Treatment Center

➤ The Joint Commission Accredited

- CYFD licensed as a Psychiatric Residential Treatment Facility (PRTF)

❑ New Mexico Rehabilitation Center (The Joint Commission Accredited)

➤ The Joint Commission Accredited

- CMS accredited; deemed status

❑ New Mexico State Veterans' Home

➤ The Joint Commission Accredited

- CMS accredited
- U.S. Dept. of Veterans Affairs (VA)

Accreditation Status... Licensing/Certification

Turquoise Lodge Hospital

- CMS Accredited
- Seeking The Joint Commission (TJC) Accreditation

Fort Bayard Medical Center

- Centers for Medicare & Medicaid Services (CMS) accredited
- U.S. Dept. of Veterans Affairs (VA)
- Seeking TJC Accreditation

Los Lunas Community Program

- Operator's License for Intermediate Care Facility for Individuals with Intellectual Disabilities
- Developmental Disabilities Waiver Medicaid Provider
- Intermediate Care Facility for the Mentally Retarded Medicaid Provider
- Seeking Accreditation by The Commission on Accreditation of Rehabilitation Facilities (CARF)

National Health Department Accreditation

The Department is committed to achieve the status awarded by the Public Health Accreditation Board (PHAB):

- ❑ Accreditation is based on 32 nationally recognized, practice-focused, and evidence-based standards grounded in the 10 Essential Public Health Services
 - Achieved by providing evidence that DOH is compliant with the requirements of each standard.
 - Requires an established culture of quality improvement and the achievement of measurable results.
 - Requires robust partnerships for collective impact on personal, community, and population health.

Health Department Accreditation

Progress report:

- DOH submitted a Statement of Intent to apply for Public Health Accreditation (PHA) on May 17, 2012.
- Application submitted to the Public Health Accreditation Board (PHAB) on May 16, 2013.
- Submission of final documentation for Accreditation to PHAB on May 13, 2014.
- PHAB Site Visit scheduled for December 15 and 16, 2014

**Fiscal Year 2016
Appropriation Request
and
Fiscal Year 2015
Supplemental Request**



FY16 Appropriation Request (Dollars in Thousands)

<u>Revenue</u>	FY15 Operating Budget	FY16 Appropriation Request	FY16 Rqst Over / (Under) FY15 OpBud
General Fund	\$ 307,971.0	\$ 314,621.0	\$ 6,650.0
Other Transfers	\$ 28,451.2	\$ 28,626.2	\$ 175.0
Federal Funds	\$ 101,302.0	\$ 100,369.5	\$ (932.5)
Other Revenue	\$ 117,049.4	\$ 113,233.5	\$ (3,815.9)
<u>Fund Balance</u>	<u>\$ 250.0</u>	<u>\$ 0.0</u>	<u>\$ (250.0)</u>
Total	\$ 555,023.6	\$ 556,850.2	\$ 1,826.6
 <u>Expenditures</u>			
Pers Svs / Emp Bens	\$ 207,958.6	\$ 209,486.6	\$ 1,528.0
Contractual Services	\$ 84,178.7	\$ 89,429.8	\$ 5,251.1
Other	\$ 150,901.9	\$ 145,938.8	\$ (4,963.1)
<u>Other Financing Uses</u>	<u>\$ 111,984.4</u>	<u>\$ 111,995.0</u>	<u>\$ 10.6</u>
Total	\$ 555,023.6	\$ 556,850.2	\$ 1,826.6

FY16 Appropriation Request ~ Base Increase

- ❑ DOH is requesting an FY16 General Fund Base Increase of \$6.65 million to restore funding for the Facilities Management Program and its seven state hospitals and facilities, including the Los Lunas Community Program, and for a pilot medication dispensing system
- ❑ The DOH Facilities Management Program General Fund budget for FY15 was reduced by \$4.7 million from FY14
- ❑ Reductions were due to:
 - **Reallocation of General Fund for the FIT program in DDS;**
 - **Reallocation of General Fund for the Jackson lawsuit costs in DDS;**
 - **An increase in Other Revenue, and a corresponding reduction in General Fund, due to anticipated increases in Medicaid funding under the ACA**
 - **Legislative reductions to the budget request and recommendation**

FY16 Appropriation Request ~ Base Increase

- The \$4.7 million General Fund reduction from FY14 to FY15 was comprised of DOH reallocations and reductions as well as additional legislative reductions:
 - DOH submitted a revised FY15 Appropriation Request after meeting with DFA and LFC that accommodated the LFC consensus that Medicaid revenue would increase under the federal Affordable Care Act.
 - This reduction consisted of \$1.5 million in General Fund in the Facilities Management program and \$1.5 million in General Fund in the Public Health program, both of which were replaced with Other State Funds.
 - In addition, the Legislature implemented further reductions in General Fund totaling \$2.2 million

FY16 Appropriation Request ~ Base Increase

- ❑ It should be noted that the General Fund appropriation to the Facilities program supports services to individuals and patients who have no ability to pay and which Medicaid does not cover, including residential substance abuse treatment services.
- ❑ The Base Increase request of \$6.6 million is needed to restore the Facilities Program budget to FY14 levels, to cover increased salary and benefits costs, and for a medication dispensing system
- ❑ The requested increase is for all categories: personal services / employee benefits, contractual services, and other costs for the Facilities Management Program

FY16 Appropriation Request ~ Base Increase

- ❑ An increase to the Personal Services / Employee Benefits category of \$2.8 million, to adequately fund salary and benefits costs in the Facilities Program including the annualized 3% raise from FY15, and increased GSD premiums;
- ❑ An increase to the Contractual Services category of \$2.3 million to restore the budget for this category to FY14 actual levels; and
- ❑ An increase to the Other Costs category of \$1.3 million to restore the budget for this category to FY14 actual levels, as well as \$250.0 for a medication dispensing system.

FY16 Appropriation Request ~ Base Increase

- ❑ As noted, the FY16 base increase request also includes \$250.0 thousand for a pilot Medication Dispensing and Management System (MDMS) that will begin to fully automate, manage, and control the dispensing of medications in the Facilities
 - The system that would be leased under this request is needed to better control and manage medications in accordance with current industry standards in the health care industry
 - Most private hospitals have employed this type of technology for at least the past ten years
 - The system manages and records the distribution of controlled substances and other medications, thereby reducing loss, theft, and inventory issues

FY15 Supplemental Appropriation Request

- ❑ DOH is requesting an FY15 Supplemental Appropriation to restore the budget to FY14 levels and provide sufficient funding for salary and benefits costs in the Facilities Management Program and its seven state hospitals and facilities, including the Los Lunas Community Program
- ❑ Similar to the Base Increase request for FY16, the Supplemental Appropriation Request for FY15 of \$6.4 million is needed to restore the Facilities Program budget to FY14 levels. Specifically, the request consists of:
 - An increase to the Personal Services / Employee Benefits category of \$2.1 million, to adequately fund salary and benefits costs in the Facilities Program to cover the 3% raise and increased GSD premiums;
 - An increase to the Contractual Services category of \$2.1 million to restore the budget for this category to FY14 actual levels; and
 - An increase to the Other Costs category of \$1.0 million to restore the budget for this category to FY14 actual levels.
- ❑ The FY15 Supplemental includes revenue replacement of non-materializing Other State Funds of \$1.2 million, for a net increase to expenditures of \$5.2 million

