

New Mexico

Human Services Department



Strategic Plan

Fiscal Year 2012

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Overview of the Department

The New Mexico Human Services Department (HSD) manages state and federal funds that provide life's most basic services to many New Mexican individuals and families – touching the lives of more than one in three New Mexicans with food, access to health care, income, work, energy assistance and community services to New Mexicans who desperately need help in these areas. HSD is the fifth largest state agency with 1,700 employees in 53 office locations statewide. The Department is organized into seven areas led and directed by the Office of the Secretary (OOS): Office of General Counsel (OGC); Behavioral Health Services Division (BHSD); Child Support Enforcement Division (CSED); Income Support Division (ISD); Medical Assistance Division (MAD); Information Technology Division (ITD); and the Administrative Services Division (ASD), which provides finance, accounting and property management support for HSD, the Office of Human Resources (OHR), and the Office of Inspector General (OIG) providing audit, investigations, restitutions services and fair hearings for the department.

HSD's employees are dedicated public servants who provide assistance to nearly 800,000 needy individuals and families overall through numerous programs, including, but not limited to, health coverage through Medicaid for low-income children, seniors and individuals with disabilities; ISD services that include the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), General Assistance (GA) for low income individuals with disabilities, the Emergency Food Assistance Program, the Low Income Home Energy Assistance Program (LIHEAP) and homeless services; behavioral health services (mental illness, substance abuse and compulsive gambling) through the BHSD; and child support establishment and enforcement through the CSED. In addition, the Secretary of the Department is a Co-chair of the Behavioral Health Collaborative and submits a summary budget on its behalf. ASD, ITD, OHR, and OIG support the other programs of HSD. At the core of HSD's mission is its commitment to reduce the impact of poverty on children, families and the state as a whole. To this end, HSD continues to partner with other public and private agencies, Performance-based budgeting is designed through a strategic planning process directed by the Deputy Secretary.

Strategic planning continues to be central to HSD and is an integral part of the normal course of business for its executive staff. The planning process describes the future the Department wants, clarifies and reaffirms the Department's mission and its programs, and develops strategies to achieve that future.

Mission and Goals

MISSION

To reduce the impact of poverty on people living in New Mexico and to assure low income and individuals with disabilities in New Mexico equal participation in the life of their communities.

GOALS AND VALUES

Our goals reflect our commitment to providing the best service possible to our clients through three core values: Access, Quality and Accountability. Together, these values represent our fundamental goals, expectations and vision for the programs we administer.

Access

The Department strives for access to support and services for New Mexicans to move toward self-sufficiency in life.

Quality

The Department commits to quality by providing services in a respectful manner and services that produce results.

Accountability

The Department engages in accountability to all of our customers (clients, employees, the public and taxpayers) through monitoring, careful explanations and correct decisions.

Goal 1: *Insure New Mexico!*

Insure New Mexico! offers a variety of innovative solutions designed to create employer-sponsored, cost-effective health benefit packages for individuals, families, small businesses and non-profit organizations with fifty or fewer eligible employees. The Insure New Mexico! Solutions Center provides employers and individuals with personalized health insurance enrollment counseling and placement through a toll free number, 1-888-997-2583. The Center also provides general health coverage information and referrals to assist employers and individuals in making decisions about health coverage options that best fit their needs.

In March 2010, Congress enacted the Patient Protection and Affordable Care Act (PPACA), commonly known as federal health care reform. The legislation is constructed to expand health care coverage in the United States by extending health insurance to more citizens; stabilizing health insurance markets by requiring broader participation, enhanced regulation and consumer protections; and improving the affordability and quality of health care. The legislation has staggered rollout dates from now until 2014 for its various provisions. Although health reform was enacted through federal legislation, much of the responsibility for implementing its provisions has been delegated to states.

On April 20, 2010, by Executive Order 2010-012, the Health Care Reform Leadership Team was established in response to passage of the PPACA. The Leadership Team was charged with creating a strategic plan, and coordinating across state agencies that would oversee planning, development and implementation of federal health care reform in New Mexico.

Continued planning, implementation and oversight will be necessary to assure ongoing comprehensive implementation of health care reform over the next several years.

Task 1.1: Health Care Reform

Activities

A. Continue convening the Health Care Reform Leadership Team and expand membership of the HCR Leadership Team to include the NM Higher Education Department; Public Education Department; Department of Finance and Administration; General Services Department, Risk Management Division; Office of the Governor’s Council on Women’s Health; and the Worker’s Compensation Administration.

B. Create an Office of Health Care Reform and host the Office at the Human Services Department.

C. Determine state statutes requiring amendment/enactment to be in compliance with the PPACA.

D. Conduct tribal consultation regarding health care reform initiatives and policies that will impact American Indians.

E. Continue to collaborate with the Health Insurance Alliance (HIA) commercial carriers, and the New Mexico Medical Insurance Pool for health insurance coverage, including availability of coverage for part time employees and dependent children through the age of twenty five.

Task 1.1 Measures	FY03 Baseline	FY04 Actual	FY05 Actual	FY06 Actual	FY07 Actual	FY08 Actual	FY09 Actual	FY10 Actual	FY11 Target	FY12 Target
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Lives insured through SCI (1)	N/A	N/A	N/A	N/A	0	22,948	38,000	53,818	N/A*	N/A*
Lives insured through the Health Insurance Alliance (HIA)	NA	NA	3,700	5,481	5,976 as of May07	5,491	4,938	3,967	3,900	TBD **
Call abandonment rate at <i>New Mexikids/INM!</i> Solutions Center (1)	NA	NA	NA	NA	NA	NA	11%	24% ***	N/A	N/A
Number of employers participating in SCI (1)	N/A	N/A	N/A	Baseline Year	311	700	1,300	1,625	N/A*	N/A*

*As the SCI/INM program is currently operating with a waiting list, there is not an enrollment target at this time.

**As the HIA is in transition, an FY12 target for this measure will be determined at a later time.

***FY10 actual data as of June 2010 exceeded target due to decreased staffing and volume of calls.

(1) No longer a measure for FY11 or FY12.

Task 1.2: Provide New Mexicans more opportunities for health coverage

Activities

A. Continue to increase medical support orders to increase the number of children receiving insurance through custodial and non-custodial parents' employer sponsored insurance.

B. Pursue medical insurance matching to increase the number of children covered by private health insurance in Child Support Enforcement Division (CSED) cases.

C. Continue to have the Child Support Customer Service Center make outbound calls to follow-up with employers and insurance representatives regarding the National Medical Support Notices.

D. In response to requirements at the federal level, collect cash medical support payments in cases where neither parent has private medical insurance coverage available for the child at reasonable cost.

E. Maintain current enrollment in the Premium Assistance Program for non-Medicaid eligible children and pregnant women.

F. Continue to increase Medicaid enrollment of children statewide, especially through schools, childcare and pre-kindergarten programs.

