

New Mexico



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

Strategic Plan

Fiscal Year 2014

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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 \$4.97 billion dollar 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)
- State Coverage Insurance (SCI) Program for lower-income adults ages 19-64
- 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)

The 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 (HSD/MAD) is to administer the New Mexico Medicaid program and other public medical assistance programs available in the state, including the Children's Health Insurance Program (CHIP), the *Salud!* Medicaid managed care program, the Medicaid fee-for-service (FFS) program, the Coordination of Long-Term Services (CoLTS) program, Medicaid waiver programs, and the State Coverage Insurance (SCI) program.

In March 2011 the Medical Assistance Division began the effort to develop a unique and visionary plan for New Mexico's Medicaid program that will change the program's structure to improve health outcomes and cost management, and to ensure the long-term sustainability of the program. In February 2012, HSD released its concept for the new program - Centennial Care - and set a date for implementation of January 1, 2014.

Task 1.1: Modernize the Medicaid Program

HSD/MAD will implement its new Centennial Care program as a platform for improving health care quality, lowering 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, underscore 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. Prepare for and implement the Centennial Care program under the authority of a global 1115 research and demonstration waiver as approved by the Centers for Medicare and Medicaid Services (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 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

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

New Mexico will introduce progressive quality goals focused on health outcomes, employ pilot projects to develop medical and health homes and challenge its contractors to work collaboratively with the provider community and with the State to achieve a health care delivery system that is efficient and effective.

Activities:

- A. Identify and implement creative and innovative strategies to control costs, improve the health outcomes and reduce health disparities.

Task 1.3: Adopt and Use Health Information Technology

Health Information Technology (HIT) is a vital tool 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 2012, the program has issued more than \$37 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. Collect clinical data made available through HIT and use these data to measure program performance and inform policy decisions.
- C. Measure health care outcomes of Medicaid recipients.
- D. Identify and reduce program waste and duplication.

Task 1.4: Establish a State Based Health Insurance Exchange

The Office of Health Care Reform (OHCR) resides in the Human Services Department. OHCR develops practical solutions for New Mexico's health system to improve health outcomes and delivery systems while implementing health care reform solutions for New Mexico. Priorities include developing the state based New Mexico Health Insurance Exchange (NMHIX) and developing market reforms to benefit all New Mexicans.

Activities

- A. Review existing federal and state legislation and available information resources to understand health reform legislation, regulation and requirements for states.
- B. Identify and rapidly respond to funding opportunities to develop practical health reform solutions to improve health, access to quality health care, cost efficiency and shared accountability.
- C. Develop New Mexico's Health Insurance Exchange (NMHIX). The OHCR will be seeking funding for a second Level I Exchange Establishment grant to implement the next level of planning and development activities. During this proposed period of the second Level I grant the OHCR will:
 - Engage in ongoing planning, research and stakeholder consultation;
 - Actively collaborate with state partner agencies administering public coverage programs and regulating health insurance markets to maximize coordination and integration of existing and newly developing health coverage programs, consumer services and oversight functions;
 - Design and refine program and operational elements, including advancing the development of the New Mexico Health Insurance Alliance (NMHIA) and internal operational policies to support a seamless and coordinated enrollment and eligibility function and effective consumer assistance and support;
 - Refine and implement a marketing, outreach, and public education program in the public arena and among targeted, potentially eligible constituencies to set the stage for 2014;
 - Seek federal approval for the operation of a state-based Exchange and submit a Level II multi-year establishment grant proposal, budget and timeline;
 - Continue to make progress in most of the federal core areas.
 - Maintain and enhance operational coordination, financial management support and business operations in service of the mission and functions of the NMHIX.
- D. Identify funding sources and other means available to ensure the staffing necessary to carry out health care reform in the state.
- E. Coordinate eligibility procedures in ISD Field Offices with those of NM's Health Insurance Exchange in order to meet defined standards and conditions in terms of timeliness, accuracy, efficiency, and integrity.
- F. Update the New Mexico Health Care Reform website that serves as the "go to" place for accurate information and opportunities.
- G. Keep Stakeholders Informed and Involved – Issue progress reports to the legislature, the public and other stakeholders on agency progress on health reform, including at key decisions that have been made, key decisions that remain, analysis of available data, and

policy options, considerations and recommendations. Progress reports will be submitted on an annual basis, and continue through June 2014 when most PPACA reform provisions will be implemented.

