

New Mexico



HUMAN
SERVICES
D E P A R T M E N T

Strategic Plan

Fiscal Year 2016

Table of Contents

Contents

The Mission of the Human Services Department	1
Goal 1: Modernize and Improve New Mexico’s Medical Assistance Programs	2
Goal 2: Help New Mexicans Get Back to Work.....	7
Goal 3: Assist Parents with their Child Support Responsibilities.....	11
Goal 4: Improve Behavioral Health Services	13
Goal 5: Improve Administrative Effectiveness and Simplicity	19

Contact HSD:

NM Human Services Department
P.O. Box 2348
Santa Fe, NM 87504-2348

www.hsd.state.nm.us

Office of the Secretary	505-827-7750
Office of General Counsel	505-827-7701
Office of Inspector General	505-827-8141
Fair Hearings Bureau	505-476-6213
Behavioral Health Services Division	505-476-9266
Child Support Enforcement Division	505-827-7211
Income Support Division	505-827-7250
Medical Assistance Division	505-827-3106
Administrative Services Division	505-827-7130
Information Technology Division	505-476-7335
Office of Human Resources	505-476-6230
Office of Health Care Reform	505-827-7279
Communication Director	505-827-6236
Medical Assistance Hot Line	1-800-997-2583
To Report Fraud and Abuse in HSD Public Assistance Programs	1-800-228-4802

The Mission of the Human Services Department

To reduce the impact of poverty on people living in New Mexico by providing support services that help families break the cycle of dependency on public assistance.

Overview of the Department

The NM Human Services Department (HSD) manages a \$5.82 billion budget of state and federal funds and administers services to more than 800,000 low-income New Mexicans through programs such as:

- Medicaid and Children's Health Insurance Program (CHIP)
- Supplemental Nutrition Assistance Program (SNAP)
- SNAP Education Program (SNAP-Ed)
- Temporary Assistance for Needy Families (TANF)
- The Emergency Food Assistance Program (TEFAP)
- School Commodity Foods Program
- Homeless Meals
- General Assistance for low-income individuals with disabilities
- Community Services Block Grant (CSBG)
- Refugee Resettlement Program (RRS)
- Low-Income Home Energy Assistance Program (LIHEAP)
- Child Support Establishment and Enforcement
- Behavioral Health Services (mental illness, substance abuse and compulsive gambling)

The programs are administered through four Program Divisions:

1. Medical Assistance Division (MAD)
2. Income Support Division (ISD)
3. Child Support Enforcement Division (CSED)
4. Behavioral Health Services Division (BHSD)

HSD is also a key member of the NM Behavioral Health Collaborative and works across state agencies to collaborate on behavioral health issues.

Goal 1: Modernize and Improve New Mexico's Medical Assistance Programs

The purpose of the HSD Medical Assistance Division (MAD) is to administer Centennial Care, the state's new comprehensive Medicaid program, and the Medicaid fee-for-service (FFS) system.

In March 2011, MAD began the effort to develop a unique and visionary plan for New Mexico's Medicaid program to change the program's structure to improve health outcomes, manage costs, and to ensure the long-term sustainability of the program. In August 2012, MAD submitted its request for a Section 1115 Research and Demonstration Waiver to the Centers for Medicare and Medicaid (CMS) in order to implement the new program named Centennial Care. On July 12, 2013, CMS approved the Centennial Care 1115 waiver. The new program was implemented on January 1, 2014. Fiscal year 2015 will be the first full fiscal year of Centennial Care.

Task 1.1: Modernize the Medicaid Program

HSD/MAD implemented its new Centennial Care program as a platform for improving health care quality, slowing the rate of growth of program costs, implementing innovative policy changes in the delivery of health care, and using HSD's position of leadership when engaging in financial negotiations with the state's largest health care payers to drive New Mexico's entire health care system toward better quality and more cost-effective care. In addition, uncertainty about New Mexico's ability to withstand continued variability in the economy, coupled with the potential growth in enrollment related to the health insurance mandate of the Patient Protection and Affordable Care Act, underscored the need for a long-term Medicaid plan that can respond to financial pressures and enrollment while at the same time preserving and improving the program so that it is there for the people of New Mexico when they need it most.

Activities:

- A. Operate the Centennial Care program under the authority of a global 1115 research and demonstration waiver as approved by CMS. Centennial Care is based on the four principles of modernizing the Medicaid program:
 - Administrative Simplicity and effective Managed Care Organization (MCO) contract management,
 - Creating a comprehensive and coordinated delivery system,
 - Payment reforms to emphasize quality of over quantity of health care, and

- Personal responsibility.
- B. Implement innovative models of cost-effective service delivery and payment reforms.
- C. Ensure access to the right services at the right time and in the right place for all Medicaid recipients in a manner that avoids duplicative and unnecessary care.
- D. Remain one of the “best-balanced” states for home and community based services by expanding access to these services through Centennial Care’s Community Benefit.
- E. Continue planning for a new Medicaid Management Information System (MMIS) to better support Centennial Care and to meet the CMS Seven Standards and Conditions.
- F. Cooperate with the New Mexico Health Insurance Exchange (HIX) to share information and facilitate transitions in enrollment between the HIX and Medicaid to give the best possible service to New Mexico consumers.