FY15 Supplemental Appropriation Request

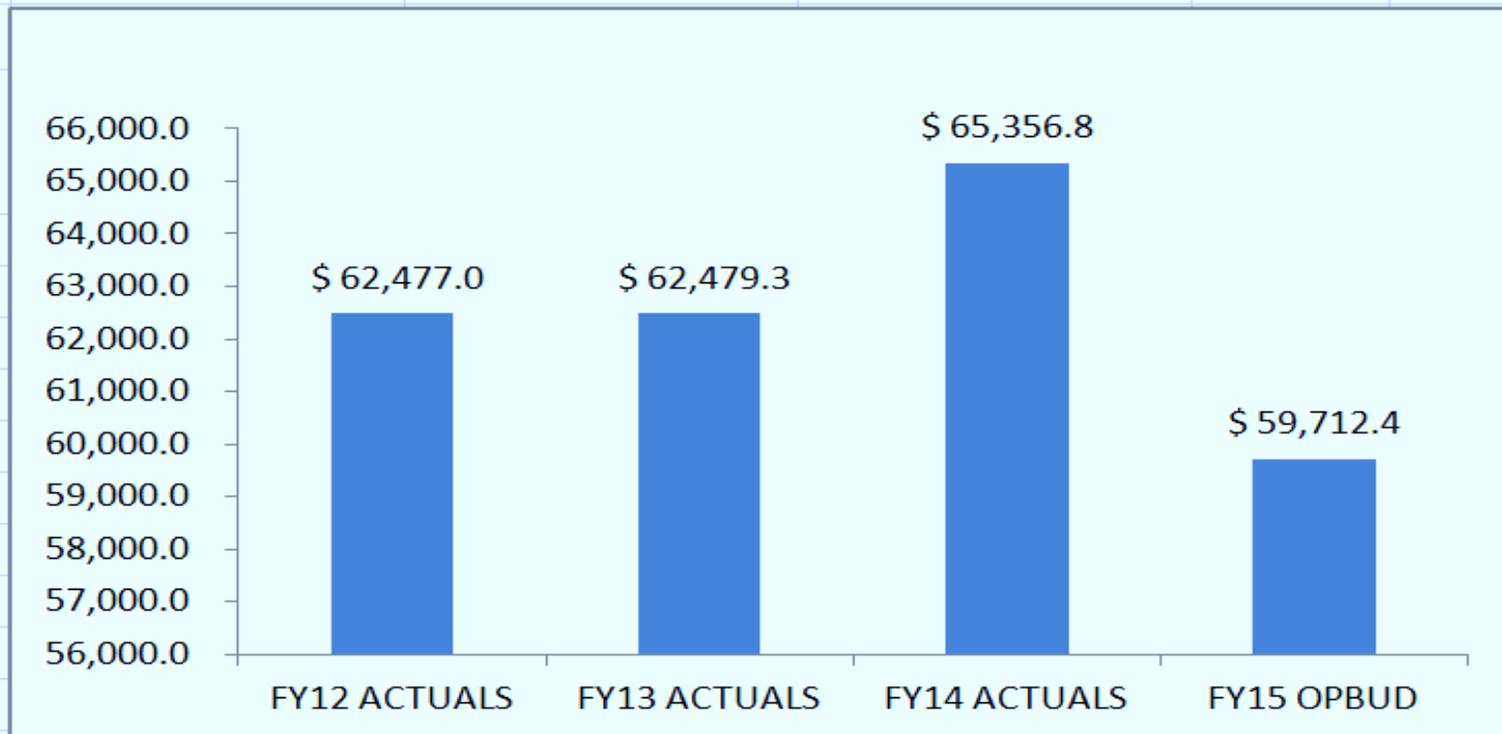
NMDOH FACILITIES PROGRAM

FY15 BUDGET - SUPPLEMENTAL APPROPRIATION REQUEST

Category	FY13 Adjusted Actuals	FY14 Adjusted Actuals	FY15 OpBud	Projected FY15 Actuals	Requested FY15 Supp Approp	Revised FY15 OpBud	Rev'd FY15 OpBud v. FY14 Actuals
General Fund	\$ 62,479.3	\$ 65,356.8	\$ 59,712.4	\$ 59,725.5	\$ 6,400.0	\$ 66,112.4	\$ 755.6
Other Transfers	\$ 794.0	\$ 716.0	\$ 716.0	\$ 716.0		\$ 716.0	\$ -
Federal Revenue	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -
Other Revenue	\$ 72,818.6	\$ 70,965.3	\$ 76,560.5	\$ 75,237.5	\$ (1,200.0)	\$ 75,360.5	\$ 4,395.2
Fund Balance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Revenue	\$ 136,091.9	\$ 137,038.1	\$ 136,988.9	\$ 135,679.0	\$ 5,200.0	\$ 142,188.9	\$ 5,150.8
Pers Svs / Emp Bens	\$ 97,697.1	\$ 100,465.4	\$ 103,346.6	\$ 105,650.0	\$ 2,100.0	\$ 105,446.6	\$ 4,981.2
Contracts	\$ 10,661.1	\$ 12,717.2	\$ 10,679.0	\$ 12,851.6	\$ 2,100.0	\$ 12,779.0	\$ 61.8
Other Costs	\$ 22,297.6	\$ 23,958.2	\$ 22,963.3	\$ 23,770.9	\$ 1,000.0	\$ 23,963.3	\$ 5.1
Other Financing	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Expend	\$ 130,655.8	\$ 137,140.8	\$ 136,988.9	\$ 142,272.5	\$ 5,200.0	\$ 142,188.9	\$ 5,048.1
			Shortfall:	\$ (6,593.5)		\$ -	\$ 102.7

DOH Facilities...

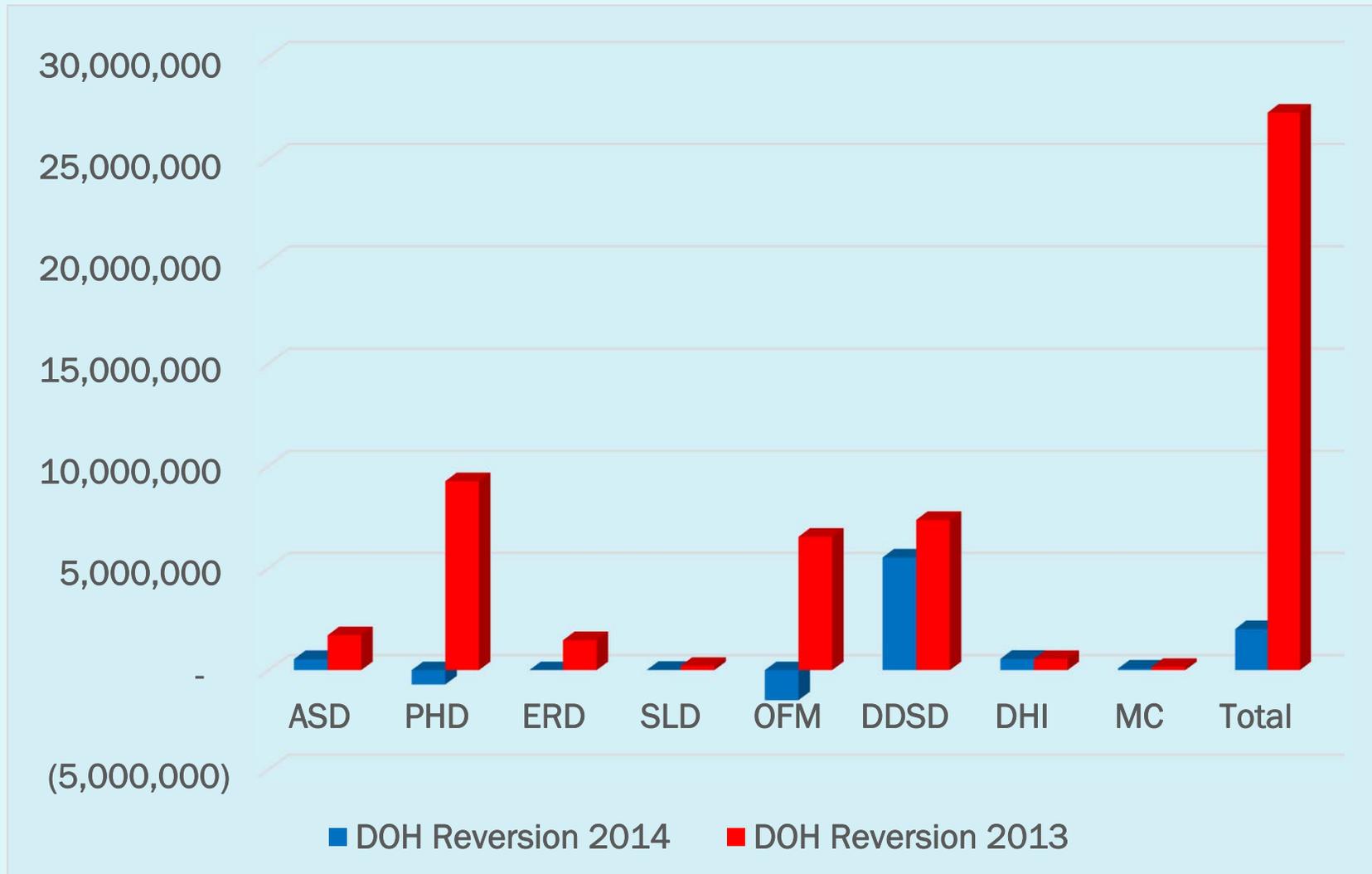
New Mexico Department of Health Facilities Program General Fund Trends FY12-FY15