- H. Keep the Governor, Chief of Staff, Cabinet Secretaries and appropriate agency staff apprised of opportunities and threats related to federal and state legislation, draft speaking points and position statements related to provisions and regulations related to health reform implementation, highlight success and ongoing progress, rapidly disseminate best practices to accelerate diffusion of innovation.
- I. Analyze/ draft legislation/ regulations/ executive orders that will be necessary to implement health reform, and create the infrastructure necessary to carry out federal and state legislative provisions and regulations.
- J. 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.

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

Medicaid Program Integrity is among the highest priorities of the HSD and 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. The HSD Medical Assistance Division (MAD) and Office of Inspector General (OIG), in coordination with the NM 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. Implement a web-based fraud and abuse detection system that uses advanced algorithm strategies to detect suspect claims and hidden or collusive fraud schemes.
- B. Continue to investigate allegations of recipient Medicaid fraud as part of regular public assistance fraud investigations within the OIG.
- C. Expand MAD audit resources for the preliminary investigative audits of providers suspected of committing fraud. The OIG has developed an auditor/investigator team for this purpose.
- D. Manage the state's 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 , potential fraudulent billing, and increase third party liability (TPL) recoveries.
- E. Conduct payment accuracy measurement studies.

Task 1.6: Improve Health Outcomes for New Mexicans

HSD provides Medicaid services through a statewide, managed care system that promotes cost-efficient, preventive, primary, and acute care for Medicaid recipients.

The 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	FY12 Actual	FY13 Target	FY 14 Target
Percent of coordinated long-term services C Waiver recipients who receive services within 90 days of eligibility determination	91.75%	94%	94%
Number of consumers who transition from nursing facilities who are served and maintained with community-based services for six months	52 (1 st Qtr)	150	150
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)	7.6%	3%	3%
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.	70% *	70%	71%
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	66% *	65%	67%
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	86%*	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	84% *	86%	86%
The percentage of children in Medicaid managed care 5-11 years of age who are identified as having persistent asthmas and who were appropriately prescribed medication during the measurement year	93%*	92%	94%
Percent of emergency room visits per 1,000 Medicaid member months	N/A	62%	62%
Percent of hospital readmissions for ages 2-17, within 30 days of discharge	N/A	10%	10%
Percent of hospital readmissions for ages 18 and over, within 30 days of discharge	N/A	10%	10%
The Rate of Return on Investment (ROI) for medicaid recoveries	N/A	\$3.00	\$3.00
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	N/A	Baseline	TBD

*Based on 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:

- A. Achieve work participation rates of 50% for all families and above 60% for two-parent families. For FFY11 New Mexico achieved work participation rates of 42.3% for all-families and 49.3% for two-parent families. In order to achieve higher performance the division plans to implement the following steps to increase more participation:
 1. Provide opportunities for self-sufficiency by increasing engagement in suitable job-readiness programs for participants who are eligible for limited work participation.
 2. Require the NM Works services contractor to secure community service and work experience work sites to increase participants' work skills and promote job readiness.
 3. Ensure participants engaged in work activities have access to work support services.
 4. Foster an environment of self sufficiency and work participation for recipients.
 5. Monitor participants to ensure they remain engaged and initiate sanctions upon non-compliance with the intent of re-engaging participants as quickly as possible.
 6. Review hardship extensions of participants for the purpose of creating individuals plans, which address long-term barriers to self-sufficiency.