Task 1.2: Operate the Medicaid program within budget constraints by controlling costs and focusing on quality over quantity

HSD will oversee progressive quality goals focused on health outcomes, facilitate pilot projects to develop patient-centered medical and health homes, and continue to challenge its contractors to work collaboratively with the provider community and the State to achieve a health care delivery system that is efficient and effective.

Activities:

- A. Encourage and implement creative and innovative strategies to control costs, improve health outcomes and reduce health disparities.
- B. Demonstrate the effectiveness of care coordination to improve health and reduce avoidable hospital admissions, readmissions, and emergency room visits.
- C. Work with the HIX to share information and facilitate transitions in enrollment between the HIX and Medicaid that provide for safe care transitions and avoid costly and dangerous interruptions in care.

Task 1.3: Adopt and Use Health Information Technology

Health Information Technology (HIT) and the electronic exchange of health information are vital tools for improving the overall quality, safety, and efficiency of health care delivery. Broad and consistent utilization of HIT is expected to improve health care quality, prevent medical errors, reduce health care costs, increase administrative efficiencies, expand access to affordable care, improve tracking of chronic disease management, and allow for the evaluation of health care value. The HITECH Act of the American Recovery and Reinvestment Act (ARRA) contains a HIT adoption and meaningful use incentive program that Medicaid programs administer using 90 percent federal matching funds. Through Fiscal Year 2014, the program issued almost \$81 million in incentive payments to eligible

providers and hospitals that have committed to adopt and use HIT in a meaningful way. These payments are fully funded by the federal government.

Activities:

- A. Access and maximize federal dollars available to states and Medicaid providers for HIT development, deployment, and use.
- B. Support New Mexico's Health Information Exchange (HIE) through the Centennial Care program.
- C. Use clinical data made available through HIT and the HIE to measure program performance and inform policy decisions.
- D. Measure health care outcomes of Medicaid recipients.
- E. Identify and reduce program waste and redundant services.
- F. Explore the development of an enterprise-wide Health and Human Services Information Technology model across state agencies that deliver these services.

Task 1.5: Improve Program Integrity and Combat Health Care Fraud, Waste and Abuse

Medicaid Program Integrity is among the highest priorities of HSD. The department is committed to preventing and detecting Medicaid provider and recipient fraud, waste and abuse, which diverts funding that could otherwise be spent on medically-appropriate and cost-effective services for Medicaid beneficiaries. HSD's MAD and Office of Inspector General (OIG), in coordination with the New Mexico Attorney General's Medicaid Fraud Control Unit (MFCU), is increasing efforts to combat suspected Medicaid fraud and reduce waste and abuse in the Medicaid program.

Activities:

- A. Employ MAD's new fraud and abuse detection system that uses advanced algorithm strategies to detect suspicious claims and hidden or collusive fraud schemes.
- B. Expand MAD and BHSD audit resources for the preliminary investigative audits of providers suspected of committing fraud.
- C. Manage the state's current Recovery Audit Contractor (RAC), HMS, Inc., as required by the PPACA, to perform wide-ranging and extensive audits of Medicaid claims to identify improper, abusive, or potentially fraudulent billing, and increase third party liability (TPL) recoveries, and reprocure the contract as necessary.

Task 1.6: Improve Health Outcomes for New Mexicans

HSD provides Medicaid services through a statewide, comprehensive managed care delivery system that promotes cost-efficient, preventive, primary, and acute care for Medicaid recipients. MAD has established a strong foundation for promoting and monitoring quality and access.

Activities:

- A. Provide access to medically necessary services and access to quality health care.
- B. Ensure that the department’s approach is consistent with health care reform principles.
- C. Promote early intervention, preventive care, and attainment of improved clinical outcomes.

Measures:

Goal 1 Measures	FY14 Actual	FY 15 Target	FY 16 Target
Percent of coordinated long-term services C Waiver recipients who receive services within 90 days of eligibility determination	94%	94%	94%
Number of consumers who transition from nursing facilities who are served and maintained with community-based services for six months Note: The measure has a nine-month lag in reporting; therefore, only FY13 Q1 data is available at this time. Also Note: With the start of Centennial Care on January 1, 2014, new managed care organizations are providing service to Medicaid enrollees. Due to this change, data for this measure will reset to January 1, 2014, and be available for reporting SFY15 Q3. Targets will be determined when baseline is established.	N/A (150 was the target for total FY)	N/A	TBD
Rate of growth since the close of the previous fiscal-year in the number of children and youth receiving services in Medicaid School-Based Services Program(s) Note: This measure has been changed effective FY14 to “Expenditures for children and youth receiving services through Medicaid School Based Service Programs (MSBS) in order to accurately report the impact MSBS has on children and youth receiving services under the MSBS.	\$14,112.621	\$14,112,621	\$14,500,000
The percent of children age 2-21 years of age enrolled in Medicaid managed care who had at least one dental visit during the measurement year. *HEDIS 2012 - 70%	65%*	72%**	70%
The percent of infants in Medicaid managed care who had six or more well-child visits with a primary care physician during the first 15 months *HEDIS 2012 - 66%	63%*	72%**	66%
The average percentage of children and youth age 12 months to 19 years in Medicaid managed care who received a visit with a PCP during the measurement year *HEDIS 2012 - 92%	92%**	92%**	92%**
The percent of individuals in Medicaid managed care 18 through 75 years of age with diabetes (Type 1 or Type 2) who had a HbA1c Test during the measurement year *HEDIS 2012 - 84%	84%*	87%	86%
The percentage of children in Medicaid managed care 5-11 years of age who are identified as having persistent asthma and who were appropriately prescribed medication during the measurement year *HEDIS 2012 - 89%	92%	94%	92%
The percent of emergency room visits per 1,000 Medicaid member months Note: The lower the percentage, the more optimal the outcome	35%	50%	40%

Goal 1 Measures	FY14 Actual	FY 15 Target	FY 16 Target
Percent of hospital readmissions for ages 2-17, within 30 days of discharge Note: The lower the percentage, the more optimal the outcome	7%	10%	7%
Percent of hospital readmissions for ages 18 and over, within 30 days of discharge Note: The lower the percentage, the more optimal the outcome	11%**	10%**	10%
The Rate of Return on Investment (ROI) for Medicaid recoveries	\$4.09	\$3.00	\$4.00
The percentage of member deliveries that received a prenatal care visit in the first trimester or within forty-two days of enrollment in the managed care organization *HEDIS 2012 – 86%	85%	85%	85%
Number of recipients in Medicaid managed care ages seventy-four and older and ages sixty-five to seventy-four who are identified at risk for falls who have been asked at least annually about the occurrence of falls and the number of members who were treated for related risks (This question will be added to MCO's Health Risk Assessment to be asked of persons 65 or older)	N/A	TBD	TBD
Number of persons aged sixty-five and older who are identified at risk for falls who have been asked at least annually about the occurrence of falls and the number of members who were treated for related risks (This is a new measure)	N/A	TBD	TBD
Percent of members reporting satisfaction with centennial care services (This is a new measure)	N/A	TBD	TBD

*Based on GAA targets** HEDIS 2012 MCO Average

Goal 2: Help New Mexicans Get Back to Work

The purpose of the Income Support Division (ISD) is to assist eligible low-income families through cash, food, medical, and energy assistance and supportive services so they can achieve self-sufficiency.

Task 2.1: Increase the number of TANF participants engaged in work activities.

Activities:

Achieve work participation rates of 50% for all families and above 60% for two-parent families. For FFY 13, New Mexico achieved work participation rates of 51.9% for all families and 60.6% for two-parent families. In order to achieve higher performance, the division plans to implement the following steps to increase more participation:

- A. Provide opportunities for self-sufficiency by increasing engagement in suitable job-readiness programs for participants who are eligible for limited work participation.
 - 1. Require the NM Works services contractor to secure community service and work experience work sites to increase participants' work skills and promote job readiness.
 - 2. Ensure participants engaged in work activities have access to work support services.
 - 3. Foster an environment of self-sufficiency and work participation for recipients.
 - 4. Monitor participants to ensure they remain engaged and initiate sanctions upon non-compliance with the intent of re-engaging participants as quickly as possible.
 - 5. Review hardship extensions of participants for the purpose of creating individuals plans, which address long-term barriers to self-sufficiency.
 - 6. Enhance ASPEN to better support the integration of the NM Works program.
 - 7. Career Link, a new service offered by HSD, is a subsidized employment and job readiness program developed to identify and address barriers to employment and self-sufficiency. Barriers may include lack of work experience, lack of stable housing, lack of a high school diploma, lack of basic work skills, limited English, mental health issues or physical disabilities.
 - 8. The new I-Care Program is designed to provide personalized intensive case management services in order to assist TANF recipients with identified substance use problems. Services include stress management, daily life skill classes, and job development integrated with substance use interventions, counseling, assistance with housing, transportation, education and clothing. Employment is the goal for all participants

Task 2.2: Provide food for seniors, low-income families and disabled individuals.