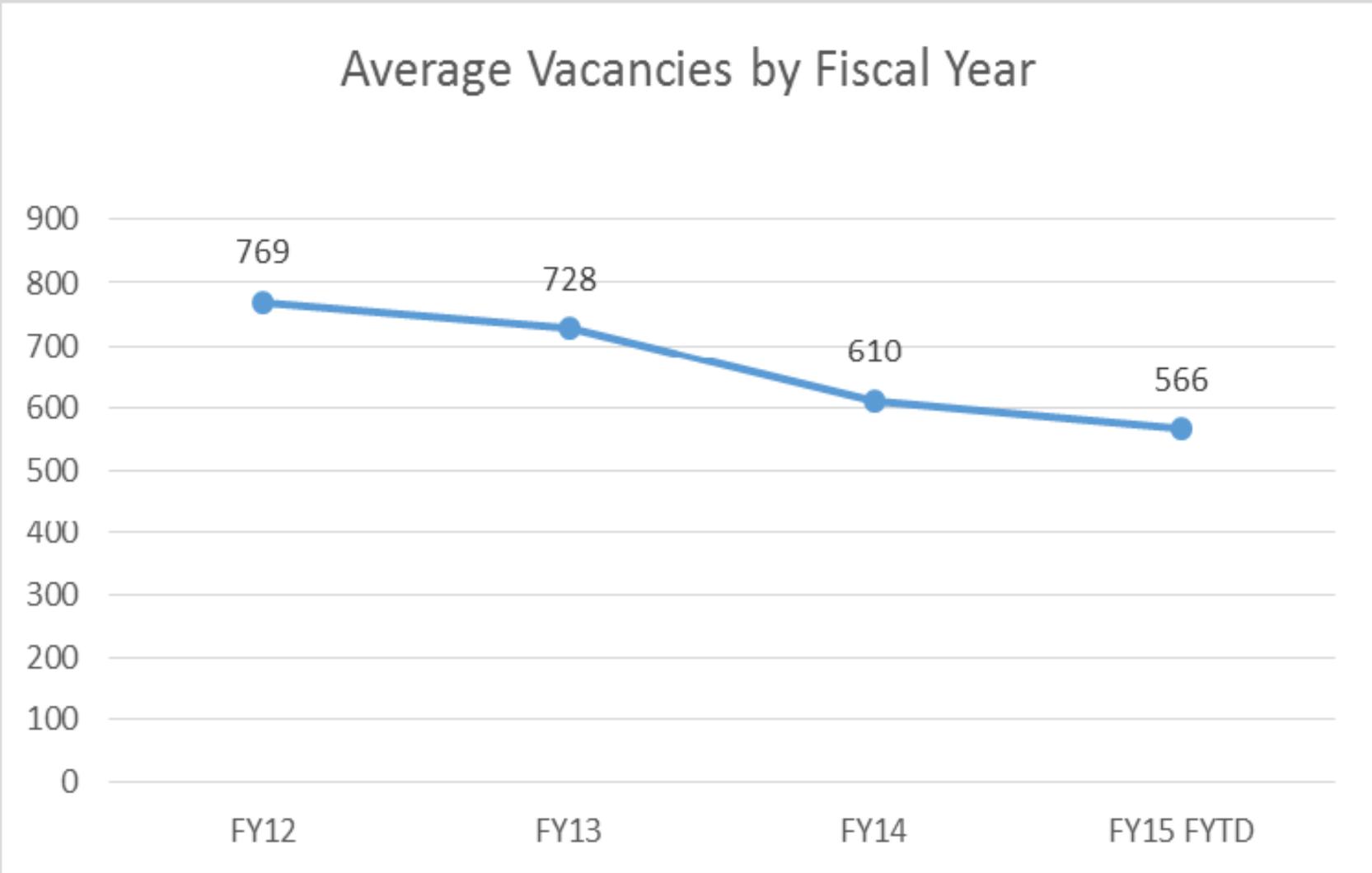
Reversion by Fiscal Year: 2009 – 2014



DOH Reversion ~ Fiscal Year 2014 vs. 2013



Human Resources



Human Resources

Program	Authorized FTE	Vacant	Vacancy Rate
P001-ADMIN	135.0	10.0	7.4%
P002-PHD	899.0	107.0	11.9%
P003-EPI	177.0	22.0	12.4%
P004-SLD	135.0	12.0	8.9%
P006-ROLL-UP	2,086.5	277.0	13.3%
P006-60-OFM	12.0	2.0	16.7%
P006-62-TURQ	99.0	16.5	16.7%
P006-63-NMBHI	918.5	134.0	14.6%
P006-64-NMRC	93.0	12.0	12.9%
P006-65-SEQU	119.0	11.0	9.2%
P006-66-NMVets	218.0	48.0	22.0%
P006-67-FBMC	322.0	36.5	11.3%
P006-69-LLCP	305.0	17.0	5.6%
P007-DDSD	182.0	18.0	9.9%
P008-DHI	154.0	29.0	18.8%
P787-MEDICAN	7.0	1.0	14.3%
Grand Total	3,775.5	476.0	12.6%

Administrative Services

- ❑ ASD continues to meet with its auditor, Clifton Larson Allen, to complete the annual financial audit
- ❑ ASD submitted the Department's FY16 annual Appropriation Request early
- ❑ ASD continues to actively monitor and manage the FY15 budget in light of budgetary constraints in the Facilities Management Program and budget limitations in other program areas
- ❑ The Office of Internal Audit (OIA) is expanding the scope of reviews per the Office of the Secretary, Including:
 - Review of billing practices and procedures in the Public Health Division and the Facilities Management Program to help identify opportunities for increased revenue collections
 - Follow-up on the audit of the Los Lunas Community Program, with no exceptions noted
 - Follow-up on resolving other prior-year audit findings

Fiscal Year 2014 Accomplishments



Public Health... Health Systems Workforce

- ❑ Promulgation of the rules to implement the **New Mexico Community Health Workers (CHW) Act** is nearly complete. A hearing for public comment is tentatively scheduled for December 2, 2014 in Santa Fe. If there are no major changes, the rules will be effective at the beginning of the new year.
- ❑ Next step toward CHW Certification: Orientation of the CHW Certification Board; finalization of certification requirements; the launch of a community awareness campaign, including community meetings and educational sessions across the state, to inform interested individuals about opportunities/guidelines for CHW certification.
- ❑ A website for the New Mexico Office of Community Health Workers has been launched and will provide information about CHW certification requirements and CHW training opportunities as the information is available. An on-line CHW certification application process is currently being designed for launch in 2015.
- ❑ \$500,000 was allocated in FY15 for the CHW Act implementation.

Public Health... Health Systems

- ❑ Telehealth Fund Team is working with key telehealth partners to: 1) Develop a comprehensive **statewide assessment and strategic plan**, and 2) Collaborate on the design and implementation of **2 demonstration projects** to address one or more state health priorities in New Mexico's rural communities in Fiscal Year 2015
- ❑ \$194,000 of general fund is allocated for a contract with New Mexico Health Resources (NMHR) to **place health care practitioners in underserved areas** in New Mexico
 - 68 placements facilitated by NMHR in FY14
 - 18 Counties
 - 24 Sites/Cities with:
 - **35 Dentists**, 1 D.O., 13 MDs, 13 FNPs, 4 PAs, 2 RNs
- ❑ Rural Primary Health Care Act (RPHCA) Program is allocating \$10,500,000 of General Funds that supports **99 primary care clinic sites** statewide. Over 300,000 New Mexicans received services in FY2014
- ❑ Health Promotion Specialists team up with New Mexico's **38 county and tribal health councils** to conduct community health needs assessments and health improvement plans



Public Health... Prevent Sexually Transmitted Disease (STD)

- ❑ The STD Program provides a total of **44,000 units of service***
 - Disease investigation and follow-up for persons with reportable STDs
 - Clinical testing and treatment offered at Public Health Offices
 - Average cost per unit of service = \$32
Total budget = \$1,417,400

- ❑ The HIV Prevention Program provides a total of **21,000 units of service**
 - HIV tests with risk reduction counseling and HIV prevention education classes for those at greatest risk of infection
 - Average cost per unit of service = \$101
Total budget = \$2,116,500

(*A way to measure quantity of medical or public health services, such as the number of STD tests provided during a period of time)

Public Health

Children and Youth with Special Health Care Needs (CYSHCN)

□ Children's Medical Services serves approximately **4,000 New Mexico children** with care and support.



