

Mission Statement: To transform lives. Working with our partners, we design and deliver innovative, high quality health and human services that improve security and promote independence for New Mexicans in their communities.

- Goals:
1. Improve the value and range of services we provide to ensure that every qualified New Mexican receives timely and accurate benefits.
 2. Create effective, transparent communication to enhance the public trust.
 3. Successfully implement technology to give customers and staff the best and most convenient access to services and information.
 4. Promote an environment of mutual respect, trust and open communication for staff to grow and reach our professional goals.

Goal 1: Improve the value and range of services we provide to ensure that every qualified New Mexican receives timely and accurate benefits.			
Objective	SFY 2020 Tactics	SFY 2021 Tactics	SFY 2022 Tactics
1.1 Ensure that every qualified New Mexican receives timely and accurate benefits.	1.1.1 Perform comprehensive assessment of ASPEN to identify all work/change requests. 1.1.2 Redesign quality improvement efforts. 1.1.3 Increase collaboration with grassroots, state agencies, Tribes and Pueblos, and advocacy organizations to expand value and range of services. 1.1.4 Research/develop plan for redesign of Employment and Training and support services. 1.1.5 Research/develop plan for expanding program options. 1.1.6 Research technology to improve program access, as well as staff support. 1.1.7 Implement human centered design for ASPEN enhancements. 1.1.8 Implement real-time eligibility for LIHEAP applications. 1.1.9 Define ASPEN integration strategy with HHS 2020. 1.1.10 Implement real-time eligibility for Medicaid applicants. 1.1.11 Implement continuous eligibility for most Medicaid adults. 1.1.12 Leverage APRISS to integrate data on justice-involved individuals (booking and release) to facilitate streamlined reactivation of benefits upon release. 1.1.13 Implement auto-accretion for MSP per HB 371.	1.1.14 Implement the unified portal. 1.1.15 Redesign employment and training and support services for SNAP, TANF and CSED recipients via RFP. 1.1.16 Increase cash support, specifically the wage subsidies, education works and transition bonus program. 1.1.17 Increase staff to support tactics specific to increased caseloads, training needs, quality and ASPEN operational support. 1.1.18 Increase benefit amount to certain SNAP recipients who qualify for state utility payments. 1.1.19 Implement system improvements to support Employment & Training (E&T); SNAP and Abled Bodied Adults without Dependents (ABAWD); and TANF work requirements. 1.1.20 Integrate all external databases with ASPEN leveraged for eligibility/program compliance (APRISS, AVS, and MVD). 1.1.21 Enhance contractor and HSD support for ASPEN eligibility system. 1.1.22 Reimplement Transition Bonus Program – Cash Assistance Program for recipients who obtain employment.	1.1.24 Increase food and nutrition support, specifically the State Food Supplement benefit and additional deductions. 1.1.25 Increase utility assistance to afford clients a one-time lump sum payment for disconnect. 1.1.26 Integrate ASPEN and the unified portal with the State Based Marketplace. 1.1.27 Implement SSI supplement program to provide additional cash for food for vulnerable disabled populations.

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		1.1.23 Implement Heat and Eat Program to provide extra food dollars to lower-income families.	
1.2 Expand the behavioral health (BH) network to provide a full continuum of behavioral health services.	1.2.1 Recruit and hire new BH Director. 1.2.2 Add Supportive Housing benefit for Centennial Care members. 1.2.3 Expand BH provider Technical Assistance team. 1.2.4 Planning for utilization of block grant funding for BH provider infrastructure. 1.2.5 Apply for SUPPORT Act planning grant to increase SUD provider workforce. 1.2.6 Complete major BH NMAC revision to clarify BH services. 1.2.7 Streamline BH provider requirements, Medicaid enrollment and MCO contracting and credentialing, where feasible. 1.2.8 Develop provider enrollment tool kit. 1.2.9 Convene workgroup with BH providers for long-term rate strategy. 1.2.10 Conduct BH provider workforce analysis. 1.2.11 Identify and correct barriers to training of BH providers. 1.2.12 Identify and implement all federal, state, WIOA financial aid for BH providers (non-physicians) and identify opportunities to leverage Medicaid funds for clinical training.	1.2.13 Add permanent FTE for BH initiatives passed during 2019 legislative session. 1.2.14 Expand use of block grant funding for BH infrastructure. 1.2.15 Add permanent FTE for Medicaid policy and service/rate development. 1.2.16 Training of BH providers and MCOs on BH services. 1.2.17 Implement SUPPORT Act grant, if awarded. 1.2.18 Oversight of interagency BH plan. 1.2.19 Identify and implement financial aid for BH providers (non-physicians). 1.2.20 Expand capacity and integration for prescription drug monitoring. 1.2.21 Upon legislative approval, launch loan program for new BH startup programs 1.2.22 Provide provider rate increases, including Gross Receipts Tax relief	-