Activities:

- A. Continue to increase administrative efficiencies for SNAP to ensure delivery of accurate and timely benefits to applicants and recipients.
- B. Continue the use of the SNAP waiver of recertification interview for Elderly and Disabled Households.
- C. Continue to provide a state supplement amount for food for eligible seniors in the State SNAP Benefits Supplement Program using state General Fund dollars.
- D. Continue to administer the federally funded TEFAP food program through the network of food banks, pantries, and soup kitchens across the state, serving seniors, low-income families, and disabled individuals in each county.
- E. Continue to administer the state funded homeless meals program, serving prepared meals to homeless and disabled individuals through six contracted agencies in Albuquerque, Las Cruces, Farmington, and Santa Fe.
- F. Continue to administer the federally funded USDA Food (School Commodities) program, assisting schools to make cost effective, healthy choices with available USDA foods, in compliance with new school lunch meal patterns.

Task 2.3: Implement Cost Avoidance Measures and Improve Program Integrity

Various interfaces and an internal review process provide HSD staff with the tools to access eligibility information and ensure proper case processing to evaluate potential fraud and ensure only those individuals that should receive benefits, are receiving them.

Activities:

- A. Continue effective use of the Public Assistance Reporting Information System (PARIS) to help HSD in cost avoidance by not making payments to recipients who are not authorized to receive public assistance or who have access to other programs.
 - 1. Continue use of the Interstate match to ensure duplicate payments are not made to one recipient in more than one state.
 - 2. Continue effective use of the federal match, comparing HSD recipients with persons in federal employment, receiving federal pensions, or receiving retirement payments.
 - 3. Continue working with the New Mexico Department of Veterans' Services to implement the Medicaid match by determining if HSD recipients have access to other health benefit programs before the payer of last resort, Medicaid, and to ensure benefits are issued correctly.
- B. Continue to provide access to TALX, an income verification source for applicants or recipients. This system provides a valuable resource in determining accurate benefit levels.
- C. Continue to develop additional electronic interfaces in ASPEN to improve efficiency, reduce fraud, and improve access to appropriate benefits.

- D. Continue to process IEVS matches, as the information provides potential unreported income by recipients that could affect eligibility or benefit level.
- E. Continue to work with the Department of Corrections to help HSD verify recipients who are incarcerated and no longer eligible to receive public assistance according to program guidelines, and to accept applications from individuals upon their release.
- F. Continue to monitor out of state electronic benefit transactions to help HSD in cost avoidance by not making payments to recipients who no longer reside in the state.
- G. Continue to report potential fraud cases to the Office of Inspector General
- H. Implement the use of the National Directory of New Hires to help HSD in cost avoidance by receiving information about SNAP recipients who have gained employment. This will ensure HSD has up to date information regarding participants' earnings to ensure SNAP allotments issued using the most recent information for a participant.

Task 2.4: Increase administrative efficiencies for determining participant application and eligibility process

ISD determines and maintains eligibility for over 800,000 New Mexico participants. The division will continue to develop strategies to increase efficiency.

Activities:

- A. Identify and reduce duplicative administrative processes.
- B. Simplify program regulations to improve implementation and application of program rules.
- C. Redistribute staff statewide to meet ISD business needs through utilization of remote access to ASPEN
- D. Continue to enhance the efficiency of the Central ASPEN Scanning Area (CASA) to reduce the amount of paperwork collected and stored, which will reduce the time used to retrieve and organize paper files.
- E. Improve access to public assistance programs by allowing individuals to apply, renew, and report changes on-line through the self-service portal, YES NM, and receive up to date case information using an integrated voice response system.
- F. Work toward enhancing ASPEN to determine eligibility using real-time case processing functionality.
- G. A new streamlined paper application allows a participant to apply for all programs, minimizing burden on applicants.
- H. Refine nationally-recognized process of triage intake at field offices at the start of each day

Measures:

Goal 2 Measures	FY 14 Actual	FY 15 Target	FY 16 Target
Percent of adult temporary assistance for needy families (TANF) recipients who become newly employed during the report year	50%	52%	52%
Percent of all family participants who meet temporary assistance for needy families (TANF) federally required work participation requirements (FFY figure)	50%*	55%	55%
Percent of two parent family participants who meet temporary	60%*	60%	60*

assistance for needy families (TANF) federally required work participation requirements (FFY figure)			
Percent of eligible children in families with income of one hundred-thirty percent of the federal poverty level participating in the supplemental nutrition assistance program (SNAP)	88%	88%	88%
Percent of expedited supplemental nutrition assistance program (SNAP) cases meeting federally required measure of timeliness within 7 days	98%	99%	99%
Percent of regular supplemental nutrition assistance program (SNAP) cases meeting the federally required measures of timeliness within 30 days	98%	99%	99%

*Measured by Federal Fiscal year

Goal 3: Assist Parents with their Child Support Responsibilities

The purpose of the Child Support Enforcement Program (IV-D) program is to establish and enforce the support obligations owed by parents to their children and thereby prevent people from having to request public assistance, and to reduce the number of families reliant on public assistance. The Child Support Enforcement Division (CSED) administers the Child Support Enforcement Program for New Mexico. The program is a federal-state partnership created to establish and enforce support obligations owed by parents to their children. The program also helps locate missing parents, establishes legal paternity, and oversees child support orders. Special and ongoing tasks for CSED are:

Task 3.1 Plan and implement the CSES Replacement System

Currently, CSED uses the “Child Support Enforcement System” (CSES) as the primary tool to support the tasks of establishing parentage, establishing child support orders, enforcing support orders, and tracking all activities in a child support case.