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

Activities:

- A. Continue to increase administrative efficiencies for SNAP to ensure receipt of accurate and timely benefits to applicants and recipients.
- B. Increase 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. Increase SNAP participation of persons receiving Social Security Income (SSI) via the Combined Application Process.
- E. Continue to administer the federally funded SNAP Ed program, expanding SNAP Ed services to more individuals and families so that persons eligible for SNAP will make healthy food choices within a limited budget and choose physically active lifestyles.

- F. 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.
- G. 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.
- H. 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 pattern.

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 payment to recipients who are not authorized to receive public assistance or who have access to other programs.
 - 1. Continue effective use of the federal match comparing HSD recipients with persons in federal employment, receiving federal pensions, or receiving retirement payments.
 - 2. Continue work with the New Mexico Department of Veteran’s Services to implement the Medicaid match to determine if HSD recipients have access to other health benefit programs before the payer of last resort, Medicaid.
- 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 report potential fraud cases to the Office of Inspector General

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

Currently ISD determines and maintains eligibility for over 730,000 New Mexico participants. The division will continue to develop strategies to increase efficiency.

Activities

- A. Identify duplicative administrative processes.
- B. Simplify program regulations to ease implementation and application of program rules.

- C. Increase efficiency of centralized processing.
- D. Retool central processing units to meet ASPEN business needs.
- E. Utilize Electronic Document Imaging to decrease the amount of paperwork collected, stored and eliminate the time used to retrieve and organize paper files.
- F. Improve access to public assistance programs by allowing individuals to apply on-line through the self-service portal and receive up to date case information using an integrated voice response system.

Measures:

Goal 2 Measures	FY 12 Actual	FY13 Target	FY 14 Target
Percent of adult temporary assistance for needy families (TANF) recipients who become newly employed during the report year	33%	50%	50%
Percent of all family participants who meet temporary assistance for needy families (TANF) federally required work participation requirements (FFY figure)	42.3%	50%	50%
Percent of two parent participants who meet temporary assistance for needy families (TANF) federally required work participation requirements (FFY figure)	49.3%	60%	60%
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)	82.2%	88%	88%
Percent of expedited supplemental nutrition assistance program (SNAP) cases meeting federally required measure of timeliness within 7 days	99.3%	98%	98%
Percent of regular supplemental nutrition assistance program (SNAP) cases meeting the federally required measures of timeliness within 30 days	99.53%	98%	98%

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 reduce the number of families reliant on public assistance.

Task 3.1: - Child Support Bench Warrant Project

The Child Support Enforcement Division (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 a one week 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 double.

Activities:

- A. Generate a quarterly list of non-custodial parent's having active bench warrants that were issued for non-payment of child support.
- B. Confirm that the bench warrant is still active and/or quashing of the warrant is already pending.
- C. Publish the names of the NCPs whose bench warrants are in fact valid and still outstanding.
- D. Designate one week during which NCPs could visit the appropriate CSED field office and pay the full amount of the bond set in the bench warrant.
- E. Coordinate with the District Courts to ensure that the orders quashing warrants are assigned priority by the judges and the clerks of the court.
- F. Coordinate with 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 3.2: Felony Prosecution Project

CSED is launching a new pilot project in conjunction with the District Attorneys for the 3rd (Doña Ana County) and 9th (Curry and Roosevelt counties) Judicial Districts. The project will identify individuals who have demonstrated the ability to pay support but have not done so for at least a year. The individuals will then be prosecuted by the District Attorneys for abandonment of a dependent pursuant to NMSA 1978, §30-6-2, a fourth degree penalty. The individuals will be placed on supervised probation for 18 months (the maximum penalty allowed) and a term of their probation will be that they make their monthly support payment. Failure to make the support payment may subject the individual to a probation revocation and hearing and possible incarceration. The goal of this project is the collection of more child support for families.