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1.3 Implement long-term cost sustainable provider payment strategy (benchmarked, annual inflation adjustment, annual adjustment for state revenue) to expand the provider network.	1.3.1 Continue implementation/execution strategy of 3-year rate plan. 1.3.2 Implement provider listening sessions to inform further development of rate strategy. 1.3.3 Implement Medicaid rate increases for BH providers. 1.3.4 Define evaluation methodology to review impact of provider payment strategy. 1.3.5 Participate in Interagency Pharmacy Purchasing Council and SMART-D initiative to leverage better pricing on prescription drugs across agencies.	1.3.6 Continue implementation/execution strategy: year 2 of 3-year rate plan. 1.3.6.1 Implement BH Rate Increases. 1.3.6.2 PACE increased bed capacity. 1.3.6.3 Other providers not included in year 1. 1.3.7 Implement annual benchmarking to Medicare. 1.3.8 Continue evaluation of efficacy of strategy. 1.3.9 Implement holistic access monitoring.	
1.4 Develop and implement plan for IMCE (Indigenous Managed Care Entity).	1.4.1 Execute LOA with Naat'aanii Corporation/Molina 1.4.2 Develop communications plan for IMCE 1.4.3 Create strategy workgroup to identify key strategic issues to the success of the IMCE. 1.4.4 Create operational working group to build and execute on operational workplan. 1.4.5 Conduct Tribal Consultation. 1.4.6 Provide Molina with data book to begin rate development 1.4.7 Review and approve rates 1.4.8 Add additional staff in MAD to support effort 1.4.9 Submit waiver revision to CMS re autoassignment. 1.4.10 Finalize contractual relationships. 1.4.11 Perform readiness reviews. 1.4.12 Go-live with IMCE. 1.4.13 Complete system changes. 1.4.14 Complete testing. 1.4.15 Update E&E Materials and outline member communication. 1.4.16 Conduct outreach and education campaign. 1.4.17 Form workgroup to meet weekly to design and implement comprehensive plan.	1.4.24 Add permanent FTE at MAD for IMCE. 1.4.25 Continue outreach and education campaign. 1.4.26 Monitor and evaluate system impacts and implementation.	1.4.27 Ongoing IMCE operations.