The CSES has been in operation in New Mexico since 1998 and is past typical end-of-life expectations. It was designed with program modules that were developed in the 1980s and uses old technologies such as COBOL, VSAM, DB2 and CICS. Replacement of large systems such as the CSES takes time and it is therefore necessary to begin planning for the replacement of this system. CSED and ITD will continue the planning phase of the CSES replacement project in FY16.

In anticipation of replacing this aging and increasingly obsolete computer system, CSED is conducting a Business Assessment Review (BAR) of its current business processes. In SFY 15, a BAR contractor will be on board to develop more streamlined, efficient, and effective approaches so the computer system replacement implements the best and most innovative child support business practices available.

Also in SFY 15, a Project Management Office (PMO) will come on board to begin pre-planning of the system replacement. The PMO will assist in conducting a feasibility study to determine the appropriate replacement system for New Mexico. The PMO will also assist in preparing a Request for Proposal (RFP) for the System Integrator (SI), which is the “builder” of the replacement system.

Task 3.2: - Child Support Bench Warrant Project

The CSED Bench Warrant Program began as a pilot project in July 2011 and was launched statewide in State Fiscal Year 2012. The goal of the program is to encourage non-custodial parents (NCPs) who have outstanding bench warrants due to unpaid child support

obligations pay their obligation by offering an amnesty period for payment before the bench warrant is acted on by law enforcement. CSED has seen the amount of child support collected from the issuance of bench warrants increase with this program.

The Bench Warrant and Amnesty Program is conducted during the month of August, which is National Child Support Enforcement Month. The Governor has issued proclamations during August to encourage non-custodial parents to provide the financial support their children deserve.

CSED plans to grow the Bench Warrant Amnesty Program to focus more on jobs for Non-custodial Parents in SFY 15 & 16. CSED has a focus on “jobs, not jails,” to help non-custodial parents find and keep a job so they can support themselves and their children.

Activities:

- A. Generate a quarterly list of non-custodial parents (NCPs) having active bench warrants that were issued for long-standing non-payment of child support.
- B. Confirm that the bench warrant is still active and the information surrounding the warrant is accurate.
- C. Publish the names of the NCPs whose bench warrants are in fact valid and still outstanding.
- D. Designate an amnesty week during which NCPs could visit the appropriate CSED field office and pay the full amount of the bond set in the bench warrant without fear of arrest on the bench warrant.
- E. Work closely with the courts and law enforcement in clearing bench warrants for those who paid their obligation or who otherwise are cooperating with CSED on making their child support payments.
- F. Coordinate and partner with New Mexico Department of Public Safety and local law enforcement to have a warrant sweep conducted for the remaining NCPs who did not take care of their obligation during the amnesty period.

Task 3.3: Community Liaison

The CSED will emphasize Community Outreach work through a Community Liaison group within the division. The Community Liaison group will focus on building relationship with stakeholders within the community that are an important part of child support establishment and collections.

Activities:

The Community Liaison Unit will conduct outreach with:

- 1. Fatherhood groups
- 2. Veterans groups
- 3. Tribal governments
- 4. Job Placement Organizations
- 5. Probation and Parole
- 6. Corrections

Task 3.4: Specialized Enforcement

The CSED is creating a Specialized Enforcement Unit that will focus its efforts on areas that will bring in more child support collections for New Mexico’s children. This unit will work on areas that require specialized knowledge in areas that are not a part of the regular business day of a caseworker or attorney.

Activities:

The Specialized Enforcement Unit will focus on:

1. Appeals
2. Bankruptcy cases
3. Insurance Claims
4. Liens in addition to insurance claims
5. Foreclosures & excess proceeds
6. Federal Court cases
7. Administrative Hearings
8. Legislative research & proposals

Measures:

The Federal Office of Child Support Enforcement has established performance measures that each state and jurisdiction must report annually. States’ results are compared, and the comparisons are used to calculate what each state will receive in Federal Incentive Funds. New Mexico’s results in each of the areas are:

Goal 3 Measures	FY14 Actual	FY 15 Target	FY 16 Target
Amount of Support Collected	\$137.1m	\$136.0 m	\$140.0 m
Percent of cases having current support due and for which support is collected	56.3%	60%	62%
Percent of cases with support orders	79.04%	84%	85%
Percent of Children born out of wedlock with paternity establishment in child support cases	101%*	100%	100%

* If, in the past fiscal year, the agency exceeds the performance on paternity establishment from the previous year, this measure can result in a percentage exceeding 100%.