- Helping CYSHCN transition to adult services
- Supporting 130 outreach specialty clinics
- Strengthening the medical home
- Providing care coordination
- Targeting rural areas

Public Health... School and Adolescent Health

- ❑ In FY14, The **57 School Based Health Centers**, supported by the Public Health Division, served **14,737 students** who made 42,696 visits
 - 42,969 visits included, primary, behavior health and oral health care services
 - 33.9% of visits were for BH
 - 34.5% of students seen received a comprehensive well exam
 - 34% of visits were behavioral health-related
 - General fund = \$2.5 million
 - Medicaid Match = \$1.0 million (match realized through GSA with HSD to match operational funds.)
 - There are no federal SBHC operational funds.



“Poor health can greatly reduce a young person’s ability to get the most from school or life. Our overall goal is to help students feel better, live better and learn better.”

-- Yolanda Cordova, MSW, DOH School Health Director

Epidemiology and Response

- ❑ Epidemiology and Response provides an on-call service for New Mexico 24 hours-a-day and 365 days-a-year for health and disease issues, including those involving infectious diseases (e.g., Ebola, H1N1), environmental health and public health preparedness.
- ❑ The Bureau of Vital Records and Health Statistics issued **125,637 copies of birth certificates and 146,972 copies of death certificates** in FY14.
- ❑ Epidemiology and Response investigated and provided **consultation for over 10,000 cases** of reportable infectious diseases and other diseases and conditions in 2013.



- ❑ DOH supports **14 New Mexico Designated Trauma Centers**, with Sandoval Regional Medical Center and Union County General Hospital in the process of becoming designated in 2015.
- ❑ 91% of New Mexico EMS Services Agencies reported to the EMS Bureau, recording **412,676 emergency medical services runs** in FY14.

Epidemiology and Response

- ❑ Naloxone, for the purpose of reversing drug overdoses, is being provided through community coalitions, health care organizations, and law enforcement/public safety.
- ❑ New Mexico's ability to receive and utilize medications from the **Strategic National Stockpile** in the event of an emergency **continues to exceed required performance thresholds** as seen by the Centers for Disease Control and Prevention's (CDC) scoring for the State and the Albuquerque metropolitan area at 95% for 2014.
- ❑ 8 Rape Crisis Centers in New Mexico provided more than 1,875 acute, short-term and advocacy services for people in crisis after reporting sexual violence events to the Rape Crisis Hotline.
- ❑ The Sexual Assault Nurse Examiner (SANE) medical/forensic response program performed SANE exams, including 916 adult and adolescent (13 and older) and 248 child (12 and under) exams.



Epidemiology and Response

- The vast majority (95%), or over \$2 million annually, of funding for environmental health epidemiology work comes from successful competitive applications for federal grants, including those for asthma, child lead poisoning prevention, and environmental public health tracking



- **The older adult falls death rate has decreased 10% since 2011.** Older adult falls prevention activities are being conducted including expanded training for healthcare providers, enhanced community-based exercise programs and improved distribution of prevention information to older adults

Scientific Laboratory



- ❑ Implemented new tests for hepatitis A and hepatitis B that decreased turnaround time by 70%.
- ❑ Implemented electronic reporting of chemistry and microbiology test results of water analyses to the NM Environment Department Drinking Water Bureau and the NM Department of Game and Fish.
- ❑ In collaboration with the NM Department of Agriculture and the DOH Epidemiology and Response Division, prompted a nationwide recall of pet food by successfully identifying *Listeria monocytogenes* contamination.

Scientific Laboratory

- ❑ Developed an on-line certification course for NM law enforcement personnel to obtain their breath alcohol operator re-certification.
- ❑ As part of a World Health Organization sponsored “laboratory twinning project,” SLD assisted the National Health Department of Paraguay to develop Quality Assurance and Biosafety standards, programs, and documents for its national public health laboratory (Laboratorio Central de Salud Pública) in Asunción, Paraguay.



- ❑ Developed a strategic plan for implementation of advanced molecular diagnostic techniques to expand SLD’s capacity and improve speed of detection and identification for outbreak detection and control.
- ❑ Developed on-line customer technical assistance videos and instruction pamphlets to assist citizens collecting water samples for regulatory testing.

Developmental Disabilities Supports

- ❑ DD Crisis Supports provided to 25 individuals
 - From 10 to 95 days of support
 - Average cost of \$21,166 per person

- ❑ 400+ agreements/contracts in place with DD community providers - statewide

- ❑ RFP in process for General Fund Flexible Funding Pilot (as recommended by SM20)

Developmental Disabilities Supports

Fiscal Year 2014 State General Fund Services

- ❑ 12,811 children served in the Family Infant Toddler Program. FIT Program continues to receive the highest level of US Dept. of Education certification
- ❑ Thousands benefit from Adult DD Services including: Residential, Day Habilitation, Employment, Respite, and special projects, such as Prader-Willi Syndrome project and Special Olympics
- ❑ \$3,796,000 in contracts for Autism Services to approximately 1,000 children and adults

Health Improvement

Health Facilities Licensing and Certification

- ❑ Division of Health Improvement's (DHI) Health Facility Licensing and Certification Bureau **surveyed 100% (158) of facilities** required by the Centers for Medicare and Medicaid Services (CMS), including 113 Long Term Care facilities and 45 hospitals, home health, hospice, ambulatory surgical centers, and other facilities
- ❑ The HFLC Bureau also investigated **491 complaints in 161** different surveys, **renewed 955 facility licenses**, and **licensed 32 new facilities**
- ❑ The Incident Management Bureau **investigated 3,715 cases of abuse, neglect, exploitation** and other reportable incidents for people receiving services under the DD Waiver Program, FIT Program, and other programs
- ❑ Of those cases, DHI closed 89.9% (3,388) within the required 45-day timeline
- ❑ DHI will add 4 new positions to provide enhanced oversight of the growing number of assisted living facilities in New Mexico

Division of Health Improvement

Health Certification, licensing and oversight

- ❑ The Quality Management Bureau surveyed **154 providers statewide** for compliance with standards and regulations, including 103 DD Waiver, 7 Medically Fragile Waiver, 16 FIT, and 28 behavioral health providers
- ❑ The Caregivers Criminal History Screen Program (CCHSP) processed **35,571 fingerprint applications** for a criminal background screen
- ❑ CCHSP successfully completed Year 2 requirements (designed and built the database) for the National Background Check Program Grant, an electronic fingerprinting and background check system that allows DHI to decrease turnaround time for processing fingerprints. Turnaround time has been reduced from an average 6 months to 3 -5 days.



- ❑ A new component of this system is the **RapBack** program which alerts us when a previously cleared person is identified with a new disqualifying conviction. In the first few months, we have identified a number of new convictions, one of which led to the termination of a healthcare worker with a felony conviction.

Medical Cannabis

- ❑ 12,155 Active Patients
- ❑ 3,503 have Personal Production License (PPL)
- ❑ Program has increased active patients by an average of 28% every year for the past three years.
- ❑ Conditions (top 3)

Condition	Active Patients	Percentage
PTSD	5291	43%
Chronic Pain	3358	28%
Cancer	1009	9%

- ❑ Current Database does not track race/ethnicity, gender, or veteran status

Medical Cannabis

Proposed Regulation Changes

- ❑ Proposed regulations were announced in May 2014, public meeting was held June 16, 2014.
- ❑ The Department has received a great deal of feedback from stakeholders and members of the public, and anticipates incorporating several changes into the final rules.
- ❑ All other proposed changes are still being considered and the Department will remain open to feedback regarding those changes.