G. Continue partnership with the Albuquerque Area Indian Health Service (IHS) Director's Office that established eight HSD Workers at selected IHS facilities to determine eligibility on-site for Medicaid and Supplemental Nutrition Assistance Program (SNAP) for eligible Native American families.

H. Monitor Managed Care Organization (MCO) performance on Medicaid *Salud!* and State Coverage Insurance (SCI) program indicators and for cost effectiveness. Require corrective action plans when performance on indicators is not at appropriate levels.

I. Monitor Coordination of Long Term Services (CoLTS) program that coordinates both Medicaid and Medicare Services.

Task 1.2 Measures	FY 03 Baseline	FY04 Actual	FY05 Actual	FY 06 Actual	FY 07 Actual	FY 08 Actual	FY09 Actual	FY10 Target	FY11 Target	FY12 Target
Medicaid and CHIP enrollment	412,885	430,776	412,149	401,370	414,903	434,212	453,885	466,688 **	498,000	520,000
Number of children age 0 through 20 covered through Medicaid and CHIP	269,004	275,206	254,074	255,970	271,373	286,814	303,751	307,931 **	334,000	350,000
Number of children age 0 - 5 covered through Medicaid and CHIP	99,079	101,755	96,227	96,055	102,679	109,821	116,118	117,013 **	127,000	133,000
Number of pregnant women covered through Medicaid receiving pregnancy - related services only	6,648	6,651	6,517	6,930	6,859	6,761	6,995	7,200 **	N/A *	N/A *
Percent of children with court-ordered medical support covered by private insurance	16%	28%	32%	35%	33%	36%	39%	40% (Actual)	40%	No longer a measure

* No longer a measure for FY11 and FY12

**The enrollment numbers above are reported with a one quarter delay; therefore they are still targets for FY10. Actual numbers for FY 10 will not be available until the end of the 1st quarter FY2011

Task 1.3: Begin preparation for implementation of the Federal Patient Protection and Affordable Care Act (PPACA) (Health Care Reform)

Activities

A. Review existing federal legislation and available literature to understand the law and its requirements for States.

B. Participate in the Health Care Reform Leadership Team to provide management, oversight and coordination across state agencies to continue to analyze the implications for our department and state given various provisions under the PPACA.

C. Develop work plan for each division at HSD to better understand the law as it affects HSD's:

- responsibility for implementation deadlines in the law;
- any options available to HSD for implementing the law;
- any decisions HSD will or may have to make
- any funding opportunities for HSD

D. Identify funding sources and other means available to ensure the staffing necessary to carry out Health Care Reform.

Task 1.4: Educate the public about the federal health care reform law

Activities

- A. Work with other state and non-governmental agencies to inform the public about the Health Care Affordability Act.
- B. Develop a New Mexico Health Care Reform website that will serve as the “go to” place for accurate information about the Health Care Affordability Act.
- C. Keep Stakeholders Informed and Involved – Issue Progress Reports to the Legislature, the public and other stakeholders on agency progress in implementing aspects of health reform, including at a minimum, key decisions that have been made, key decisions that remain and policy considerations and recommendations. These progress reports should continue, at a minimum, through June 2014 when most of the reform activities will be implemented.
- D. Timeline Update – Keep the public informed with accurate information as different elements of the law are phased in. This timeline would include potential grants, pilot projects and other funding opportunities available under the Act.
- E. Conduct Public Meetings – While websites play an important role in getting information out to the public, it is important to recognize New Mexico’s cultural and rural situation. Public meetings are essential to get the word out to all of New Mexico’s citizens.
- F. Encourage Public Input – Communication is a two-way street. Set up an e-mail address and mailing address for the public to submit opinions, suggestions or questions about policy recommendations.

Goal 2: Improve Health Outcomes and Family Support for New Mexicans

Task 2.1: Expand healthcare for school-age children and youth through school-based health services.

Activities

A. Continue to support School Based Health Center (SBHC) success by approving Medicaid billing and providing training and technical assistance.

B. Monitor Medicaid claims payments to SBHCs to ensure that SBHCs receive timely and appropriate payments.

C. Collaborate with the Salud! Managed Care Organizations (MCOs) and Statewide Entity (SE) for Behavioral Health to ensure that SBHCs continue to meet clinical standards and credentialing requirements.

D. Provide technical assistance, monitoring, and oversight of the Medicaid School Based Services Program (MSBS) to participating school districts to ensure that schools meet Federal and State requirements while effectively billing for allowed services.

E. Collaborate with other state agencies on school health related initiatives.

Task 2.1 Measures		FY04 Actual	FY05 Actual	FY06 Actual	FY07 Actual	FY08 Actual	FY09 Actual	FY10 Actual	FY11 Target	FY12 Target
Number of operating SBHCs	11	13	34	65	65	80	84	85	85	85
Number of visits to DOH-funded SBHCs	27,629	25,693	30,937	26,203	27,698	40,234	44,806	41,500	61,000	65,000
Number of children and youth receiving services in the Medicaid School-Based Services Program	9,700	14,000	17,000	17,000	16,770	16,860	16,795	18,038	18,000	18,800
Dollars paid to schools for services provided under the Medicaid School-Based Services Program (in millions)	\$3.7	\$9.0	\$10.1	\$13.0	\$14.0	\$12.0	\$12.5	\$12.5	\$14.0	\$14.5

Goal 3: Combat Hunger and Improve Nutrition

Task 3.1: Reduce hunger among New Mexico's children

Activities

A. Continue and expand statewide marketing campaign to increase Supplemental Nutrition Assistance Program (SNAP) participation. Statewide campaign includes posters and brochures in offices, churches and community facilities encouraging people to participate in SNAP.

B. Implement SNAP outreach plans in all counties to increase participation rates and provide best practice models to be shared with other counties in NM.

C. Work with Tribal entities to increase SNAP and commodity participation.

D. Increase the number of eligible persons who are participating in SNAP, particularly children.

E. Continue to increase the number of New Mexico Farmers' Market Association and Electronic Benefit Transfer (EBT) vendors to provide wireless Point of Sales (POS) terminals at farmers' markets.

F. Continue to develop strategies with farmers' markets associations and EBT vendors to encourage recipients to purchase fresh produce at farmers' markets.

G. Maintain the SNAP application expedite timeliness, whereby local Income Support Division field managers continuously monitor the 7-day pending SNAP applications to ensure appropriate action is taken in a timely manner.

H. Increase food distribution to schools, food banks, and other food distribution locations through the USDA food distribution program, farm-to-school programs, etc. Continue to request funding for storage and delivery of school food.

I. Provide direct certification data to the Public Education Department's Student Nutrition Bureau to assist schools in certifying low income students for free meals.