Goal 4: Improve Behavioral Health Services

The purpose of the Behavioral Health Services Division (BHSD) is to lead the management of the public behavioral health service system through its role as the state mental health and substance abuse authority, through its role in the New Mexico Behavioral Health Collaborative (Collaborative), and through the purchase of adult behavioral health services in the state managed health care system. The tasks and activities in this section cover both the BHSD and the Collaborative.

Task 4.1: Strengthen a Behavioral Health System of Care

A behavioral health system of care is more than a set of services and programs, more even than individual wellness outcomes. BHSD or Collaborative funded behavioral health initiatives include work in communities of care with individuals, families, providers and agencies. BHSD is continuing to use its funding to provide necessary supports that improve health and recovery outcomes and is building its effectiveness in monitoring the quality of behavioral health care available and accessible in New Mexico.

Activities:

- A. BHSD will continue to focus statewide and local training, technical assistance, coaching and mentoring on core system of care elements including: prevention, evidence based mental health and substance use peer and clinical practice, quality improvement, community collaboration, and wellness outcomes.
- B. Work with local Communities of Care, local collaboratives, and others to support Recovery Oriented Systems of Care (ROSC), enhanced community engagement, crisis and access line availability, and expanded access to the range of services necessary for wellness and recovery.
- C. Build capacity for greater utilization of peers to drive effective service delivery and produce better listening and communication throughout the system.
- D. Continue system mapping and expand access to information on psychosocial and natural support services as well as prevention and treatment programs.
- E. Develop use of the Behavioral Health Planning Council to advise on priorities for strengthening local and state-wide communities of care.

Task 4.2: Integrate New Mexico's behavioral health system within the changing healthcare environment.

Activities:

- A. Collaborate with and support development of Medicaid "health homes" for chronic conditions that integrate community behavioral health and primary care services and emphasize health promotion, addressing the integration of care for people with serious mental illness and substance abuse problems.

- B. Develop and facilitate the implementation of Behavioral Health “Health Homes” in collaboration with Core Services Agencies (CSAs) to assure an essential presence of behavioral health in the integrated health care environment.
- C. Further develop Wellness Centers that offer support, education, information and opportunities to assist consumers recovering a life that is rewarding and meaningful.
- D. Strengthen the development of community-based behavioral health services for adults and children.
 - 1. Benchmark the evidence-based and promising practices currently in use in New Mexico.
 - 2. Develop a crisis system to prevent recipients with mental health and substance abuse problems from being inappropriately detained in jails or by law enforcement by leveraging existing funds and resources.
 - 3. Build services in local communities to keep children and youth in homes (or homelike services) in school and in communities.
 - 4. Implement Screening, Brief Intervention, and Referral to Treatment (SBIRT) as an integrated public health approach to the delivery of early intervention and behavioral health treatment services.
- E. Expand and improve the capacity of the behavioral health workforce in New Mexico
 - 1. Increase the employment of paraprofessionals (*e.g.*, peers and family specialists) to deliver recovery support services.
 - 2. Further facilitate the expansion of telehealth services throughout the CSAs to increase access to behavioral health services.
 - 3. Collaborate with behavioral health provider agencies to identify new opportunities for expanding New Mexico’s workforce.
 - 4. Develop the Office of Peer Recovery and Engagement to build capacity among peer support workers and more effectively communicate with stakeholders.

Task 4.3: Boost Accountability Auditing and Assistance

Activities:

- A. Develop and provide a menu of training and assistance to enhance and support the sustainability of clinical and business practices, including, *e.g.*, assessments, treatment planning, progress notes, use of electronic health information, outcome measurement and quality improvement.
- B. Conduct and coordinate with other Collaborative agencies routine programmatic and financial audits to ensure contract compliance and quality improvement.
- C. Develop enforceable quality performance-based provider contracts.
- D. Monitor reporting across Collaborative agencies for both Medicaid and non-Medicaid expenditure.
- E. Monitor discharge and continuity of care performance across the system as well as other targeted quality concerns identified by the Collaborative.

Task 4.4: Reduce adverse impacts of substance abuse and mental illness on individuals, families and communities

Activities:

- A. Support evidence-based statewide prevention initiatives and continued policy coordination work across Collaborative and other agencies.
- B. Further build elements prioritized in the Collaborative substance use treatment and prevention strategy.
- C. Continue to expand best treatment and support community-based practices within Core Services Agencies across the state.
- D. Continue and expand Mental Health First Aid training across the state.
- E. Expand implementation of evidence based suicide prevention practices with a focus on older adults, Native Americans and youth.
- F. Enhance intensive services and supports for children, youth, and adults who are in custody or under the supervision of a Collaborative agency.