Fiscal Year 2014 Accomplishments

Facilities



Turquoise Lodge Hospital (TLH)

- ❑ Provides medical detoxification and 21 day inpatient substance abuse treatment for adults in a 34 bed inpatient unit for adults ages 18 and over
- ❑ Admitted 598 adult patients from 30 counties in New Mexico; **66%** of the adult patients **completed the treatment program**
- ❑ The types of adult addictions treated in our hospital include: 42% Opiates, 10% Amphetamine, 43% Alcohol, 0% Cannabis, 1% Cocaine, and 4% Other Drugs
- ❑ Average percentage **occupancy rate of 90.1%**
 - ❑ An estimated 98% of Medicaid-billed dollars for detox services were collected in FY13.
 - ❑ Medicaid does not cover any costs associated with rehabilitation services
 - ❑ An estimated **98%** of our patients have **no payor source**



Turquoise Lodge Hospital (TLH)

- ❑ TL Hospital provides medical detoxification and inpatient substance abuse treatment for youth in a twenty bed, inpatient unit for adolescents, ages 14 -18 years
 - In FY14, the Adolescent Drug Treatment Program served **136 adolescents from 20 New Mexico counties**
 - Addiction types treated: 39% Opiates; 22% Amphetamine; 16% Alcohol; 11% Cannabis; 4% Cocaine; and 8% Other Drugs.
 - FY14 average daily census ranged from 6 – 11 clients.
 - TLH provides: medical detoxification services; 30-day substance abuse rehabilitation services; treatment for mental health and other co-occurring disorders; an opportunity for adolescents to continue with their academic program while engaged in a therapeutic treatment intervention.
 - **Medicaid does not cover any costs** associated with rehabilitation services.



NM Behavioral Health Institute (NMBHI)

- The Institute provides uncompensated safety net services to individuals with no payor source, including these general fund costs:

Forensic* Treatment Division	\$ 8,400,000
Adult Psychiatric Division	\$ 15,770,000
Long Term Care Division	\$ 600,000
Other Divisions	\$ 80,000
Total BHI Uncompensated Care.	\$ 24,850,000

The forensic division provides statutorily mandated competency assessment and restoration for individuals in the criminal justice system that have been charged with felony crimes, and who are found dangerous as that term is defined by law. Individuals that remain incompetent to stand trial after a nine month restoration period may be eligible for a commitment to the forensic division for a time period equivalent to what they may be sentenced to if adjudicated of their alleged crimes.

NM Behavioral Health Institute (NMBHI)

- ❑ The Adult Psychiatric Division (APD) consists of 84 operational beds for emergency or court-committed patients and served 838 individuals.
- ❑ The Forensic Division (FTU) has 81 operational beds and served 208 patients. Services and staff are 100% general fund supported.
- ❑ The Center for Adolescent Relationship Exploration (CARE) Division has 12 operational beds and served 19 adolescent male clients who suffer from a major mental illness and a history of sexual offending.
- ❑ The Long Term Care (LTC) Division has 165 operational beds and served 192 individuals. LTC is fully certified through Medicare and Medicaid as a skilled nursing facility and provides 24-hour nursing care for the most difficult nursing home residents.
- ❑ Community Based Services Division provided 33,404 direct care services.

NM Behavioral Health Institute (NMBHI)

- ❑ The newly constructed Meadows Long Term Care Facility (Phase II) was completed and consists of 72 nursing home beds; Residents moved in on October 6 and 7, 2014.



A more home-like
LTC environment

- ❑ The facility worked closely with the Centennial Care companies to assure a seamless transition and to maximize collection of revenues. In FY14, the facility had a 93% collection of third party revenues.
- ❑ The facility began upgrading security of the facility by installing surveillance cameras in patient care areas.

NM Rehabilitation Center (NMRC)

- ❑ NMRC is Joint Commission accredited and is currently engaged in another Joint Commission survey window. Anticipated survey early 2015
- ❑ 138 patients were treated in the Medical Rehabilitation Unit.
- ❑ 28 patients in the Medical Rehabilitation Unit had no payor source.



- ❑ 53 outpatients were treated in physical therapy for a total of 356 visits in FY 14.
- ❑ 13 patients qualified for and received Medicaid or Centennial Care coverage, which generated collections of \$313,600 in payments

NM Rehabilitation Center (NMRC)

- ❑ NMRC served 286 clients in the Chemical Dependency Unit (CDU) of which 228 completed the program. Of the 286 admissions: 133 were females and 153 were males; 128 were referred from the legal system; 114 were self referred; 19 were referred from other facilities; 15 were referred from CYFD; and 10 were referred from Sunrise, the psychiatric unit from the local hospital.
- ❑ The CDU receives General Funds because there is no funding source for CDU clients. The cost per day for a CDU client is approximately \$740/day for 286 clients for 5,299 days totaling a safety net cost of \$3.9 million per year.
- ❑ The CDU department is promoting a healthier New Mexico one person at a time. This past year great strides have been made to improve the 21-day intensive inpatient program. New teaching materials have been developed that promote deeper cognitive behavioral therapy counseling. The program continues to progress in helping New Mexican's live healthier lives.

Sequoyah Adolescent Treatment Center (SATC)

Sequoyah has successfully transitioned from a points and levels system (corrections model) to one that uses a developmentally targeted practice of Trauma-Informed Care that encourages the use of non-punitive individual strategies to meet the unique needs of our boys.



Sequoyah Adolescent Treatment Center (SATC)

The population we serve...

- New Mexico Residents
- Males Ages 13 to 19 years
- Current Census of 27 Boys
- SATC has 36 Licensed Beds in 4 Lodges



The changing environment

- The old Safety Management Unit has been transformed into a “Comfort Area” for residents to go if they want quiet space from stimuli. The SMU security doors have been removed, and the unit is now more home-like and relaxing
- Our 2 family visiting rooms have been decorated and are now more family friendly, as is our lobby
- Because it is a Residential Treatment Center, Sequoyah becomes the client’s place of residence; therefore, the client is considered a family of one with zero household income, which qualifies the client for Medicaid
- 95% of residents are covered by Medicaid, which covers approximately 40% of treatment costs



NM State Veterans' Home (NMSVH)



- ❑ The Veterans' Home received **“zero deficiency”** life safety survey from CMS. The Veterans' Home remains Joint Commission accredited
- ❑ The Veterans' Home currently serves 130 veterans in a long-term care setting. Of this population, 39% residents are on Medicaid (8 have income diversion trusts), and **no residents without a payor source**
- ❑ The Veterans' Home actively applies for all financial services for all residents who may be eligible for assistance or able to make payments to the facility

- 39% are Medicaid
- 48% of Veterans are private pay
- 13% are Veterans Affairs (VA) full pay (100% service connected disability rating)

NM State Veterans' Home (NMSVH)

- ❑ Uncompensated care comprises 43% of all billing for the facility; after this is written off of the books as uncollectable, we average a 97% collection rate on all accounts receivable
- ❑ DOH received Conditional Approval from the Department of Veterans Affairs (VA) for a \$15,614,314 matching grant to build the new Alzheimer's/Skilled Nursing building; State match is \$8,340,000
- ❑ We are actively progressing with the finalization of the plans for construction of the Alzheimer's/Skilled Nursing unit
- ❑ Tentative ground breaking date for the new construction planned for Veterans Day, November 11, 2014



Fort Bayard Medical Center (FBMC)

- ❑ Provided 24-hour care for **195 long-term residents** (171 in FY 2013)
- ❑ Provided drug treatment and counseling services to **153 clients** in Yucca Lodge (96 in FY 2013). Medicaid does not cover this service which is >96% funded by General Fund
- ❑ Increase of Average Daily Census (ADC) from 125 in FY13 to 136 in FY14. Current census is 145
- ❑ Reduced statewide patient referral waitlist from 37 in FY13 to a current waitlist of 18
- ❑ Initiated Joint Commission accreditation process; Joint Commission mock survey scheduled for February 2015
- ❑ Collected 87% of billable revenue; 21% of care is uncompensated



Los Lunas Community Program (LLCP)

- ❑ LLCP continues its mission of providing 24 hour-a-day, 365 days-a-year quality, safety net healthcare services for the people in New Mexico with developmental disabilities
- ❑ LLCP is actively pursuing accreditation through the Commission of the Accreditation of Rehabilitation Facilities (CARF). Accreditation survey tentatively scheduled for the fourth quarter of FY15
- ❑ Jackson Community Practice Review conducted in July 2014 identified no immediate actions required relating to services provided to the individuals reviewed. All recommendations related to LLCP consumers were addressed in a timely manner
- ❑ LLCP Census as of September 2014 identifies 76 receiving services, a 5% increase compared to FY13

Los Lunas Community Program (LLCP)

- ❑ LLCP has a total of 26 residential homes. This represents an increase of three over the previous year. LLCP attempts to hold at least two open beds, one medical and one behavioral, to address immediate crisis needs
- ❑ Public Therapy Pool upgrades completed. Aquatic facility certified by the NM Environment Department May 2014
- ❑ Financial collection rate for billable revenue is at 98%. The remaining 2% relate to legally required commitments and emergency placements
- ❑ 95% of consumers are covered by Medicaid, which covers approximately 45% of treatment costs



Capital Improvement Request ~ FY2016

❑ Facility Patient Health and Safety	\$ 5,373,696
❑ Facility Renovation and Construction	\$22,417,788
❑ Scientific Laboratory	\$ 795,000
❑ Facility Upgrades	\$ 4,869,183
❑ Analysis/Planning and Design	\$ 1,120,000
TOTAL:	\$34,575,667

THANK YOU!
We invite your questions.