J. Support efforts to increase participation in the "Breakfast for Kids" program.

K. Support increased participation in School Lunch Program and/or Summer Food Program.

L. Increase the amount of the child support pass-through from \$50 to \$100 and disregard this amount when determining Temporary Assistance for Needy Families (TANF) eligibility and benefit levels, thereby putting more money into the households of families with children.

Task 3.1 Measures	FY03 Baseline	FY04 Actual	FY05 Actual	FY06 Actual	FY07 Actual	FY08 Actual	FY09 Actual	FY10 Actual	FY11 Target	FY12 Target
Number SNAP-eligible children and families participating in SNAP. (1)	76,614	88,499	93,065	95,690	91,394	97,989	127,141	155,831	125,000	150,000
Percent of SNAP-eligible children participating in the program. (1)	62.9%	64.3%	67.3%	67.4%	67.7%	70.2%	78.1%	79%	75%	82%
Percent of expedited SNAP cases meeting federally required measure of timeliness within seven days.	98.7%	98.4%	98.2%	98.3%	98%	98.1%	98%	98.2%	98%	98%
Federal dollars to New Mexico's economy through food stores (in millions of dollars).	\$176.1	\$207.8	\$245.8	\$256	\$250.8	\$260	\$359	\$571.4	\$400	\$550

(1) Measured at 130% of Federal Poverty Level (FPL)

Task 3.2: Reduce child and adolescent obesity and diabetes in all populations

Activities

A. Support improvement of diabetes prevention and disease management.

B. Support SALUD managed care organizations and the Envision NM program, which are collaborating to educate and encourage primary and pediatric practices in the routine screening and documentation of body mass index percentage, and in counseling for nutrition and activity, for their child and adolescent patients.

C. Increase participation in nutrition education program for Supplemental Nutrition Assistance Program (SNAP) eligible recipients through contracts with New Mexico State University, Department of Health, Las Cruces Public Schools, Santa Fe Cooking with Kids, Albuquerque Kids Cook, Santa Fe Indian School and Navajo Nation.

D. Coordinate statewide Nutrition Action Coalition team to disseminate consistent messages about healthy lifestyles through common materials, messages and program approaches.

E. Continue partnership with the Department of Health, Children, Youth and Families Department, Aging and Long Term Services Department and the Department of Agriculture through the Interagency Council for the Prevention of Obesity to promote healthy weight, physical activity and healthy lifestyles for all New Mexicans.

Task 3.3: Provide food for seniors, low-income families and disabled individuals.

Activities

A. Continue to provide a state supplement amount for food for eligible seniors in the State SNAP Benefits Supplement Program using state General Fund dollars.

B. Increase SNAP participation of persons receiving Social Security Income (SSI) via the Combined Application Process.

C. Implement a prepared meals SNAP benefit for elderly and disabled.

D. Provide a simplified application process.

Task 3.3 Measures	FY03 Baseline	FY04 Actual	FY05 Actual	FY06 Actual	FY07 Actual	FY08 Actual	FY09 Actual	FY10 Actual	FY11 Target	FY12 Target
Participation of eligible seniors in SNAP.	35%	35%	35%	38%	23%	22%	26.9%	31.3%	30%	32%

Goal 4: Improve Behavioral Health Services through an Interagency Collaborative Model

The tasks and activities in this initiative are determined and undertaken through the efforts of all agencies within the Behavioral Health Collaborative.

Task 4.1 Reduce suicide among young and high-risk individuals including older adults and returning veterans

Activities

A. Increase the number and evaluate the effectiveness of outreach and behavioral health educational presentations to teens.

B. Educate youth, families and communities on youth suicide issues using methods and materials that are in their language and appropriate to their culture.

C. Use the Suicide Screening Protocol developed by the Department of Health at all School-Based Health Centers.

D. Implement School-Based Health Center suicide crisis plans, including intervention and postvention activities.

E. Train behavioral health providers, primary care providers, Albuquerque Public School workers, paraprofessionals and the lay public in geriatric behavioral health issues.

F. Expand screening and outreach to older adults in homes, primary care settings and senior centers.

G. Increase the number of evidence- and practice-based suicide prevention programs implemented in schools, universities, worksites, correctional facilities, and communities.

H. Promote awareness of signs of suicide and programs for the reduction of social stigma and access to lethal means.

I. Collaborate with the NM Suicide Prevention Coalition, promoting state-wide trainings on suicide prevention.

J. Increase the number of Intergovernmental Agreements (IGAs) with tribes and pueblos that support adult and youth suicide awareness, prevention, intervention, and postvention.

K. Support and promote statewide and local crisis telephone lines.

L. Work with primary care providers in using the IMPACT model of suicide prevention.

M. Collaborate with NM Suicide Prevention Coalition and other partners to increase teen dating violence awareness and prevention, recognizing that victims of teen dating violence are up to nine times more likely to attempt suicide.

N. Collaborate with tribal governments, local governments and communities, educational systems, health care providers and organizations, businesses and worksites, families and individuals to acknowledge suicide as a preventable public health concern and implement policy reform which supports adult and youth suicide awareness, prevention, intervention, and postvention.

O. Continue to expand the returning soldiers and veterans pilots in Sandoval, San Juan and McKinley counties. Identify best treatment and support practices in the treatment of trauma related disorders for veterans and their families; and support and promote the services and supports to be embedded within Core Services Agencies across the state.

P. Collaborate with the Navajo Nation, Department of Behavioral Health Services, Consortium of Behavioral Health Training & Research (CBHTR) Indian Health Services (HIS) and the Thoreau Chapter House to address a coordinated & integrated response to the increased incidence of suicide.