Measures:

Goal 3 Measures	FY 12 Actual	FY13 Target	FY 14 Target
Amount of Support Collected	\$129.589m	\$120.0m	\$135.0 m
Percent of Current Support owed that is collected	56.6% %	60%	Discontinued
Percent of cases having current support due and for which support is collected			60%
Percent of cases with support orders	78.11%	75%	80%
Percent of children born out of wedlock with paternity establishment in child support cases	99.4%	90%	90%

Goal 4: Improve Behavioral Health Services

The purpose of the Behavioral Health Services Division (BHSD) is to manage the adult public behavioral health service system through its incorporation in the New Mexico Behavioral Health Collaborative; in its roles as the state mental health and substance abuse authorities; and, by the purchase of behavioral health services through the Statewide Entity. The tasks and activities in this section cover both the BHSD and the BH Collaborative.

Task 4.1: Create a Trauma Informed System of Care

The majority of the persons who receive BHSD funded behavioral health services have been traumatized by violence, sexual abuse, accidents, crime, war and/or natural disasters. Trauma can cause behavioral health disorders or at least make them worse or much harder to treat. BHSD is beginning a three year process to promote the behavioral health system as a whole become trauma informed.

In a trauma-informed program, everyone is educated about trauma and its consequences. Trauma-informed services support resilience, self-care, and self-healing. And because violence and healing both occur in a cultural context, trauma-informed programs respect and include culturally specific healing modalities.

Activities:

- A. Obtain assistance through national organizations such as the National Center for Trauma Informed Services and the Substance Abuse and Mental Health Services Administration (SAMHSA) GAINS Center to provide technical assistance and mentoring.
- B. Establish a Core Team including persons from the University of New Mexico Consortium for Behavioral Health Training and Research, OptumHealth New Mexico and current New Mexico leaders in the provision of trauma informed service.
- C. Over the next 24 months the Core team will provide state wide trauma informed training and develop best practice trauma informed service descriptions and fidelity models.

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

Activities:

- A. Establish a Medicaid-funded pilot program for "health homes" for chronic conditions which integrate community behavioral health and primary care services and emphasize health promotion.
 - 1. In 2014, pilot at least two "health homes" addressing the integration of care for people with serious mental illness and substance abuse problems.
- B. Develop "Health Homes" in Core Services Agencies (CSA's) to assure an essential presence of behavioral health in the integrated health care environment.

- C. Strengthen the development of community-based behavioral health services for adults and children.
 - 1. 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.
 - 2. Build services in local communities to keep children and youth in homes (or homelike services) in school and in communities.
 - 3. Develop a New Mexico Clearinghouse for Native American Suicide Prevention to provide culturally appropriate suicide prevention, intervention and post-event assistance.
- D. Expand and improve the capacity of the behavioral health workforce in New Mexico
 - 1. Increase the employment of paraprofessionals (e.g., peers and families specialists) to deliver recovery support services.
 - 2. Establish the use of telehealth services throughout the CSA's to increase access to psychiatric services.
- E. Develop Wellness Centers that will offer support, education, information and opportunities to assist consumers recover a life that is rewarding and meaningful.

Task 4.3: Reduce suicide among young and high-risk individuals including older adults and returning veterans

Activities:

- A. Educate youth, families and communities on youth suicide issues using methods and materials that are in their language and appropriate to their culture.
- B. Use the Suicide Screening Protocol developed by the Department of Health at all School-Based Health Centers.
- C. Implement School-Based Health Center suicide crisis plans, including intervention and postvention activities.
- D. Expand screening and outreach to older adults in homes, primary care settings and senior centers.
- E. Increase the number of evidence- and practice-based suicide prevention programs implemented in schools, universities, worksites, correctional facilities, and communities.
- F. Increase the number of Intergovernmental Agreements (IGAs) with tribes and pueblos that support adult and youth suicide awareness, prevention, intervention, and postvention.
- G. Work with primary care providers in using the IMPACT model of suicide prevention.
- H. 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.
- I. 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.