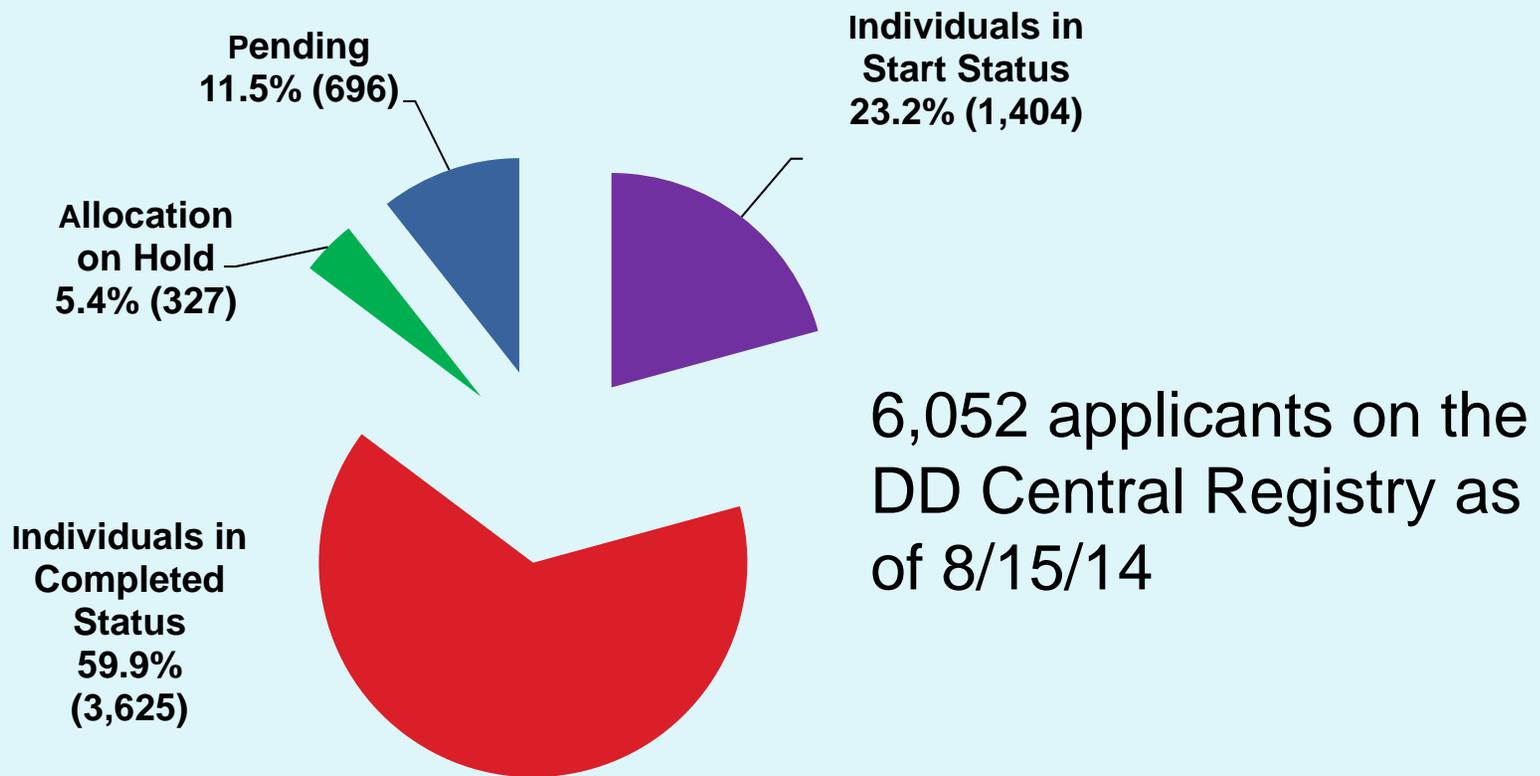
Developmental Disabilities Supports Division



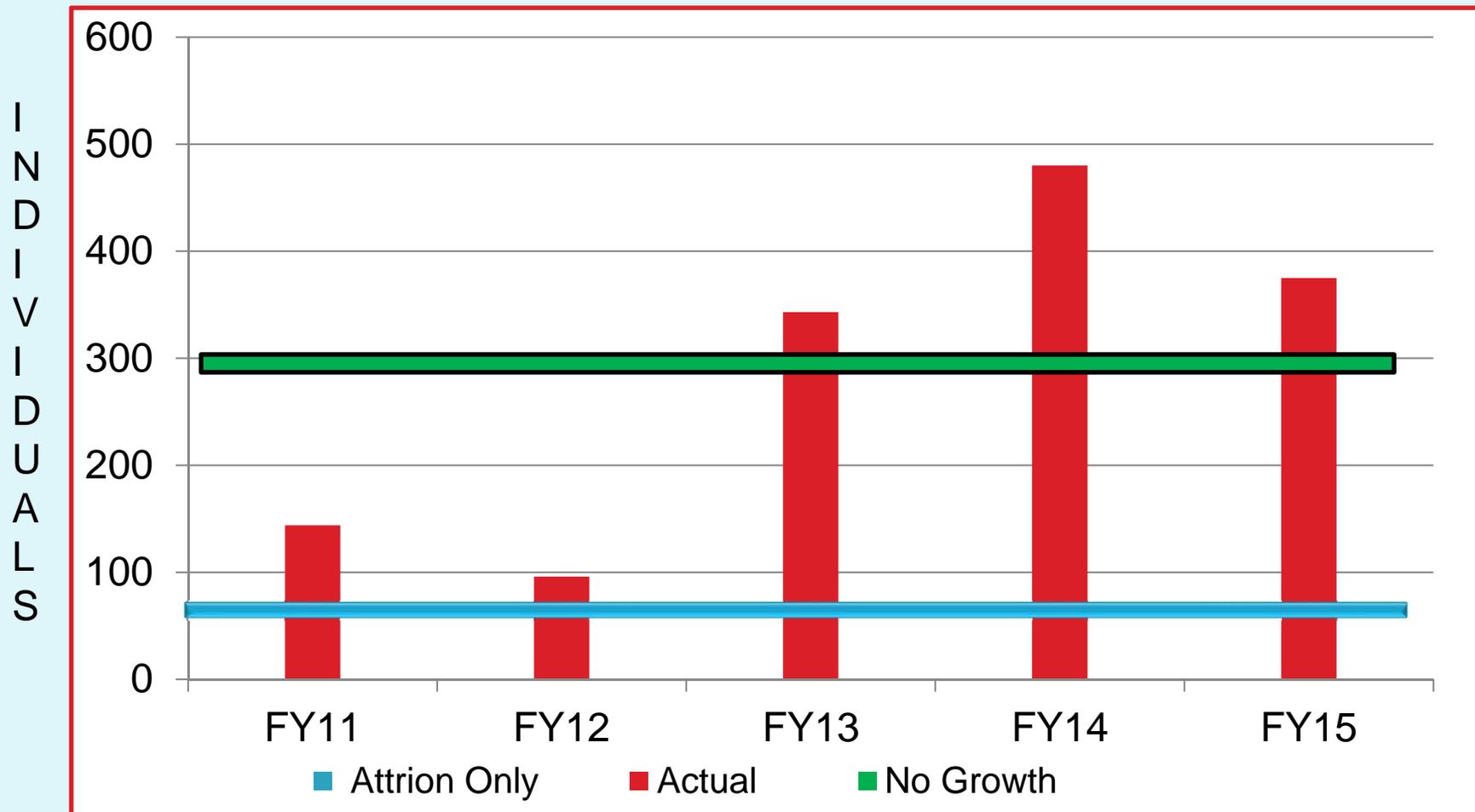
Cathy Stevenson, Director

Turning the Curve on DD Waiver Wait List

- In FY14, the waiting list was **reduced** for the first time; more people came off the list than applied!