Task 4.1 Measures	FY03 Base line	FY04 Actual	FY05 Actual	FY06 Actual	FY07 Actual	FY08 Actual	FY09 Actual	FY10 Target **	FY11 Target	FY12 Target
Youth suicide rate among 15 to 19 year-olds per 100,000 (based on 3-year averages)	11.8	22.3	22.0	10.0	19.1	14.0	17.9 preliminary	14.0	14.0	14.0
Youth suicide among 15-19 year-olds served by statewide entity (4)	NA	NA	NA	1.0	3.0	3.0	4.0	3.0	3.0	3.0
Youth suicide rate among 20 to 24 year-olds per 100,000 based on 3-year averages)	NA	20.4	23.6	24.7	25.1	21.0	20.1 preliminary	21.0	21.0	21.0
Youth suicide among 20-24 year-olds served by statewide entity (4)	NA	NA	NA	1	1	1	1	1	1	1
Percent of youth reporting they have considered Suicide (1)	20.7%	NA	NA	18.5%	NA	19.3%	NA	TBD	19.5%	19.5%
Percent of youth who report they have attempted Suicide (2)	NA	14.5%	NA	12.5%	NA	14.3%	NA	TBD	14.5%	14.5%
Suicide rate among Native Americans per 100,000 (based on 3-year averages)	15.7	17.1	17.4	16.9	14.2	15.0	17.2	15.0	15.0	15.0
Number of calls to DOH-funded crisis lines	NA	NA	NA	3,017	7,147	15,788	18,711	23,580 (Actual)	20,000	20,000
Suicide rate among adults 20 years and older per 100,000 (calendar year)	24.7	23.7	23.0	22.7	21.8	20.5	21.0	20.5	20.5	20.5
Suicide rate among persons 65 years and older per 100,000 (calendar year)	18.4	23.8	21.1	22.4	20.7	18.0	20.3	18.0	18.0	18.0
Suicide among adults 65 years and older served by statewide entity (4)	NA	NA	NA	0	0	0	1	0	0	0
Suicide among veterans/returning military served by the statewide entity (4)	NA	NA	NA	0	0	0	0	0	0	0
New Mexico ranking for youth suicide among 15 to 24 year-olds (3)	49 th (2000)	43 rd (2002)	46 th (2003)	44 th (2004)	49 th (2005)	42 nd	48 th (2006) 22.4/100,000	42 nd	42 nd	42 nd

**FY10 Suicide population data is not available from Vital Statistics until October 1, 2010.

(1) Data for this performance measure comes from the Youth, Risk and Resiliency Survey. The survey is only done every two years. The next set of data was collected in 2009; the data will be available in FY10.

(2) Data for this performance measure comes from the Youth, Risk and Resiliency Survey. The survey is only done every two years. The next set of data was collected in 2009; the data will be available in FY10.

(3) Lower ranking indicates fewer youth suicides.

(4) Data drawn from SE year end extract are being finalized; data available September 15, 2010

Task 4.2: Reduce adverse impacts of substance abuse and mental illness on individuals, families and communities

Activities

- A. Continue consultation with communities about and implementation of Core Service Agencies and Comprehensive Community Support Services.
- B. Implement Children's Behavioral Health Purchasing Plan, including clinical home concept and wrap-around services in consultation with Local Collaboratives.
- C. Coordinate prevention and treatment implementation and policy initiatives with DWI Leadership Group, DWI Czar, county DWI services, domestic violence services, and services purchased through Administrative Office of the Courts (i.e., mental health and drug courts).
- D. Enhance intensive services and supports for children, youth, and adults who are in custody or under the supervision of a Collaborative agency.
- E. Support evidence-based statewide prevention and positive youth development initiatives that reduce alcohol related motor vehicle crashes, underage and binge drinking, drinking and driving, and drug use, expanding programs in rural communities.
- F. Maintain support services to ensure that the unique substance abuse prevention needs of Native American communities are met.
- G. Identify additional local, state, and federal funding opportunities to increase access statewide to quality behavioral health care for uninsured adults.
- H. Implement voluntary home visiting program and home visitor and staff training using Infant Mental Health Competencies and Growing Birth to Three Curriculum.
- I. Update state comprehensive behavioral health plan and strategic priorities.
- J. Oversee and monitor Collaborative contract with Statewide Entity, development of quality management systems, braided funding capacity and common data collection approaches.
- K. Explore possible mechanisms to reimburse Native American providers for traditional healing services and increase the number of Medicaid eligible tribal behavioral health providers.
- L. Develop priorities and work plan to continue work on standardized service definitions across Collaborative Agencies, including definitions for intensive outpatient treatment and infant mental health treatment.
- M. Increase the number of sites, including providers and corrections system sites, using evidence-based practices in co-occurring disorders.
- N. Continue implementation and evaluation of Total Community Approach projects (partnership between Collaborative and local communities to address substance abuse issues with treatment, prevention and law enforcement efforts).
- O. Implement Success in School work plan, including work with school districts to extend implementation of standards for behavioral health services.
- P. Increase use of Addiction Severity Index Multi-Media Version (ASI) and American Society of Addiction Medicine (ASAM) placement criteria with Medicaid facilities serving adults substance abuse

Q. Work with Behavioral Health Planning Council (BHPC) and its Subcommittees to enhance participation by members both in teleconferenced and in person meetings.

R. Utilize the findings from the FY11 Consumer Satisfaction Survey to drive future quality improvements.

S. Continue certification and training of mental health and substance abuse counselors, including all addictions counselors in private and state NMCD facilities, on effective compulsive gambling treatment.

T. On-going implementation of the Sexual Crimes Prosecution and Treatment Act to serve to assist existing community-based victim treatment programs (Essential Providers – Rape Crisis Centers and the Community Mental Health Centers), to provide interagency cooperation, training of law enforcement, criminal justice and medical personnel and to effect proper handling and testing of evidence in sexual crime offenses.

U. Develop and implement the Adult Behavioral Health Purchasing Plan, in consultation with consumers, providers, the State-wide entity, Local Collaboratives and other interested parties.

V. Initiate the Mental Health First Aid training across the state.

W. Promote and support the implementation of a Trauma-Informed System of Care.

X. Develop an integrated medical and psychosocial evidenced based approach to the treatment of opioid addiction.

Y. Support the Adult/Substance Abuse Subcommittee of the Behavioral Health Planning Council in partnering with 1-2 selected rural/frontier communities to identify the core components of a continuum of care in a rural New Mexico setting.

Task 4.2 Measures	FY03 Base line	FY 04 Act ual	FY 05 Act ual	FY06 Actual	FY07 Actual	FY08 Actual	FY09 Actual	FY10 Target	FY11 Target	FY12 Target
Percent of adults with serious mental illness receiving services in competitive employment of their choice (1)	NA	NA	NA	85.45%	88%	86%	70%	86%	86%	86%
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, math and science (new measure in FY09)	NA	NA	NA	67.40%	80.8%	70%	Baseline: Reading 7% Math: 8% Science: 6%	Data due 9.30.10	TBD	TBD
Number and Percent increase of new subsidized supportive housing units for persons with disabilities developed through Collaborative initiatives (new measure as of 2010)	NA	NA	NA	77.41% adults 78.04% childre n, Familie s	85.1% adults; 71.9% children families	78% adults 78% children families	70% adults 76% Children, families	50 units (65.8% increase over FY09 base of 76 units) (Actual)	20 units (20% increase over FY10 base)	20 units (20% increase over FY11 base)
Percent of individuals with mental illness and/or substance abuse disorder receiving services who are homeless (2)	NA	NA	NA	1.1%	1.84%	3%	3.36%	3%	3%	3%
Percent of people receiving substance abuse treatment who demonstrate improvement in the alcohol domain on the Addiction Severity Index (ASI)	NA	NA	NA	72%	77%	80%	80.4%	80% (Actual)	80%	80%