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

Activities:

- A. Coordinate prevention and treatment implementation and policy initiatives with DWI Leadership Group, county DWI services, domestic violence services, and services purchased through Administrative Office of the Courts (i.e., mental health and drug courts).
- B. Enhance intensive services and supports for children, youth, and adults who are in custody or under the supervision of a Collaborative agency.
- C. 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.
- D. Maintain support services to ensure that the unique substance abuse prevention needs of Native American communities are met.
- E. Explore possible mechanisms to reimburse Native American providers for traditional healing services and increase the number of Medicaid eligible tribal behavioral health providers.
- F. Increase the number of sites, including providers and corrections system sites, using evidence-based practices in co-occurring disorders.
- G. Increase use of Addiction Severity Index Multi-Media Version (ASI) and American Society of Addiction Medicine (ASAM) placement criteria with Medicaid facilities serving adults with substance abuse disorders.
- H. 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.
- I. Initiate the Mental Health First Aid training across the state.
- J. Develop an integrated medical and psychosocial evidenced based approach to the treatment of opioid addiction.

Measures:

Goal 4 Measures	FY 12 Actual	FY13 Target	FY 14 Target
Percent of readmission to the same level of care or higher for children or youth discharged from residential treatment centers and inpatient care	7.4%	8%	8%
Percent of youth on probation who were served by the statewide entity	40.0%	45%	48%
Number of youth suicides among 15 to 19 year olds served by the statewide entity	0	3	3
Percent of individuals with mental illness and/or substance abuse disorders receiving services who report satisfaction with staffs'	Adults: 67%	Adults: 80%	Adults: 68% Children:

assistance with their housing need	Children: 71%	Children: 67%	71%
Number of individuals served annually in substance abuse and/or mental health programs administered through the Behavioral Health Collaborative statewide entity contract	84,559	83,000	83,000
Percent of individuals discharged from inpatient facilities who receive follow-up services at 7 days	35.66%	38%	40%
Percent of individuals discharged from inpatient facilities who receive follow-up services at 30 days	55.3%	57%	59%
Suicide number among adults 21 years and older served by the statewide entity	13	7*	Discontinued
Percent of people receiving substance abuse treatment who demonstrate improvement in the alcohol domain on the addiction severity index	87.7%	85%	88%
Percent of people receiving substance abuse treatment who demonstrate improvement on the drug domain on the addiction severity index	72.0%	76%	77%
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	(Target – Actuals Due Fall 2012) 5 th Graders Math: 8.8% Reading: 9.0% 8 th Graders Math: 15.6% Reading: 11.9%	5 th Graders Math: 7.9% Reading: 8.1%* 8 th Graders Math: 13.3% Reading: 10.4%	5 th Graders Math: 7.5% Reading: 7.7% 8 th Graders Math: 12.9% Reading: 10.0%
Percent increase in the number of pregnant females with substance abuse disorders receiving treatment by the statewide entity		Baseline	TBD
Increase the number of persons served through telehealth in the rural and frontier counties		Baseline	TBD
Percent of children served who demonstrate improved functioning as measured by the Child & Adolescent Functional Assessment Scale (CAFAS)		Baseline	TBD
The number of Behavioral Health Health Homes established statewide		Baseline	TBD

*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 comprises the Administrative Services Division (ASD), Information Technology Division (ITD), Office of Inspector General (OIG), and Office of Human Resources (OHR) whose collected purpose is to support the program divisions through record keeping, administrative support, personnel, budget procurement and contracting.

HSD will work to improve the management activities to better support the programs.

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 for all HSD divisions and staff including support for 2,037 users in 56 locations.

Task 5.1: Automated System Program and Eligibility Network (ASPEN) - ISD 2 System Replacement System

Develop and implement the ASPEN system that is replacing the current ISD2, CTS, Claims, Fair Hearings, Investigations and HLEA eligibility systems, which administers the food, cash, and energy and Medicaid programs. Replacing the Department's aged eligibility system will increase efficiencies by eliminating duplicative processes, align reports and statistical information and ensure process integrity of administering federal and state programs with updated technology.