Task 4.5: Overcome the Behavioral Health workforce challenges that serve as barriers to creating an adequate workforce to address current shortages and to address the anticipated increase in demand for services associated with Medicaid expansion.

Activities:

- A. Develop and implement strategies to minimize New Mexico Behavioral Health professional licensing reciprocity barriers for licensed professionals relocating from other states.
- B. Review, analyze, and simplify regulatory rules related to the provision of Behavioral Health services.
- C. Revise service definitions to enable the provision of Behavioral Services that are within each discipline's respective scope of practice.
- D. Collaborate with the State's graduate schools of nursing to explore the development of Nurse Practitioners with specialization in both child and adult psychiatry.
- E. Facilitate the implementation of recruitment strategies with CSAs to overcome the serious shortage of independently licensed Behavioral Health professionals.
- F. Implement a workgroup to study the feasibility of adopting "deemed status" for Behavioral Health provider organizations that achieve national accreditation through the Joint Commission on Accreditation of Health Care Organizations ("JCAHO"), the Commission on Accreditation of Rehabilitation Facilities ("CARF"), or the Council on Accreditation ("COA").

Measures:

Goal 4 Measures	FY 14 Actual	FY 15 Target	FY 16 Target
Percent of readmission to the same level of care or higher for children or youth discharged from residential treatment centers and inpatient care	4%	7%	8%
Percent of youth on probation who were served by the Behavioral Health Collaborative and Medicaid programs	48% Due Oct 1st	55%	54%
Number of youth suicides among 15 to 19 year olds served by the statewide entity	0	Discontinued	Discontinued
Percent of adults with mental illness and/or substance abuse disorders receiving services who report satisfaction with staffs' assistance with their housing need	Target: 75% Due Oct 1st	70%	TBD
Number of individuals served annually in substance abuse and/or mental health programs administered through the Behavioral Health Collaborative and Medicaid programs	91,723	103,000	103,000
Percent of individuals discharged from inpatient facilities who receive follow-up services at 7 days	25.9%	45%	45%
Percent of individuals discharged from inpatient facilities who receive follow-up services at 30 days	52.3%	65%	65%
Suicide number among adults 20 years and older served by the statewide entity	Discontinued	Discontinued	Discontinued
Percent of people receiving substance abuse treatment who demonstrate improvement in the alcohol domain	79.6%	Discontinued	Discontinued
Percent of people receiving substance abuse treatment who demonstrate improvement on the drug domain	80.3%	Discontinued	Discontinued
Reduction in the gap between children in school who are receiving behavioral health services and their counterparts in achieving age appropriate proficiency scores in math (8 th grade)	Target: 12.1% Due in Nov	12.5%	9.7%
Reduction in the gap between children in school who are receiving behavioral health services and their counterparts in achieving age appropriate proficiency scores in reading (fifth grade)	Target: 7.8% Due in Nov	7.5%	7.2%
Percent increase in the number of pregnant females with substance abuse disorders receiving treatment by the statewide entity	-28..2%	Discontinued	Discontinued
Increase the number of persons served through telehealth in the rural and frontier counties	1,330	1,300	1,500

Goal 4 Measures	FY 14 Actual	FY 15 Target	FY 16 Target
Percent of children served who demonstrate improved functioning as measured by the Child & Adolescent Functional Assessment Scale (CAFAS)	42%	Data is no longer collected by CYFD	
The number of Health Homes established statewide	0	2	2
The percentage of people with a diagnosis of alcohol or drug dependency who initiated treatment and received two or more additional services within 30 days if the initial visit	New measure	Baseline to be established	To be determined once baseline is established
Number of adults diagnosed with major depression who received continuous treatment with an antidepressant medication	New measure	Baseline to be established	To be determined once baseline is established
Number of suicides among youth served by the Behavioral Health Collaborative and Medicaid programs.	New measure	2	2
Percent of members reporting satisfaction with behavioral health services	New measure	Baseline to be established	To be determined once baseline is established

*HSD target is lower than DFA set target because a lower target equals better result.

Goal 5: Improve Administrative Effectiveness and Simplicity

HSD's Program Support team is comprised of the Administrative Services Division (ASD), Information Technology Division (ITD), Office of Inspector General (OIG), and Office of Human Resources (OHR), whose collective purpose is to support the program divisions through recordkeeping, administrative support, personnel-related activities, budget procurement and contracting.

HSD always works to improve management activities to better support the programs. OIG has fully manned the newly created Internal Review Bureau with a mandate to provide senior management with an independent, objective assurance, and consulting activity designed to add value and improve the Department's operations and safeguard its assets, reputation, and integrity.

Central to this effort is the ITD, whose goal is to better align information technology with the business goals of the department while providing a framework to guide all future IT activities. ITD provides technical support to all HSD divisions and staff, including support for approximately 2,037 users in 56 locations.