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	1.4.18 Finalize Partnership Model Details for HSD to approve. 1.4.19 Finalize NDC-HSD Draft Contract. 1.4.20 Meet with CC 2.0 MCOs for stakeholder input. 1.4.21 Meet with providers for stakeholder input (via MAC, NMMS, NMHA). 1.4.22 Develop regulations for public comment. 1.4.23 Convene team to outline system impacts and implementation timeline.		
1.5 Develop plan to enhance recruiting and retention for BH, PCP, rural.	1.5.1 Hire OOS Project Manager. 1.5.2 Convene GME group to promote development of BH and PCP residency programs in rural areas. 1.5.3 Develop Goals and Objectives for GME expansion. 1.5.4 Match DOH recruitment for federal funds. 1.5.5 Convene new GME planning group. 1.5.6 Convene official GME group per legislation. 1.5.7 Define number of new primary care and psychiatry residency programs to target. 1.5.8 Develop a workplan for implementation of new and expanded PCP and psychiatry programs, with the majority in rural settings. 1.5.9 Resolve financial issues related to financial distributions and CMS match thru Medicaid. 1.5.10 Inventory existing loan forgiveness programs and develop a more aggressive program.	1.5.11 Continue GME activities. 1.5.11.1 First-year for new slots in existing programs. 1.5.11.2 Initial round of funding for programs to plan new residencies. 1.5.11.3 Provide TA to programs to achieve ACGME approval. 1.5.12 Loan forgiveness. 1.5.13 Launch BH sector partnership in collaboration with DWS.	1.5.14 First year for new programs. 1.5.15 First or second year for expanded programs.
1.6 Increase insurance options for the currently uninsured.	1.6.1 Hire new FTEs to lead effort. 1.6.2 Engage in additional stakeholder consultation re implementation. 1.6.3 Draft regulations for public comment. 1.6.4 Make changes to waivers as applicable. 1.6.5 Analyze system impact and produce implementation timeline and fiscal impact. 1.6.6 Coordinate with other impacted state agencies and the NMHIX as appropriate.	1.6.13 Begin operational implementation. 1.6.14 Develop detailed program with: 1.6.14.1 Population analysis. 1.6.14.2 Actuarial analysis. 1.6.14.3 Workplan for program implementation. 1.6.14.4 Data-sharing agreements with NMHIX. 1.6.15 Coordinate with other impacted state agencies and the NMHIX as appropriate.	1.6.17 Go live with new coverage options. 1.6.18 Increase staff to support tactics specific to increased caseloads, training needs, quality and ASPEN operational support.

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	1.6.7 Design and begin outreach and education campaign. 1.6.8 Complete system changes and testing. 1.6.9 Present new options with recommendations to Gov. 1.6.10 Begin contracting efforts for modeling coverage options for New Mexico. 1.6.11 Analyze options and fiscal analysis with contracted entity to present to the Governor’s office. 1.6.12 Begin stakeholder consultation on options.	1.6.16 Continue outreach and education campaign.	
1.7 Expand value based purchasing to focus on measurable health outcome improvements.	1.7.1 Developed NF VBP Payment methodology. 1.7.2 Submit CMS waiver to NF VBP program. 1.7.3 Finalize and implement NF VBP program. 1.7.4 Identify hospital value component in SNCP funding and implement. 1.7.5 Pursue Value incentives and rewards for SNCP, the NF Quality Surcharge program and select BH programs. 1.7.6 Expand HQII measures to foster value delivery.	1.7.7 Evaluate and expand NF VBP Program. 1.7.8 Convene VBP workgroups for provider groups such as Primary Care Provider (PCP), FQHCs. 1.7.9 Finalize and implement Hospital VBP component.	
1.8 Modernize child support program to improve the financial and medical support of New Mexico’s children.	1.8.1 Develop and Pilot CSED Performance Management Office (Training, OCM, RPI, QA). 1.8.2 Pilot Supporting, Training, and Employing Parents (STEP UP) Program (incl. BH referrals and other services). 1.8.3 Develop and Pilot Data Driven Business Model Phase 2. 1.8.4 Implement Federal Modernization Rules/best practices (policy revisions, system changes, NMAC promulgation). 1.8.5 Design Staff Morale Improvement Strategy. 1.8.6 Draft and enact a NM Child Support Modernization Memorial.	1.8.7 Enact statutory Changes for Child Support Modernization Requirements. 1.8.8 Implement data-driven Business Model State-wide. 1.8.9 Implement STEP UP Statewide (TANF and IV-D Passthrough to DWS). 1.8.10 Implement Child Support Services Re-branding and Outreach Plan. 1.8.11 Implement Centralized Case Processing Unit. 1.8.12 Implement Performance Management Office Statewide. 1.8.13 Implement Staff Morale Improvement Strategy. 1.8.14 Child Support Hearing Officer Contract Increase.	1.8.16 Enhance Child Support Hearing Officer Program. 1.8.17 Complete Centralized Case Processing Unit- Phase 2.