Percent of people receiving substance abuse treatment who demonstrate improvement in the drug domain on the Addiction Severity Index (ASI)	NA	NA	NA	62%	66%	75%	61.0%	67.0% (Actual)	75%	75%
Percent of youth on probation who were served (2)	NA	NA	NA	44.7%	43.5%	43.5%	42.6%	45%	45%	45%
Percent of adults on probation who were served (2)	NA	NA	NA	36.8%	36.7%	38%	21.35% (4,442/20,806)	39%	39%	39%
Percent of individuals discharged from inpatient facilities who receive follow-up services at 7 days and 30 days (decrease likely due to claims lag in reporting)	NA	NA	NA	35.0% 7 days 57.1% 30 days	31% 7 days 55.0% 30 days	33.6% 7 days 56.6% 30 days	32.1%- 7 days 55.4%- 30 days	30.15% 7days 45.29% 30 days (Actual)	37% 7 days, 59% 30 days	37% 7 days 59% 30 days
Percent of readmission to the same level of care or higher for individuals in managed care discharged from residential treatment centers (methodology for calculation is being modified-data due October 2010)	NA	NA	NA	9.25% Average	8.75% Average	9.5% Average	10.5% (151/ 1,432)	8%	8%	8%
Number of customers/families reporting satisfaction with services (1)	NA	NA	NA	84.96% Adults 80% Families	88.7% Adults 91.4% Families	847% Adults 91% Families	85.5% Adults 92.6% Families	86% Adults, 91% Families	86% Adults, 91% Families	86% Adults 91% Families
Number of individuals served annually in substance abuse and mental health programs through the statewide entity	NA	NA	NA	70,473	73,149	73,980	76,105	77,558 (Actual)	76,500	76,500
Percent of expenditures for community-based services operated by consumers/families as share of total community-based expenditures	NA	NA	NA	0.047	Unable to report	Not reported	Not Reported	Not reported	1%	1%
Number of DWI arrests among persons receiving substance abuse treatment/services through the statewide entity (2)	NA	NA	NA	19.9% 1,691 of 10,030	14% 1,436 of 10,289	14%	13.6% (1,317/ 9,718)	12%	12%	12%
Number of illicit drug arrests among persons receiving substance abuse treatment/services through the statewide entity (2)	NA	NA	NA	NA	4% 415 of 10,289	4%	23.3% (2,223/ 9,784)	4%	4%	4%

(1) Data derived from Annual consumer Satisfaction Survey due September 1, 2010

(2) Data derived from cross agency calculations due September 15, 2010.

Task 4.3: Promote recovery and resiliency for high-risk and high-need individuals with mental illness and/or substance abuse to successfully manage life challenges, and to live, work, learn and participate fully in their communities by increasing access to housing, education, employment, transportation and positive social interactions.

Activities

A. Implement Collaborative Supportive Housing Plan to increase supportive housing and supports for adults with serious mental illness and youth transitioning from juvenile justice or foster homes.

B. Seek expanded funding resources for supportive housing initiative; enhance supportive services.

C. Expand community education of local elected officials, landlords & property managers, housing developers; and develop /capacity for production of rural housing stock.

- D. Increase number of individuals with mental illness and/or substance use disorders who can access decent, safe and affordable housing with consumer-driven support services.
- E. Increase access to development capital (pre-development, capacity building and project based operating assistance) for affordable housing developers to create supportive housing units that ensure affordability for persons with 30% of median income and below.
- F. Increase the number of local community based supportive housing partnerships and formal linkages between housing Local Lead Agencies and behavioral health Core Service Agencies.
- G. Develop statewide behavioral health crisis response and jail diversion systems that are appropriate to the wide range of New Mexico communities to decrease utilization of inpatient facilities and jails and assure treatment in the least restrictive settings. Fund Sandoval County to develop a model for statewide implementation of jail diversion. Develop through FIC-DAC and the Association of County Sheriff's an online initial CIT training course for law enforcement unable to attend 40-hour training.
- H. Implement multiple, effective programs that give consumers tools and skills to strengthen and enhance their leadership roles in the Collaborative and their broader communities. Continue to utilize trained consumers in enhancing their leadership goals through a Leadership Academy.
- I. Develop outreach and home-based assessment and treatment options for older adults.
- J. Expand and develop sustaining strategies for In Home Services to Infirm Seniors (ISIS).
- K. Expand pilots of services to persons with intellectual and development disabilities and mental illness (DDMI) through the New Mexico DDMI Project. Work with the Developmental Disabled Planning Council (DDPC) to assist them in bringing more Consumers of Severely Mentally Ill to the table in that group.
- L. Continue to implement the Collaborative Multi-Disciplinary Team (MDT) process for people with disabilities.
- M. Expand implementation and evaluation of the New Mexico Military and Veterans Family Collaborative.
- N. Work with Collaborative members, the Behavioral Health Planning Council (BHPC), and Local Collaboratives to define processes for an integrated Collaborative-wide approach to consumer engagement that include consumer and family input to service system development, treatment and service planning, and evaluation.
- O. Advance implementation of Assertive Community Treatment (ACT) (by three teams), Multi-Systemic Therapy (MST), Comprehensive Community Support Services (CCSS), and Intensive Outpatient Services (IOP) to the extent resources are available.
- P. Increase services for persons with behavioral health needs leaving jails or prisons, including youth leaving the juvenile justice system. Develop a coordinated effort with the Department of Corrections to refer persons with substance abuse and mental health needs during re-entry from prison to programs using evidence based best practices.
- Q. Evaluate and further implement Medications Initiative in treatment services to help non-Medicaid eligible persons avoid hospitalization or institutionalization.
- R. Expand and enhance transportation services in rural, frontier and urban areas.
- S. Assess impacts of Federal Health Care Reform on the behavioral health system.
- T. Continue implementation of interagency workgroup on Transitioning Adolescents.

U. Facilitate the creation of consumer driven and operated wellness and recovery centers across the state to promote health, employment, housing, education, social connectedness and other recovery anchored outcomes.

Task 4.3 Measures		FY04	FY05	FY06	FY07	FY08	FY09 Actual	FY10 Target	FY11 Target	FY12 Target
Number of high-risk individuals served (1)	NA	NA	NA	1240	1074	1400	1,086	1300	1500	1500
Number of individuals served in evidence-based practice programs (2)	NA	NA	NA	2108	1814	2250	Total: 1,680 ACT: 92 IOP: 553 FFT: 72 MST:963	2250	2500	2500
Percent of program participants between the ages of 12-17 who perceive drugs as harmful	74.5%	75%	76%	87.9%	93.5%	85%	86%	84.7% (Actual)	85%	85%
Number of communities participating in the "Community Strategic Substance Abuse Prevention Framework" (3) *P = Participants **C = Communities	8,194 *P	5,647 *P	15,907 *P	15,176 *P	62 **C	65 **C	64 **C	63 **C	65 **C	65 **C
(1) This measure includes individuals being reintegrated from correctional facilities and returning military. Data available 9.15.10 (2) Report methodology is being modified and recalculated. Data due 9.30.10 (3) Reduction due to shift in population target from participants to community and contract compliance										

Task 4.4: Promote positive behavioral health and reduce stigma associated with behavioral health issues.