Task 5.1: Automated System Program and Eligibility Network (ASPEN) - ISD2 System Replacement System

Enhance the ASPEN system by eliminating duplicative processes, streamlining existing manual and electronic processes, improving the user experience and leveraging the technology for shared services and reuse.

Activities:

- A. Maintain communications, the ASPEN change network, and implementation support activities that integrate and coordinate with the ASPEN user group.
- B. Improve and enhance the Integration of the system with the HIX, other state and federal agencies, and other organizations.
- C. Enhance the Integrated Voice Response System (IVRS).
- D. Enhance the on-line self-service portal to enable better interaction and communication with HSD clients.
- E. Enhance ASPEN to enable real-time eligibility for benefit programs
- F. Continue to enhance YESNM to ensure best possible user experience for applicants
- G. Increase HSD's capacity to field applicant and client calls

Task 5.2: Upgrade and/or replace IT systems for improved simplicity and better efficiencies

Activities:

- A. During FY16, ITD will continue to work with CSED for planning a comprehensive and detailed analysis for replacing the existing Child Support Enforcement System. Project planning activities will carry through FY16.
- B. HSD will continue planning activities for the MMIS replacement project during FY16. The project will position the department to continue to leverage enhanced funding from the CMS for implementation, maintenance, and operations activities for the MMIS. The new MMIS system will also meet CMS' Seven Standards and Conditions.

Task 5.3: Improve management structure and processes to ensure compliance with federal, state and other applicable laws and regulations

Activities:

- A. Improve cross-divisional communication and collaboration on key projects.
- B. Continue monthly or as-needed communication with federal partners on approval of funding and clarification of changes in federal reporting requirements.
- C. Continue to cross-train staff in the Federal Grants, Budgets and Accounting Bureaus to ensure reconciliations capture impact to expenditures, revenue and cash. This 360-degree reconciliation will include the impact of third-party and federal reporting systems.
- D. Complete quarterly trial balance reviews of all funds to assure timely and accurate processing of financial transactions in order to close the books and prepare necessary schedules for Agency financial audit.
- E. Update HSD's Model Accounting Practices (HMAPs) to address audit findings and improve the internal control structure to reflect improvements in the federal reporting and federal draw request process.
- F. Continue weekly communication with oversight agencies such as Department of Finance and Administration, and the State Treasurers Office to aid in the cash remediation process and minimize the impact on the state's cash position.
- G. Improve the internal controls used to review material transactions such as the Medicaid Incurred But Not Reported (IBNR) by requiring approval by the agency Chief Financial Officers (CFOs).
- H. Encourage HSD managers and employees to participate in Tribal Collaboration Training provided by the State Personnel and Indian Affairs Department to ensure success in working with Tribal counterparts.
- I. The OIG Internal Review bureau will create the Department's Risk Management Plan for FY15 and beyond, focusing on areas of risk identified by the division directors.
- J. Use technology to streamline and expedite personnel processes.
- K. Use technology for online training to meet federal, state, department, division, and union mandated requirements
- L. Ensure OHR personnel remain trained in current federal, state, and other applicable laws and regulations to limit the department's liability in personnel actions.

- M. Improve ITD service, processes and relationships to increase customer satisfaction.
- N. Improve ITD compliance with state and federal regulations.
- O. Increase IT infrastructure capacity and resilience to support expanding customer needs.
- P. Improve recruiting, training, retention and utilization of ITD's employees and contracted resources.

Measures:

Goal 5 Measures	FY 14 Actual	FY15 Target	FY 16 Target
Percent of invoice payments completed within 30 days of date of payable invoice	100%	100%	100%
Percent of federal grant reimbursements completed that minimize the use of state cash reserves in accordance with established cash management plans	Discontinued	Discontinued	Discontinued
Percent of timely final decisions on administrative disqualifications hearings	100%	100%	100%
The percent of funds for which a quarterly trial balance review is completed within 45 days after the accounting period has closed	100%	100%	100%
Percent of intentional violations in the supplemental nutrition assistance program investigated by the office of inspector general that are completed and referred for an administrative disqualification hearing within ninety days from the date of assignment	90%	90%	90%
Percent of compliance with internal schedule approved by the Department of Finance and Administration for turnaround time associated with the expenditure of federal funds and the requests for reimbursement from the expenditures from the federal Treasury	100%	100%	100%
Percent of federal financial reports completed accurately by due date	100%	100%	100%
Rate of administrative cost used to collect total claim in all programs administered by the Restitution Services Bureau	12%	12%	12%
Percent of employees hired with required SHARE ID by start date	N/A	100%	100%
Percent of current employees with updated personal information within 24 hours	91%	100%	100%
Percent of employees completing mandatory federal, state, department and union trainings	66%	100%	100%
Percent of Office of Human Resources personnel receiving appropriate training and resources (except SHARE)	100%	100%	100%