DDW Wait List: More Allocations = Reduced Wait Time



Attrition: People leaving the DDW program (e.g. death, move out of state)

Actual: Offered Services and removed from wait list

Needed for No Growth: # Individuals offered services to offset # added to wait list

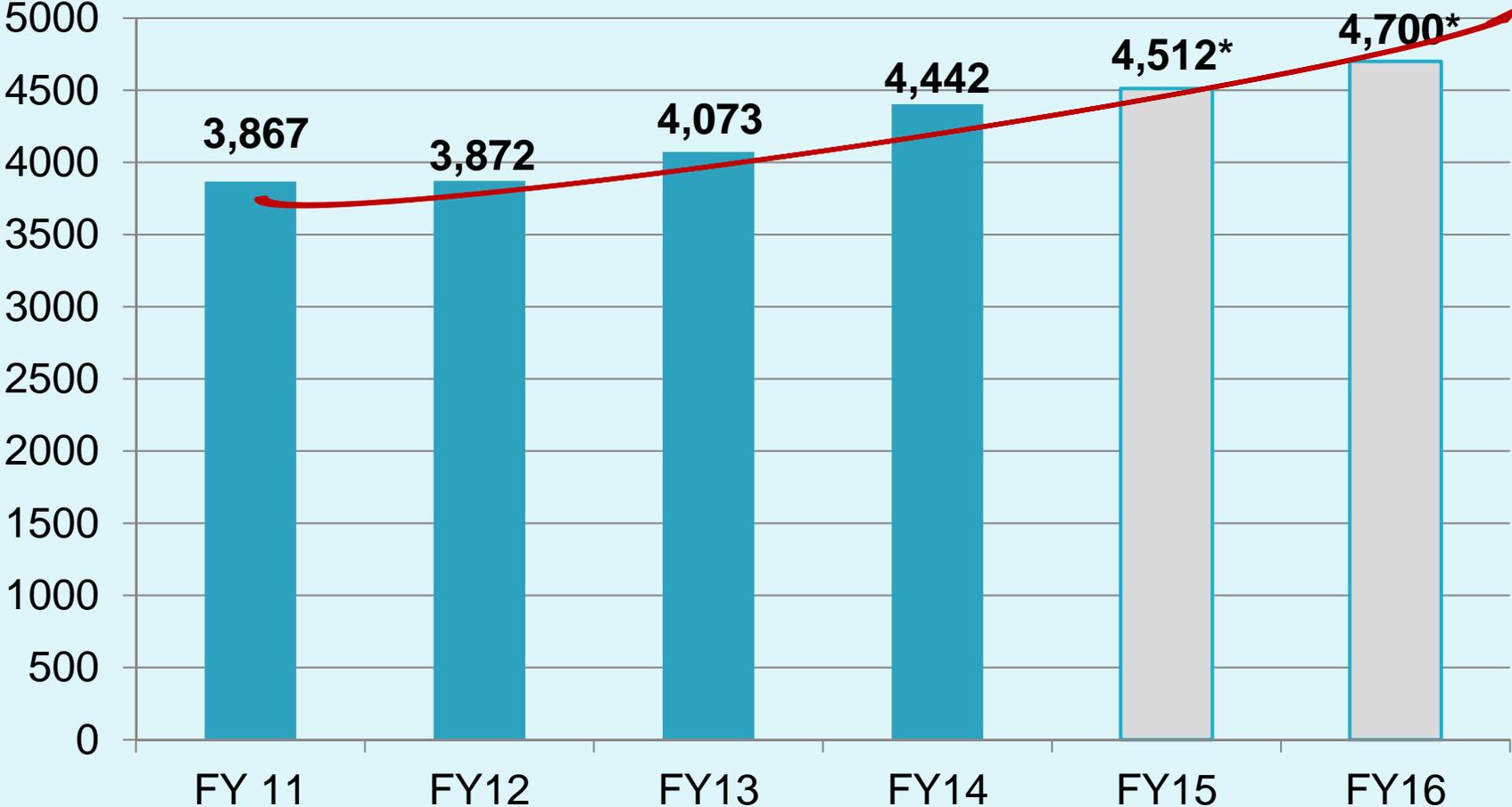
Serving More People in DD Waiver Programs

- ❑ Enrollment in DDW grew by 613 individuals in FY14
- ❑ Average cost per person on the traditional DD waiver is down from \$74,381 in FY 12 to \$71,000 in FY14. In FY15, the cost has dropped below \$70,000 for the first time in a decade.
- ❑ Medically Fragile Waiver served 228 participants in FY14



Turning the Curve on Numbers Served ~ DD Waivers

- ❑ Enrollment in DDW grew by 613 individuals in FY14
- ❑ The waiting list has been reduced - instead of growing each year as in the past



*Projected

DDSD Provider Rate Increases

- Using \$500.000 in new SGF funding, DOH worked with the FIT Interagency Coordinating Council and providers to increase FY15 **rates for FIT and DDW providers**

Home and Community Individual	\$25.50 per 15 minute unit	\$26.25 per 15 minute unit
Early Intervention Center/Individual	\$12.95 per 15 minute unit	\$13.50 per 15 minute unit
Family Service Coordination	\$155 Per monthly unit.	\$158.20 per monthly unit.

DDSD Provider Rate Increases

- Using \$500,000 in new SGF funding, DOH worked with the HSD and providers to **increase FY15 rates for DDW providers**

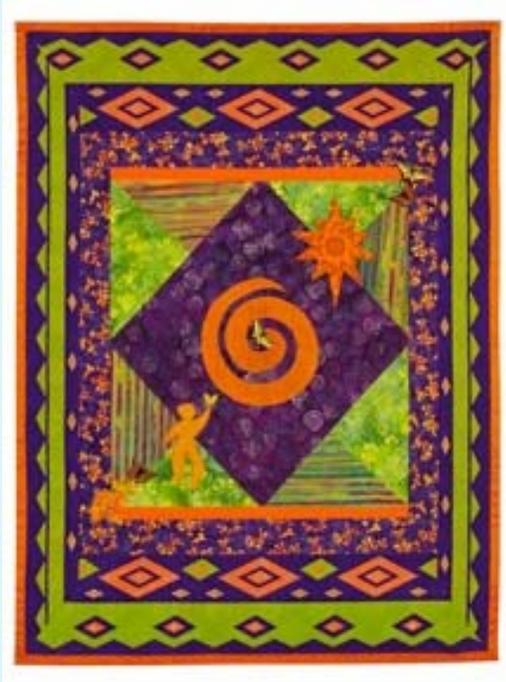
Service	Current Rate	Proposed Rate	Percentage Increase	SGF for match
Customized In Home Support	\$4.42 or \$6.34	\$6.53	3%	\$208,776
Supported Living	\$223.04	\$225.38	1.05%	\$252,084
Customized Community Support - Group	\$2.58	\$2.63	2%	\$ 39,140

DDSD Provider Rate Increases

- As a result of work with providers funding from the FY15 DDW base budget used to **increase FY15 DDW Supported Employment rates**

Service	FY14 Rate	FY15 Rate
Supported Employment - Individual	<p>\$9.13 /15 minute unit for job development</p> <p>\$8.02/15 minute unit for job maintenance</p>	\$933 per month
Supported Employment – Individual Intensive	N/A	<p>\$10.45 per 15 minute unit</p> <p>(in addition to the monthly unit when support to the individual exceeds 40 hours)</p>

DDSD Partnerships



- ❑ “Shining Star” is a collaborative community project that tells the stories of outstanding New Mexicans with Intellectual and Developmental Disabilities (IDD) through the creation and sharing of original artwork
- ❑ Through Partners in Employment, DDSD, Department of Vocational Rehabilitation and University of New Mexico Center for Development and Disability will increase opportunities for employment for persons with IDD
- ❑ DOH Advisory Council on Quality continues the work of the SM20 Task Force --- **Goal: serve more people!**