Activities

A. Work with consumer groups, Local Collaboratives, the Behavioral Health Planning Council and providers to implement a social inclusion campaign that is consumer and family driven.

B. Conduct pre- and post- social inclusion campaign population-based polls in partnership with the University of New Mexico Journalism and Communication Department and Institute for Public Policy on attitudes toward mental illness and substance use.

C. Design and implement response and referral systems in coordination with social inclusion campaign that urge people to "talk about" behavioral health and urge people who might have a mental health or substance abuse issue to seek help.

D. Train service provider organizations to raise awareness of stigma and increase social inclusion competencies.

E. Collaborate with Collaborative agencies, tribal governments, local governments and communities, educational systems, health care providers and organizations, businesses and worksites, families and individuals to reduce stigma in the community and promote social inclusion norms.

Task 4.4 Measure	FY03 Actual	FY04 Actual	FY05 Actual	FY06 Actual	FY07 Actual	FY08 Actual	FY09 Actual	FY10 Target	FY11 Target	FY12 Target
Improvements in knowledge and attitudes of New Mexicans towards mental illness and substance abuse (1)	NA	NA	NA	NA	NA	NA	Baseline Knowledge: 3.2 Reduction: 3.3	Knowledge: 3.4 Reduction: 3.5	TBD	TBD

(1) Data will be available October 1, 2010

Task 4.5: Develop New Mexico's behavioral health workforce

Activities

A. Work with the Executive Steering Team of the Consortium for Behavioral Health Training and Research (CBHTR) in conjunction with the Higher Education Department to increase workforce capacity and statewide ability to evaluate and research evidence-based and promising behavioral health clinical and administrative practices.

B. Facilitate the evaluation of identified Collaborative pilot projects such as Total Community Approach and the Military and Veterans Family Collaborative projects

C. Work with colleges and universities to expand and integrate behavioral health evidence based practices and systems approaches in curricula and continuing education.

D. Seek expanded funding for research and development related to behavioral health

E. Develop and implement a Workforce Development Plan based on behavioral health workforce mapping and comparison of current capacity and needs

F. Develop continuing education for Consumer and Family Peer Specialists and providers. The Department of Health will continue to work on developing a certification process for Community Health Workers, a categorization of practitioner that will encompass most of the above-stated practitioners and the work they do in physical and behavioral health agencies.

G. Increase the use of promotoras, peer specialists, nurse practitioners and/or programs designed specifically for persons who are Native Americans or who are Spanish-speaking as part of capacity development in the area of cultural competence.

H. Develop support services to ensure that the unique behavioral health needs of Native Americans are addressed and traditional healing practices are supported, and facilitate tribal-state partnerships.

I. Expand telehealth services in rural New Mexico with focus on school and primary care sites. See also Goal 6, Task 6.3.

J. Collaborate with CBHTR and the Statewide Entity (SE) to offer training to behavioral health workforce to increase availability of evidence-based and culturally competent services in rural, frontier and border counties and regions. Current CBHTR training with Robert Wood Johnson funds and the SE with Co-Occurring State Incentive Grant (CO-SIG) funds are being conducted with providers around treatment for those with co-occurring disorders.

K. Implement recommendations for long term development of New Mexico behavioral health workforce through partnerships with the Western Interstate Commission on Higher Education (WICHE), the UNM rural psychiatry training program, and the Annapolis Coalition.

L. Create and continue technical assistance capacity for Local Collaboratives to assist in their roles in planning and program development, including consumer and family engagement.

M. Implement remaining regulatory and program recommendations of the Behavioral Health Workgroup to simplify and streamline licensing and credentialing per Executive Order 04-062.

N. Collaborate with CBHTR and the SE to offer training to behavioral health workforce on Comprehensive Community Support Service.

O. Enhance training opportunities for early childhood and infant mental health providers through work with the Early Childhood Mental Health Institute and the New Mexico Association for Infant Mental Health.

P. Develop and expand peer to peer counseling of older adults through Senior Connection.

Q. Develop the use of peer specialists in prison re-entry initiatives, prison, jail and community corrections settings.

R. Collaborate with tribal governments, local governments and communities, educational systems, health care providers and organizations, businesses and worksites, families and individuals to provide recovery and resiliency based continuing education for behavioral health practitioners, including peer specialists, to include on-going training utilizing the Certified Peer Specialist Curriculum and Train the Trainers model implemented in SFY-10.

Task 4.5 Measures	FY03 Base line	FY04 Actual	FY05 Actual	FY06 Actual	FY07 Actual	FY08 Actual	FY09 Actual	FY10 Actual	FY11 Target	FY12 Target
Percent of individuals in rural and frontier locations with access to an appropriate behavioral health provider within 60 and 90 miles respectively	NA	NA	NA	94.5% Rural 67.9% Frontier	96.6% Rural 94.7% Frontier	93.1% Rural 72% Frontier	Rural: Psychiatrists 64.8% Psychologists 90.8% Independent Licensed: 99.9% Frontier: Psychiatrists 69.3% Psychologists 84.5% Independent Licensed 88.5%	Rural: Psychiatrists 67.2% Psychologists 81.1% Independent Licensed 89.9% Frontier: Psychiatrists 42.1% Psychologists 59.8% Independent Licensed 89.9%	95% Rural 72% Frontier	95% Rural 72% Frontier
Number of programs/agencies using promotoras, peer specialists, nurse practitioners and/or programs designed specifically for persons who are Native Americans or who are Spanish-speaking	NA	NA	NA	40 programs Estimated 22% of BGH Network providers	VO did not conduct this survey	79 programs estimated 40% of BH network providers	74 programs	85 programs	79 programs	79 programs
Number of trainings done by the Behavioral Health collaborative/Statewide Entity to behavioral health providers (1)	NA	NA	NA	NA	NA	NA	NA	3600	TBD	TBD

(1) Over 3,600 trained in behavioral health such as Leadership Training, Consumer Engagement, Native American Disparities, Childhood Mental Health, Intensive Aftercare

Goal 5: Eliminate abuse and exploitation of at-risk populations

Task 5.1: Improve health, development, and educational outcomes of newborns

Activities

A. Continue to increase paternity acknowledgment contacts at hospital births and document child support case records through use of social and community support coordinators for Child Support Enforcement field offices to augment outreach and training to NM's hospitals and birthing institutions.