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		1.8.15 Redesign employment and training and support services for SNAP, TANF and CSED recipients via RFP.	
1.9 Support DOH in development of DD waiver revisions (including supports waiver).	1.9.1 Approval by Governor. 1.9.2 Medicaid press conference. 1.9.3 Hire resource specialist to ensure members on the waitlist are maximizing available Medicaid services. 1.9.4 Hire 3 FTE to implement, managed and renew the Supports Waiver. 1.9.5 Initiate statewide Town Halls (Farmington, Gallup, Santa Fe, Roswell, Las Cruces, Albuquerque). 1.9.6 Request tribal consultation for Supports Waiver development and DD Waiver renewal. 1.9.7 Create and program provider types/rates/claims processing in MMIS for Supports Waiver. 1.9.8 Develop NMAC regulations for Supports Waiver. 1.9.9 Provide training to ISD on Supports Waiver Application process. 1.9.10 Submit supports waiver application to CMS for approval.	1.9.11 Implement Supports Waiver. 1.9.12 Collaborate with DOH on assessment tool development. 1.9.13 Collaborate with DOH on redesign of new tiered DD waiver. 1.9.14 Initiate statewide townhall meetings for tiered DD waiver redesign. 1.9.15 Submit original DD waiver renewal to CMS for approval.	1.9.16 Continue DOH collaboration on tiered DD waiver redesign. 1.9.17 Continue statewide townhalls for tiered DD waiver redesign. 1.9.18 Revise NMAC regulations with tiered DD Waiver redesign. 1.9.19 Provide training to ISD on tiered DD waiver redesign. 1.9.20 Develop tiered DD waiver amendment for CMS review.

Goal 2: Create effective, transparent communication to enhance the public trust.			
Objective	SFY 2020 Tactics	SFY 2021 Tactics	SFY 2022 Tactics
2.1. Develop and implement a comprehensive external communication plan.	2.1.1 Expand and grow outreach through social media Facebook, Twitter, LinkedIn. 2.1.2 Establish HSD Hashtags. 2.1.3 Establish social media baseline. 2.1.4 Develop an external distribution list for news releases and public notices. 2.1.5 Select two employees from each division and train them on website content editing. 2.1.6 Inventory and make current HSD website. 2.1.7 Re-establish credibility and transparency with the media and the public. 2.1.8 Develop public service announcements about HSD benefits.	2.1.9 Write scope of work to Redesign HSD website for RFP. 2.1.10 Redesign website. 2.1.10.1 Select vendor for website. 2.1.10.2 Work with division staff on their section of the website. 2.1.10.3 Test website. 2.1.10.4 Launch website. 2.1.11 Develop an external electronic newsletter for the public and partners monthly. 2.1.12 Develop and establish HSD podcast series. 2.1.13 Review social media baseline and determine growth and set new outreach goals.	2.1.14 Provide continuous training on website protocols for division staff. 2.1.15 Grow external distribution list for monthly HSD newsletter and monitor analytics. 2.1.16 Review social media, determine growth, and set new outreach goals. 2.1.17 Review Google analytics for website. 2.1.18 Continuously review, monitor, and update website pages.
2.2. Implement a department wide strategy to include partners (federal, state and local, community-based services, providers, advocates, MCOs, Tribes) in decisions that affect them.	2.2.1. Recruit and hire (GovEx) NA liaison. 2.2.2. Re-establish relationships with key advocacy groups. 2.2.3. Collaborate with NA liaison to share information with Native population. 2.2.4. Establish Native American distribution list. 2.2.5. MAC subcommittees. 2.2.6. Public hearings for consumers and advocates. 2.2.7. Partner with associations and speak at annual meetings. 2.2.8. Develop public service announcements about HSD benefits specific to Native American population. 2.2.9. Collaborate with Indian Affairs PIO to share information about HSD benefits available for Native American population. 2.2.10. Develop a plan with NATAC to identify and work on a key set of priorities. 2.2.11. Assess the effectiveness of the Child Support Enforcement Divisions (CSED) Native American Initiative (NAI). 2.2.12. Implement new CSED NAI Memorandums of Understanding with the Mescalero Apache Tribe and the Sandia Pueblo Tribe.	2.2.13. Attend Feast Days and provide information about HSD benefits. 2.2.14. Implement strategies developed by NATAC on 2 priorities. 2.2.15. Develop HSD benefit information targeting Native population. 2.2.16. Expand the number of Tribal Consultations. 2.2.17. Engage providers and users in MMISR activities, including testing. 2.2.18. Contact Tribes not participating in the CSED NAI to improve collaboration between CSED and the Tribes.	2.2.19. Review new policies and procedures. 2.2.20. Continue collaboration efforts with Native populations and determine best practices.