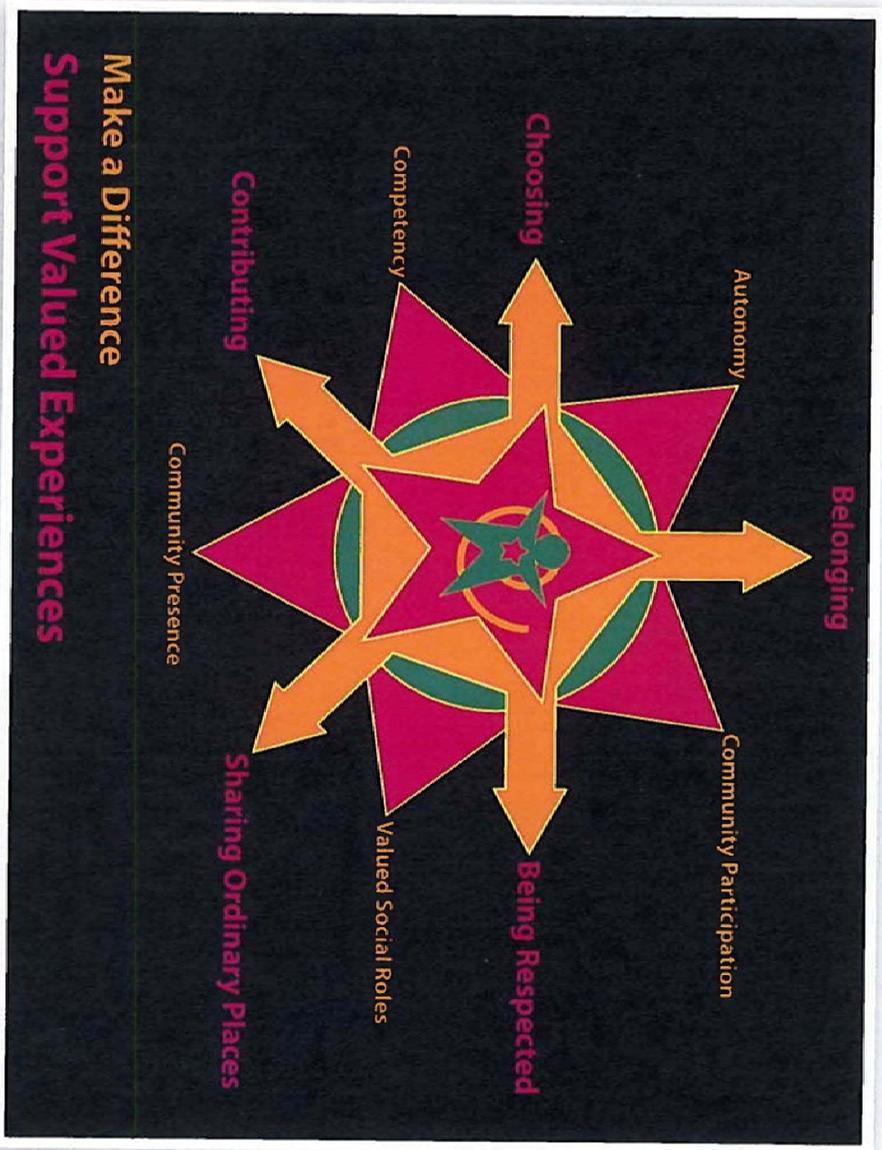
Progress on *Jackson* Disengagement

Court Ordered Obligation	Disengagement Status		Next Steps
Joint Stipulation on Disengagement (JSD)/Continuous Improvement (CI)	80%	In FY14 five CI Requirements were disengaged and an additional one has been filed in FY15	Continue to address the requirements as measured by the Jackson Community Practice (CPR) review.
Plan Of Action (POA)	80%	Obligations re health, safety and supported employment remain and are linked to the *Jackson Compliance Administrator (JCA) Plan	File motions on remaining obligations from other areas of the POA separately in next six months
Appendix A	33%	Obligations re health, safety and supported employment remain and are linked to the JCA Plan	File motions on Appendix A obligations from other areas separately in next six months
1998 Audit	50%	Motion for full disengagement in process	
September 11, 2014 Order on JCA Plan	N/A	The JCA plan focuses on supported employment, health, and safety. By November 21, 2014 DOH must file “evaluative components” with the court that serve as disengagement criteria for the objectives from the JCA plan.	

Jackson Related Costs (Non-Personnel)

- In FY 14, DOH entered into contracts and agreements totaling over \$6 Million to satisfy *Jackson* obligations including:
 - Plaintiff Attorney/Disability Rights New Mexico Monitor Fees (>\$700,000)
 - *Jackson* Compliance Administrator (JCA) (>\$773,000)
 - *Jackson* Community Monitor/Community Practice Review (> \$600,000)
 - Required consultants, contractors
 - Special programs and services
 - Training

Shining Stars Portrait Project



Five Valued Experiences by John O'Brien and Connie Lyle guide the telling of lives of inclusion Stories:

Belonging: in a diverse variety of relationships and memberships.

Being Respected: as whole persons whose history, capacities and futures are worthy of attention and whose gifts engage them in valued social roles.

Sharing Ordinary Places: and activities with other citizens, neighbors, classmates, and co-workers.

Contributing: by discovering, developing, and giving their gifts and investing their capacities and energy in pursuits that make a positive difference to other people.

Choosing: what they want in everyday situations in ways that reflect their highest purpose.



The Shining Stars Portrait Project; Sponsored by the New Mexico Developmental Disabilities Supports Division

To walk in beauty is to live a life of inner tranquility and fulfillment. The Beauty Way enables you to tap into the good that is all around you, to peel back your layers of lost hopes, fears, and drudgery, and live your dreams again. The healer or hataaili teaches you to call on the power of the good forces all around us, anytime anywhere.

Navajo Healer

The Shining Star Portrait Project is designed to lift up the accomplishments of people working together toward a common purpose...creating meaningful lives for people with developmental disabilities in New Mexico by tapping into the good that is within people, their allies, and their communities.

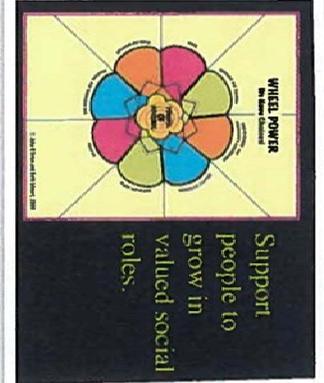
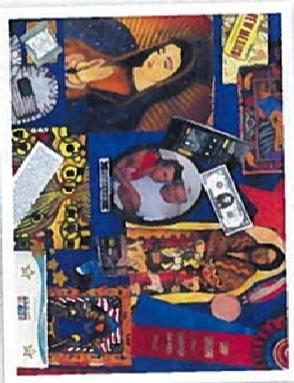
Each portrait expresses the multi-dimensional ways that people are living their best lives and inspiring others through their community membership and accomplishment. Sixty people and their allies from throughout New Mexico have shared their wonderful inclusion stories which express community membership through work, civic and associational life, relationships, family, neighborhood life, the arts, fitness, spiritual belonging, travel, adventure, and overall personal development through self determination, personal autonomy, and quality support.

The Shining Stars stories express the beauty of lives well lived with resilience and determination. The stories also reflect the rich and varied fabric of the New Mexico communities in which people belong. Quality relationships; the commitment and passion of family members, direct support, and other allies also shine through each personal story.

Once people were chosen to be Shining Stars, they joined with others in a two day Shining Stars gathering created with care by DDSD regional inclusion and Supported Employment staff in each of the five New Mexico service regions. Beth Mount, regional and state DDSD staff, direct support allies, and local artists guided participants through a process of describing their lives, making a 24 x 24 inch portrait, and telling their stories to others. Each event was uniquely colored by local inspiration, hospitality, food, art, and talent.

The finished story boards have been featured in local art exhibits and newspapers, and they will continue to travel to illustrate the rich ways that citizens with disabilities are woven into the rich culture and communities of New Mexico so that others might follow their example.

For more information regarding Shining Stars New Mexico, contact Juanita Salas at <Juanita.Salas@state.nm.us>. For information related to the Art of Social Change by Beth Mount, go to www.BethMount.org.



THANK YOU!
We invite your questions.