B. Encourage pre-natal visits to expecting mothers and well-child visits for children.

Task 5.1 Measure	FY03 Baseline	FY04 Actual	FY05 Actual	FY06 Actual	FY07 Actual	FY08 Actual	FY09 Actual	FY10 Actual	FY11 Target	FY12 Target
Percent of children born out of wedlock with voluntary paternity established in child support cases.	54%	55.4%	66.3%	62.7%	65.2%	67.8%	70%	73.6%	75%	79%

Task 5.2: Provide or link low-income children, seniors, veterans, and disabled individuals to health, long term and other human services

Activities

A. Advocate for additional federal dollars for Low Income Home Energy Assistance Program (LHEAP).

B. Assist low-income households in decreasing utility costs through weatherization of their homes.

C. Increase Medicaid funding for the Medicaid School Based Services (Individualized Education Plan) and the School Based Health Center programs.

D. Pursue interstate collaboration for increasing non-custodial parent locates and collections on interstate cases.

E. Continue enhancement of non-custodial parent locate activities utilizing more sophisticated locate tools.

F. Continue to facilitate agreements between custodial and non-custodial parents that waive some payments of overdue child support (often at high interest rates) in order to promote the payment of current child support obligations, through Governor Richardson's "Fresh Start" program. This also supports the federal Office of Child Support Enforcement's (OCSE) Project to Avoid Increasing Delinquencies (PAID).

G. Implement the child support pass-through from \$50 to \$100 and disregard this amount when determining Temporary Assistance for Needy Families (TANF) eligibility and benefit levels. The amount passed through will help families to become self-sufficient and is anticipated to increase cooperation from parents for establishing more paternities, support orders, and higher collections.

H. Expand child support enforcement to include automated property matching in order to place liens on real property owned by child support obligors.

I. Use focused teams to address child support backlog cases to either locate the non-custodial parent and take the case to the next order establishment step, or remove the case from the active child support caseload.

J. Continue to have the Child Support Customer Service Center make outbound calls to: remind custodial parents of appointments with their CSED case workers; remind parties of genetic testing appointments; remind parties of pending court dates and times; and follow-up with non-custodial parents for early intervention in order to avoid accruing delinquencies for unpaid child support. This also supports the federal OCSE Project to Avoid Increasing Delinquencies (PAID) initiative.

K. Since June 2009, the Child Support Customer Service Center has been making outbound calls to remind parties of their genetic testing appointments and court dates. This increases the efficiency of the Child Support program by reducing the delays caused by individuals missing appointments and hearings.

L. Intensify outreach efforts to custodial parents to urge them to receive their Child Support Enforcement Payments via electronic funds transfers either to their bank account or using a debit card. The Child Support Regulations were updated in State Fiscal Year 2009 to require that payments to custodial parents be disbursed via an electronic funds transfer method.

M. Increase Medicaid administrative claiming funds for schools, through automated processing of time study claims.

N. Increase percent of 2-parent TANF recipients meeting the federal requirement for work participation in the TANF program.

O. Increase percent of all-parent recipients meeting the federal requirements for work participation in the TANF program.

P. Increase the number of TANF work participants who retain a job six or more months.

Q. Increase enrollment in the Transition Bonus Program which gives a \$200 monthly bonus for up to 18 months to TANF recipients who are working 30 hours or more a week and have a gross income under 150% of the Federal Poverty Level (FPL).

Task 5.2 Measures	FY03 Base- line	FY04 Actual	FY05 Actual	FY06 Actual	FY07 Actual	FY08 Actual	FY09 Actual	FY10 Actual	FY11 Target	FY12 Target
Children and Adolescent Access to Primary Care Physician (2)	68%	52%	45%	61%	45%	64%	60%	93%**	70%	90%
Percent of children in Medicaid Managed Care who have a dental exam (3)	35%	44%	55%	68%	47%	50%	60%	64%**	65%	65%
Percent of age appropriate women enrolled in Medicaid <i>Salud!</i> who receive breast cancer screens(4)	52%	53%	54%	62%	40%	52%	51%	46%**	55%	55%
Percent of age appropriate women in Medicaid <i>Salud!</i> who receive cervical cancer screens (5)	NA	69%	65%	69%	56%	70%	73%	67%**	69%	69%
Number of General Assistance recipients meeting criteria for SSI/SSDI and Medicaid benefits	510	512	869	1,079	1,002	1,395	1,753	2,637	1,400	2,400
Percent of TANF participants who retain a job six or more months	NA	NA	NA	NA	77.5%	76.5%	44.7%	46.5%	60%	55%
Percent of TANF all-parent recipients meeting federally required work participation requirements. (7)	NA	NA	NA	NA	41.4%	42.4%	43.7%	45.2% (May)	50%	50%
Percent of TANF two-parent recipients meeting federally required work participation requirements (1) (6)	NA	NA	NA	NA	50.8%	50.5%	64.9%	61.9% (May)	90%	60%
Number of Transition Bonus recipient cases	NA	NA	NA	NA	NA	NA	629	645	702	710
Amount of child support collected in millions of dollars	\$72.2	\$80.7	\$83.7	\$88.0	\$95.3	\$103.2	111.1	\$115.4	\$110.1	111.0
Percent of current support owed that is collected	NA	NA	NA	54%	56.3%	58%	59.3%	57.89%	60%	60%
Percent of cases with support orders	NA	NA	NA	63%	64.5%	66.2%	66.2%	67.5%	70%	70%
Percent of custodial parents receiving child support via electronic funds transfer	NA	NA	NA	28.7%	30.7%	36.2%	66.4%	69%	55%	N/A
<p>** Actual HEDIS performance average of <i>SALUD!</i> MCOs</p> <p>(1) Due to the federal Deficit Reduction Act, this target is difficult to establish</p> <p>(2) This is a performance measure with the <i>SALUD!</i> Contract; it will be reported quarterly using MMIS data and annually using HEDIS audited data.</p> <p>(3) This is a performance measure with the <i>SALUD!</i> Contract; it will be reported quarterly using MMIS data and annually using HEDIS audited data.</p> <p>(4) This is a performance measure within the <i>SALUD!</i> Contract; it will be reported quarterly using MMIS data and annually using HEDIS audited data.</p> <p>(5) This measure is not specified with the <i>SALUD!</i> Contract; it will be reported quarterly using MMIS data and will be included in the annual HEDIS audit.</p> <p>(6) FY 2009 figure is for the Federal Fiscal Year 2009 (October 2008-September 2009)</p>										

Goal 6: Improve Health Care and Human Services by Investing in Workforce Development and Infrastructure

Task 6.1: Expand health care access in rural and underserved areas through telehealth services

Activities

- A. Assist the Telehealth Commission by evaluating and integrating individual agency telehealth efforts.
- B. Continue to participate in state-wide efforts to promote healthcare quality through telehealth initiatives, such as:
 - Envision New Mexico
 - The Human Services Department E-Prescribing Pilot
 - *SALUD!* Pilot for telemonitoring of home-bound patients
- C. Consortium for Behavioral Health Research and Training (CBHTR) continue to develop NM Research Network.
- D. Continue to provide Tele-Behavioral Health services throughout New Mexico. Most Telehealth-based programs provide direct clinical services in child, adolescent, adult, and additions psychiatry. Other programs provide training and consultation to primary care and behavioral health providers working in rural and isolated communities, including school based health centers and federally qualified health centers. Continue to facilitate collaborative efforts between providers, educations, consumers, and family members.