Activities:

- A. Complete development, user acceptance testing, and the Pilot office rollout.
- B. Design, develop, execute, and maintain communications, the ASPEN change network, and implementation support activities that integrate and coordinate with the overall ASPEN implementation plan.
- C. Integration of eligibility system with Health Insurance Exchange.
- D. Integration with document imaging self-service portal with on-line application capabilities, and an Integrated Voice Response System (IVRS).
- E. Integration of on-line self-service portal for submitting applications, checking benefits and scheduling appointments.
- F. Facilitate the transition from ISD2 to ASPEN by enhancing the help desk unit that provides technical support to field staff and conducts system and user acceptance testing.
- G. Establish a centralized electronic document center to expedite the collection and processing of recipient information.
- H. Increase ISD's capacity to field participant calls during and immediately after ASPEN implementation and for ongoing calls related to Health Care Reform
- I. Successfully migrate the ASPEN system by February 2014.

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

Activities:

- A. CSES CA GEN Development Tool Upgrade – The current version of the CA GEN Development tool used by the Child Support Enforcement System (CSES) is out of date and no longer qualifies for vendor support. Upgrading the software mitigates risk to CSES for outages or possible failures, as the vendor will not support any fixes, changes or patches that are required within the current version.
 - 1. ITD will begin project initiation, certification and planning activities in FY13.
 - 2. Implementation activities will begin in August 2013 (after the ASPEN release).
 - 3. The CA Gen upgrade and closeout activities will be completed in FY14.
- B. CSES system upgrade/replacement
During FY14, ITD will work with the Child Support Enforcement Division (CSED) to begin planning a comprehensive and detailed analysis for replacing the existing Child Support Enforcement System. This work will begin with a feasibility study, which will include detailed cost-benefit analysis, to determine the various viable alternatives that exist (transfer system, redesign of existing system, building a new system from scratch or a hybrid approach)
 - 1. The current CSES is based on legacy technology platforms (implemented in 1992) and is costly to configure and maintain.
 - 2. Initial planning activities for the system replacement will begin in January 2014. This will include the development of the required documentation in order to secure Federal Funding.
- C. Virtualization:
 - 1. During FY14 HSD will expand its virtualization infrastructure in support of the agency’s ASPEN project. This virtual infrastructure will allow for ease of management, greater redundancy and a near real-time disaster recovery environment.
 - 2. ITD will begin migrating HSD desktops to a virtual platform during FY 14. This will dramatically improve security for HSD.
- D. Medicaid Management Information System (MMIS) Enhancements – the MMIS Processes claims, capitation payments, and encounter data:
 - 1. Web-based self-service capabilities for Medicaid recipients and providers.
 - 2. Compliance with the latest federal administrative simplification requirements.
 - 3. Improved fraud and abuse detection capability.

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

Activities:

- A. Review the department’s management and operational structure to ensure clear lines of authority and accountability.
- B. Improve cross divisional communication and collaboration on key projects.
- C. Reorganize divisions and units, as necessary, to eliminate duplication and increase efficiency.

- D. 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 reconciliation will include the impact of third party systems and federal reporting systems.
- E. Complete quarterly trial balance review 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.
- F. Evaluate workload and processes within the Revenue and Reporting Bureau to provide adequate resources to allow staff to process federal reposts, complete periodic grant reconciliations and address requests from the program areas timely.
- G. Ensure all draws of federal funds are completed timely with emphasis on internal controls to meet Cash management Improvement Act (CMIA) requirements and mitigate the impact on the General Fund.
- H. Implement the HSD's Model Accounting Practices (HMAPs) with cross training for all ASD Bureaus to ensure proper internal controls are at the center of all financial transaction processing.
- I. Encourage HSD managers and employees to participate in Tribal Collaboration Training, provided by the State Personnel and Indian Affairs Department, to improve success in working with Tribal counterparts.

Measures:

Goal 5 Measures	FY 12 Actual	FY13 Target	FY 14 Target
Percent of invoice payments completed within 30 days of date of payable invoice	99.9%	100%	100%
Percent of federal grant reimbursements completed that minimize the use of state cash reserves in accordance with established cash management plans	80.5%	100%	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	New	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	70.9%	95%	95%
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	73%	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	11.25	13%	12%