Goal 2: Create effective, transparent communication to enhance the public trust.			
Objective	SFY 2020 Tactics	SFY 2021 Tactics	SFY 2022 Tactics
2.3. Resolve major ongoing litigation and sanctions: DHG.	2.3.1 Finalize CAP with CLP. 2.3.2 Submit CAP to Federal Court. 2.3.3 Continue DHG CAP implementation and work through all items to completion. 2.3.4 DHG Case Review to determine compliance. 2.3.5 Resolve CMS CAP. 2.3.6 Resolve FNS CAP. 2.3.7 Work to have Molina appeal dismissed.	2.3.8 Complete DHG CAP and second case review. 2.3.9 Close lawsuit based on completion of CAP. 2.3.10 Ensure SNAP settlement pending plan included in all budget documents going forward.	-
2.4 Resolve major ongoing litigation and sanctions: Behavioral Health.	2.4.1. Develop strategy for continued negotiations with non-settled providers. 2.4.2. Resolve remaining behavioral health suits and appeals.	2.4.3. Final payouts, if needed.	-
2.5 Resolve major ongoing litigation and sanctions: FNS Sanction.	2.5.1. Negotiate settlement with FNS. 2.5.2. Revise documents to reflect FNS national priorities. 2.5.3. Negotiate settlement with FNS. 2.5.4. Submission to FNS in September with possible closure by December.	2.5.5. Monitor FNS-related settlement investments and report regularly.	-

Goal 3: Successfully implement technology to give customers and staff the best and most convenient access to services and information.			
Objective	SFY 2020 Tactics	SFY 2021 Tactics	SFY 2022 Tactics
3.1 Implement HHS 2020 modules: system integration (SI), data services (DS), quality assurance (QA), financial services (FS), benefit management services (BMS), and unified public interface (UPI).	3.1.1 Implement enhanced omnichannel customer services through the consolidated customer service center for ISD and MAD. 3.1.2 RFP process for BMS and FS. 3.1.3 Implement enhanced third-party liability and recovery audit contractor services as part of the MMISR project. 3.1.4 Contract start for QA module. 3.1.5 Procure for unified portal. 3.1.6 Begin testing of HHS 2020 modules. 3.1.7 Execute a contract with Conduent for maintenance and operations of the existing MMIS.	3.1.8 Implement enhanced omnichannel customer services through the consolidated customer service center for CSED. 3.1.9 Implement the unified portal. 3.1.10 Complete implementation of enhanced data services and analytics capabilities as part of the MMISR project. 3.1.11 Complete implementation of the financial services and benefit management services modules as part of the MMISR project. 3.1.12 Continue testing of HHS 2020 modules. 3.1.13 Explore other agency collaboration opportunities as part of the HHS 2020 initiative	3.1.14 Receive federal certification of the MMISR solution.
3.2 Provide greater access to timely enterprise data to enhance evidence-based decision making.	3.2.1 Identify data needs from each Division to complete this strategic plan. 3.2.2 Develop strategy for analytic capabilities for HSD data warehouse. 3.2.3 Create and fill a Chief Data Officer position within the department. 3.2.4 Implement the interim HHS interactive solution for ISD to provide greater visibility into ASPEN data. 3.2.5 Pilot an interim decision support solution for CSED to support program leadership’s goals.	3.2.6 Complete implementation of enhanced data services and analytics capabilities as part of the MMISR project. 3.2.7 Implement an open data portal or website for public access. 3.2.8 Improve health information exchange services within the state. 3.2.9 In collaboration with DOH, establish an All Payers Claims Database. 3.2.10 Implement an interim decision support solution for CSED to support program leadership’s goals.	-
3.3 Implement business transformation to redesign, streamline and improve our processes.	3.3.1 Assess organizational health and set the foundation for change for internal and external agencies. 3.3.2 Set up business process transformation for internal and external agencies. 3.3.3 Redesign implementation.	3.3.4 Continue journey mapping of future state business processes.	-
3.4 Expand and improve automation and self-service capabilities for ease of access to services	3.4.1. Begin customer focus groups to identify key priorities for functionality of the Consolidated Customer Service Center and Unified Portal 3.4.2. Identify customer facing opportunities for each division for the Unified Public Interface 3.4.3. Create and fill a Chief Customer Officer position within the department that is responsible for	3.4.10. Implement the unified portal. 3.4.11. Implement the Lobby Management System for ISD 3.4.12. Build self service capabilities for ITD customers 3.4.13. Implement electronic signature capability 3.4.14. Implement OneDrive for every HSD employee	-