Task 6.2: Provide information technology necessary for continued eligibility determination and compliance with Health Care Reform.

Activities

- A. Continue development and execution of an integrated health and human services eligibility and delivery system to replace the 25+ year old ISD2 system.
- B. Work with other departments to ensure successful implementation of the State Health Insurance Exchange.
- C. Implement an enterprise eligibility system (Your Eligibility System, YES-NM) that combines eligibility criteria from multiple state programs. The web-based YES-NM allows New Mexicans to access services through a common portal via the internet.
- D. Execute the strategic plan for an integrated social services architecture that allows interoperability across the social services enterprise programs and servers.
- E. Develop and implement an interagency data warehouse, starting with Behavioral Health Collaborative data.
- F. Integrate the Health and Human Services resource information system with the common YES-NM portal for interagency and public use.
- G. Develop and implement other web-based tools to enhance access to services.

H. Enhance statewide 2-1-1 referral system through strengthened partnerships with local service providers.

I. Continue to expand electronic document management functionality to improve efficiency in the department.

J. Execute the takeover of the MMIS system.

K. Implement HIPAA II 5010 and ICD 10 requirements.

6.2 Measures	FY03 Baseline	FY04 Actual	FY05 Actual	FY06 Actual	FY07 Actual	FY08 Actual	FY09 Actual	FY10 Target	FY11 Target	FY12 Target
Number of clients that used YES-NM "Am I Eligible" to be screened for eligibility. (1)	NA	NA	NA	NA	NA	N/A	N/A	Baseline Year	5,000	5,000
Number of individuals accessing services via YES-NM common portal	NA	NA	NA	NA	NA	N/A	N/A	Baseline Year	5,000	5,000
Number of eligible Medicaid providers adopting certified electronic health record technology	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	200	600

(1) YES-NM did not become operational until FY10; one feature is operational, called "Am I Eligible". No additional functionality will be added

Task 6.3: Enhance customer service and access to public services through adequately trained staff and accessible facilities

Activities

A. Reduce number of audit adjustments and materiality of the adjustments.

B. Provide timely financial and administrative information that promotes managerial effectiveness.

C. Manage American Recovery and Reinvestment Act funds so that resources are fully utilized, end user benefits and compliance is assured.

D. Improve cash management so that use of the state's cash for federal expenditures is minimized.

E. Improve business processes connecting program requirements and financial resources.

F. Increase percentage of member service calls in managed care answered with 30 seconds.

G. Increase percentage of IT Helpdesk requests completed and resolved to caller's satisfaction.

H. Improve efficiencies in central office and the field by meeting IT needs for hardware and software.

I. Improve support for non-contracted databases.

J. Continue to provide cultural diversity training to HSD field office staff throughout the state.

K. Continue to reduce number of constituent complaints about customer service.

L. Improve work efficiency and staff morale and retention by:

- Advocate for adequate funding to meet IT needs;
- Implementing ISD2 replacement system; and
- Offering competitive salaries for field and central office staff.

M. Continue to monitor all Supplemental Nutrition Assistance Program (SNAP) pending 30-day applications continuously to ensure that the correct action is taken in a timely manner.

N. Provide access to all parties to request an administrative fair hearing where access to or services through these programs have been denied, reduced or terminated.

O. Provide prompt administrative hearings, with proper notification after being requested to allow all cases to be decided within required time frames, ensuring all parties are afforded due process.

P. Issue recommendations and final decision within required time frames on 90% of the cases, allowing for instances where the due process of the parties in the hearing outweigh the timeliness requirements.

Q. Continue to review and improve policies and procedures for Agency review conferences that are conducted on all requests for administrative fair hearings to resolve issue in dispute through informal administrative processes more expeditiously where possible for effectiveness.

R. Office of Inspector General will use the state of principles as listed in the Association of Inspectors General "Green Book" entitled "Principles and Standards for Offices of Inspector General".

S. Quality standards for internal audits have been developed for the OIG Internal Audit Bureau. Standards used are in accordance with the Green Book and with the "Yellow Book", titled the "Generally Accepted Government Auditing Standards (GAGAS) issued by the U.S. Comptroller General.

Task 6.3 Measures	FY03 Baseline	FY04 Actual	FY05 Actual	FY06 Actual	FY07 Actual	FY08 Actual	FY09 Actual	FY10 Actual	FY11 Target	FY 12 Target
Timeliness of regular SNAP Applications Processed. (1)	NA	NA	NA	98.7%	98.8%	98%	98.5%	99.1	98%	98%
Percent of federal grant reimbursements completed that minimize the use of state cash reserves in accordance with established cash management plans	NA	NA	NA	NA	NA	NA	88.9%	95%	100%	100%
Percent of invoice payments completed within 30 days of date of a payable invoice.	NA	NA	NA	NA	NA	NA	99%	98%	100%	100%
Number of days for validating General Ledger activity after close of an accounting cycle.	NA	NA	NA	NA	NA	NA	Not yet determined	Not yet determined	45	45
Percent of Prior year audit findings resolved in the current year.	NA	NA	NA	NA	NA	NA	77%	100%	90%	90%
Percent of reconciliations completed thirty days after the close of the accounting period.	NA	NA	NA	NA	NA	NA	75%	80%	100%	100%
Percent of reconciling items resolved within fifteen days of completion of reconciliation	NA	NA	NA	NA	NA	NA	85%	85%	100%	100%
Percent of federal financial reports completed accurately by due date	NA	NA	NA	NA	NA	NA	100%	100%	100%	100%
Percent of prior year audit findings that are material weakness	NA	NA	NA	NA	NA	NA	0%	0%	0%	0%
Percent compliance with schedule approved by Department of Finance and Administration for turnaround time associated with the expenditure of federal funds and the request for reimbursement for expenditures from Federal Treasury	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%
Percent of Customer Satisfaction Surveys submitted to the ITD that report a satisfactory or better performance for quality of customer service by ITD Help Desk staff. (2)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	75%	85%
(1)The SNAP application timeliness target was adjusted to parallel the federal target.										
(2) This is a new performance measure beginning FY2011 for ITD.										