

**Performance Report Card  
Department of Health  
Second Quarter, Fiscal Year 2014**

**Performance Overview:** The Department of Health (DOH) continues to report on too few performance measures to properly determine how effectively it is meeting its strategic and mission objectives in a cost-efficient way. The agency should include more meaningful measures benchmarked to other states, including measures focused on health outcomes and efficiency measures denoting average cost per client for the Public Health, Developmental Disabilities Support, and Facilities Management Programs. The budgets for the Epidemiology and Response, Laboratory Services, Health Certification, Licensing and Oversight, and Administration Programs total \$67 million, but these four programs only report on four performance measures. For FY15, LFC staff recommended and the agency agreed to reinstate the department’s prior measures the governor vetoed in FY13: substantiating cases of abuse, neglect, and exploitation in state facilities; and conducting compliance surveys of the state’s private adult residential care and daycare facilities; however, this did not occur. The department instead submitted 30 measures, only 5 of which were baseline measures tracked from the previous fiscal year with only 4 of these measures part of the 10 measures tracked in the General Appropriation Act.

The LFC program evaluation, *New Mexico’s Children: Risk Factors Impacting Health and Social Development*, serves as a model for important health performance measurement including population-based indicators given the Department of Health’s mission is to positively affect population health. The Department of Health maintains that population accountability and performance accountability are two separate performance measurement types and has omitted population health outcome measures. The LFC remains committed to tracking and reporting population health performance measures similar to overall state performance data collected and reported on by other state agencies (see box at bottom of chart).

<b>Public Health Program</b>		Budget: \$186,881.3	FTE: 920	FY12 Actual	FY13 Actual	FY14 Target	Q1	Q2	Q3	Rating
1	Percent of preschoolers (nineteen to thirty-five months) fully immunized*			69.8%	76.1%	90.0%	Annual			
2	Number of births prevented among teens ages fifteen to seventeen receiving family planning services in agency-funded clinics*			new	552	850	448	401		<b>G</b>
3	Percent of Quit NOW enrollees who successfully quit using tobacco at seven month follow-up			33%	33%	40%	31%	34%		<b>Y</b>
<b>Program Rating</b>				<b>R</b>	<b>R</b>					<b>Y</b>
Comments: Given that Public Health is a \$186.9 million program, having only three performance measures is inadequate. The program should consider adding outcome measures for teen pregnancies, low birth weight babies, childhood obesity, adult immunizations, suicide, and substance abuse to align with its strategic plan (see page 3). In FY12, the Public Health Program saw improvement in its infectious disease program dealing with HIV/AIDS and sexually transmitted diseases but saw reductions in the numbers of people served by the Women, Infants and Children (WIC) Program. Inclusion of performance measures for these programs is also recommended.										
<b>Epidemiology and Response Program</b>		Budget: \$24,206.6	FTE: 166	FY12 Actual	FY13 Actual	FY14 Target	Q1	Q2	Q3	Rating
4	Number of naloxone prescriptions provided in conjunction with prescription opioids			new	baseline	1,000	28	24		<b>R</b>
5	Percent of emergency department and intensive care unit licensed staff at developing and existing trauma centers who have received training in traumatic injury care			new	60%	75%	68%	68%		<b>Y</b>
<b>Program Rating</b>				<b>G</b>	N/A					<b>R</b>
Comments: The department did not report performance measures in FY13 for the Epidemiology and Response Program. Previously, the program reported on two performance measures (number of health emergency exercises and number of designated trauma centers), and for FY14 has added two new measures. Measure 4 is associated with a reduction in overdose										

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deaths. Inclusion of a program measure to gauge the readiness and capacity of the public health care system in New Mexico would be desirable.

<b>Laboratory Services Program</b>		Budget: \$12,582.3	FTE: 133	FY12 Actual	FY13 Actual	FY14 Target	Q1	Q2	Q3	Rating
6	Percent of blood alcohol tests from driving-while-intoxicated cases that are analyzed and reported within ten business days*			44.6%	88.9%	95.0%	90.6%	90.6%		<b>Y</b>
<b>Program Rating</b>				<b>Y</b>	<b>G</b>					<b>Y</b>

Comments: The Laboratory Services Program reports its staff requires time for training or testifying at court proceedings around the state, impacting laboratory testing time and, at times, impacting performance. Therefore, in FY13 through FY15 the Legislature provided full funding for the program's personal services and employee benefits to assist with improved performance.

<b>Facilities Management Program</b>		Budget: \$139,082.5	FTE: 2,119	FY12 Actual	FY13 Actual	FY14 Target	Q1	Q2	Q3	Rating
7	Percent of billed third-party revenues collected at all facilities*			59.8%	56.6%	90.0%	79.7%	n/a		N/A
8	Total dollar amount, in millions, of uncompensated care at all agency facilities*			\$35	\$43	\$37	\$10	n/a		N/A
9	Percent of operational capacity (staffed) beds filled at all facilities*			87%	86%	100%	83%	66%		<b>R</b>
<b>Program Rating</b>				<b>R</b>	<b>R</b>					<b>Y</b>

Comments: The state health facilities continue to provide no data on patient health outcomes and too little data on hospitals' quality, efficiency, and financial performance. The department reports its occupancy rate for staffed beds was 66 percent in the second quarter of FY14. However, the average occupancy rate for all licensed beds was less than 62 percent at the end of the first quarter, with second quarter data not yet reported. Measuring the facilities' occupancy rate per licensed bed is a better indication of the state's overall return on investment, particularly as the Legislature continues to appropriate sufficient funding to fill positions within the facilities and increase the occupancy rates. Also, facilities' collection of third-party revenues reflects a downward trend from FY11 to FY13. For FY14, the department changed its reporting methodology for collection of third-party revenues, but did not change its procedures to collect billed third-party revenues, so no comparative baseline data is currently available for this measure. DOH did not report second quarter data for either of these measures citing the unavailability of data.