Goal 3: Successfully implement technology to give customers and staff the best and most convenient access to services and information.			
Objective	SFY 2020 Tactics	SFY 2021 Tactics	SFY 2022 Tactics
	<p>leading customer facing process improvement efforts</p> <p>3.4.4. Implement enhanced omnichannel customer services through the consolidated customer service center for ISD and MAD</p> <p>3.4.5. Implement enhanced omnichannel customer services through the consolidated customer service center for CSED</p> <p>3.4.6. Replace ISD and CSED field office phone systems and ISD CSC phone system</p> <p>3.4.7. Accept online payments from non-custodial parents (NCP)</p> <p>3.4.8. Implement an internal chat bot for policy and system questions.</p> <p>3.4.9. Implement an external chat bot for adding newborns to Medicaid cases in real time.</p>	<p>3.4.15. Automate provider enrollment for Medicaid providers</p> <p>3.4.16. Enable video chat for client interviews</p>	
3.5 Identify replacement strategy for Child Support Enforcement System.	<p>3.5.1. Execute CSES Refactoring contract.</p> <p>3.5.2. Design and pilot data-driven business model dashboard.</p> <p>3.5.3. Accept online payments from non-custodial parents (NCP).</p> <p>3.5.4. Implement e-filing with District Courts statewide.</p>	<p>3.5.5. Implement an interim decision support solution for CSED to support program leadership’s goals.</p> <p>3.5.6. Complete CSES Refactoring.</p> <p>3.5.7. Implement electronic document work flows.</p> <p>3.5.8. Initiate full replacement of CSES system.</p>	<p>3.5.9. Procure and Implement Integrated SDU solution.</p> <p>3.5.10. Procure and Implement Employer Management solution.</p>