<b>Developmental Disabilities Support Program</b>		Budget: \$149,748.1	FTE: 169	FY12 Actual	FY13 Actual	FY14 Target	Q1	Q2	Q3	Rating
10	Percent of adults receiving developmental disabilities day services who are engaged in community-integrated employment*			36%	30%	38%	30%	27%		<b>R</b>
11	Percent of developmental disabilities waiver applicants who have a service plan in place within ninety days of income and clinical eligibility determination*			98.3%	84.0%	100.0%	88.0%	78.0%		<b>R</b>
12	Number of individuals on the developmental disabilities waiver waiting list*			5,911	6,248	6,330	6,292	6,236		<b>G</b>
13	Number of individuals on the developmental disabilities waiver receiving services*			3,888	3,829	4,000	3,752	4,193		<b>G</b>
<b>Program Rating</b>				<b>Y</b>	<b>R</b>					<b>Y</b>

Comments: The number of developmental disabilities waiver clients is showing improvement as the Legislature has increased funding for DD waiver services by 9.4 percent from FY12 to FY14. For FY14, the department reported there were "no targets, only informational" data for measures 12 and 13; however, the Legislature included targets for these measures within the General Appropriation Act as indicated above. Of concern is the FY12 to FY14 downward trend of performance results for community-integrated employment and timely completion of service plans.

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<b>Health Certification, Licensing and Oversight Program</b>		Budget: \$13,675.0	FTE: 144	FY12 Actual	FY13 Actual	FY14 Target	Q1	Q2	Q3	Rating
14	Percent of developmental disabilities, medically fragile, behavioral health, and family, infant, toddler providers receiving a survey by the quality management bureau*			71%	100%	100%	78%	81%		<b>R</b>
<b>Program Rating</b>				<b>Y</b>	<b>Y</b>					<b>R</b>
Comments: The program reports the results for the percent of quality management bureau surveys and compliance surveys are negatively impacted by staff vacancies. However, in FY13 through FY15 the Legislature provided full funding for the program's personal services and employee benefits to assist with improved performance. The agency's action plan indicates priority is given to statutorily-required investigations and serious complaints.										
<b>Medical Cannabis Program</b>		Budget: \$780.0	FTE: 7	FY12 Actual	FY13 Actual	FY14 Target	Q1	Q2	Q3	Rating
<b>Program Rating</b>				n/a	n/a					n/a
Comments: The department created the Medical Cannabis Program in its FY13 operating budget but did not identify performance measures for FY13 or FY14. A performance measure regarding timeliness of processing patient applications will be added for FY15. Currently, the program has 23 licensed nonprofit producers who grow and distribute medical cannabis, 3,316 personal production licenses, and 9,333 active patients.										
<b>Administration Program</b>		Budget: \$18,224.9	FTE: 133	FY12 Actual	FY13 Actual	FY14 Target	Q1	Q2	Q3	Rating
<b>Program Rating</b>				<b>Y</b>	<b>Y</b>					n/a
Comments: The department's DFA performance-based budgeting data system contained no key performance measures in FY14 for the Administration Program, so the department will not include any performance data for this program in its quarterly reports. In FY15, DOH will report on electronic files storage. Previously, the department reported on two performance measures for this program regarding timeliness of vouchers and draw down of federal funds.										
Improving Outcome Measures: In spring 2013, the LFC staff provided a comprehensive list of performance measures and epidemiological data to DOH. The department should consider adding this data as it compiles its new and improved performance measures for FY15 and FY16.										
New Mexico Population Health Performance Outcome Data:										
<ul style="list-style-type: none"> <li>• New Mexico has the highest teen pregnancy rate in the country. Two-thirds (68 percent) of teen-aged mothers and over half (55 percent) of mothers 20-24 years old had unintended pregnancies, as did 51 percent of rural mothers.</li> <li>• New Mexico has a low birth weight rate of 8.9 percent compared to the national rate of 8.3 percent.</li> <li>• New Mexico has a child obesity rate of 11.7 percent compared to 14.9 percent nationally.</li> <li>• For influenza, New Mexico adults have an immunization rate of 70 percent compared to the national rate of 69 percent.</li> <li>• New Mexico ranks fifth in the country with a suicide rate of 19.2 percent compared to the national rate of 10.5 percent.</li> <li>• New Mexico's alcohol-attributable death rate is the worst in the country and its drug overdose death rate is the second highest in the nation.</li> </ul>										

\*Denotes House Bill 2 measure