Goal 4: Promote an environment of mutual respect, trust and open communication for staff to grow and reach their professional goals.			
Objective	SFY 2020 Tactics	SFY 2021 Tactics	SFY 2022 Tactics
4.1 Develop and implement comprehensive internal communication plan.	4.1.1 Survey employees re communication preferences. 4.1.2 Update and Redesign SharePoint landing page for employee access to information. 4.1.3 Establish monthly employee newsletter. 4.1.4 Hire and farewell employees on SharePoint and regularly in monthly newsletter. 4.1.5 Highlight internal employee promotions. 4.1.6 Roll out a day in the life showcasing relevant career info on leadership and field office employees. 4.1.7 Work with divisions to update their pages on the wire. 4.1.8 Highlight employees' kudos on social media and TheWire. 4.1.9 Continue surveying employees for feedback. 4.1.10 Create an employee Question inbox where employees can submit questions and they are answered quarterly via video. 4.1.11 Recognize HSD anniversaries in the newsletter and on The Wire. 4.1.12 Launch quarterly employee/manager meetings.	4.1.13 Continue implementing best practices for internal communication. 4.1.14 Hold Annual Employee Award Ceremonies. 4.1.15 Highlight employee birthdays monthly. 4.1.16 Continue quarterly employee and manager meetings. 4.1.17 Continue employee newsletter. 4.1.18 Continue surveying employees for feedback and modify communications based on feedback. 4.1.19 Continue highlighting employees. 4.1.20 Establish HSD Social Media Policy.	4.1.21 Continue implementing best practices for internal communication. 4.1.22 Continue quarterly employee and manager meetings. 4.1.23 Continue monthly employee newsletter. 4.1.24 Continue surveying employees for feedback and modify communications as needed. 4.1.25 Review all communications policies and procedures and update as necessary.
4.2 Develop and implement comprehensive department-wide employee training program.	4.2.1 Recruit and hire new HR Director. 4.2.2 Recruit and hire Training Director. 4.2.3 Recruit and hire vacant training positions. 4.2.4 Reinstate OHR managed soft skills training state wide. 4.2.5 Begin assessment of training needs and priorities by Division. 4.2.6 Provide training assessment report to OOS and divisions for review. 4.2.7 Determine budgetary feasibility of creating statewide training unit under OHR. 4.2.8 Develop initial plans to create statewide training program under OHR.	4.2.9 Implement finalize plan to create statewide training unit under OHR. 4.2.9.1 Begin initial implementation. 4.2.9.2 Develop standardized training program requirements. 4.2.9.3 Develop standardized delivery methodology for training programs. 4.2.9.4 Create a consistent curriculum to meet statewide training needs in the areas of customer service, team building, civil rights, sexual harassment, and cultural sensitivity. 4.2.10 Implement HR staffing expansion for statewide training plan.	-

Goal 4: Promote an environment of mutual respect, trust and open communication for staff to grow and reach their professional goals.			
Objective	SFY 2020 Tactics	SFY 2021 Tactics	SFY 2022 Tactics
4.3 Develop and implement a comprehensive department-wide management training and succession planning program.	4.3.1 Recruit new HR Director. 4.3.2 Recruit and hire Training Director. 4.3.3 Recruit and hire vacant training positions. 4.3.4 Move leadership program back under OHR and prepare for new kickoff. 4.3.5 Begin initial review and assessment of additional management training programs that can be provided in conjunction with leadership development. Determine areas for improvement and expansion. 4.3.6 Develop plan for management training program expansion to include succession planning, staff promotion, ability development and managerial soft skills.	4.3.7 Create a consistent curriculum to meet statewide training needs in the areas of leadership, employee engagement, employee development, succession planning, and HR 101. 4.3.8 Implement succession planning and staff managerial development programs. 4.3.9 Implement Employee Relations and HR 101 training for managers and supervisors. 4.3.10 Develop plan for Employee relations and HR 101 training for all managers and supervisors.	-
4.4 Improve employee satisfaction	4.4.1 Survey tools used in NM State Govt to measure employee satisfaction. 4.4.2 Select a tool to use. 4.4.3 Complete a compra ratio analysis of positions within HSD compared to other agencies and increase salaries where necessary. 4.4.4 Contract with entity to assist with employee satisfaction improvement strategy. 4.4.5 Measure baseline employee satisfaction. 4.4.6 Identify priority areas for improvement and implement remediation plan. 4.4.7 Remeasure satisfaction after plans implemented. 4.4.8 Employee advisory council.	4.4.9 Increase funds for office space improvements including but not limited to desks, cubicles, phones, office equipment (expansion for ISD = \$250k) 4.4.10 Increase training opportunities 4.4.11 Support business meeting attendance and participation, including regional and national conferences/meetings 4.4.12 C2 request	-