

New Mexico



HUMAN
SERVICES
DEPARTMENT

Strategic Plan

Fiscal Year 2015

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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 \$5.43 billion budget of state and federal funds and administers services to more than 800,000 low-income New Mexicans through programs such as:

- Medicaid and Children's Health Insurance Program (CHIP)
- 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)

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

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

The purpose of the HSD Medical Assistance Division (MAD) is to administer the New Mexico Medicaid program and other public medical assistance programs available in the state, including Centennial Care, the state's new comprehensive Medicaid program, and the Medicaid fee-for-service (FFS) program.

In March 2011, MAD 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 August 2012, MAD submitted its request for a Section 1115 Research and Demonstration Waiver to the Centers for Medicare and Medicaid (CMS) in order to implement the new program - Centennial Care. On July 12, 2013, CMS approved the Centennial Care 1115 waiver. The new program will be implemented on January 1, 2014. Fiscal year 2015 will be the first full fiscal year of the program.

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. Operate the Centennial Care program under the authority of a global 1115 research and demonstration waiver as approved by CMS. Centennial Care is based on the four principles of modernizing the Medicaid program.
 - o Administrative Simplicity and effective Managed Care Organization (MCO) contract management,
 - o 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.
 - D. Remain one of the “best-balanced” states for home and community based services by expanding access to these services through Centennial Care’s Community Benefit.
 - E. Begin the implementation of a new Medicaid Management Information System (MMIS) to better support Centennial Care and to meet the CMS Seven Standards and Conditions.
 - F. Cooperate with the New Mexico Health Insurance Exchange (HIX) to share information and facilitate transitions in enrollment between the HIX and Medicaid to give the best possible service to New Mexico consumers.

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

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 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 health outcomes and reduce health disparities.
- B. Begin to demonstrate the effectiveness of care coordination to improve health and reduce avoidable hospital admissions, readmissions, and emergency room visits.
- C. Work with the HIX to share information and facilitate transitions in enrollment between the HIX and Medicaid that provide for safe care transitions and avoid costly and dangerous interruptions in care.

Task 1.3: Adopt and Use Health Information Technology

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

Fiscal Year 2013, the program has issued over \$70 million in incentive payments to eligible providers and hospitals that have committed to adopt and use HIT in a meaningful way. These payments are fully funded by the federal government.

Activities:

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

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

Medicaid Program Integrity is among the highest priorities of HSD. The department is committed to preventing and detecting Medicaid provider and recipient fraud, waste and abuse, which diverts funding that could otherwise be spent on medically-appropriate and cost-effective services for Medicaid beneficiaries. HSD's MAD and Office of Inspector General (OIG), in coordination with the 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. Employ MAD's new fraud and abuse detection system that uses advanced algorithm strategies to detect suspicious claims and hidden or collusive fraud schemes.
- B. Continue to investigate allegations of recipient Medicaid fraud as part of regular public assistance fraud investigations within the OIG.
- C. Expand MAD and BHSD audit resources for the preliminary investigative audits of providers suspected of committing fraud.
- 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 potentially fraudulent billing, and increase third party liability (TPL) recoveries.

Task 1.6: Improve Health Outcomes for New Mexicans

HSD provides Medicaid services through a statewide, comprehensive managed care delivery system that promotes cost-efficient, preventive, primary, and acute care for Medicaid recipients. 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	FY13 Actual	FY14 Target	FY 15 Target
Percent of coordinated long-term services C Waiver recipients who receive services within 90 days of eligibility determination	90%	94%	94%
Number of consumers who transition from nursing facilities who are served and maintained with community-based services for six months Note: The measure has a nine-month lag in reporting; therefore, only FY13 Q1 data is available at this time.	43 (Q1 only)	150 (Target for Total FY)	150 (Target for Total FY)
Rate of growth since the close of the previous fiscal-year in the number of children and youth receiving services in Medicaid School-Based Services Program(s) Note: This measure will be changed effective FY14 to "Expenditures for children and youth receiving services through Medicaid School Based Service Programs (MSBS) in order to accurately report the impact MSBS has on children and youth receiving services under the MSBS.	-4%	Baseline	TBD
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% *	72%**	72%**
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% *	72%**	72%**
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	91%*	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	89%*	89%	90%
The percent of emergency room visits per 1,000 Medicaid member months Note: The lower the percentage, the more optimal the outcome	59%	62%	62%
Percent of hospital readmissions for ages 2-17, within 30 days of discharge Note: The lower the percentage, the more optimal the outcome	6%	10%	10%

Goal 1 Measures	FY13 Actual	FY14 Target	FY 15 Target
Percent of hospital readmissions for ages 18 and over, within 30 days of discharge Note: The lower the percentage, the more optimal the outcome	7%	10%**	10%**
The Rate of Return on Investment (ROI) for Medicaid recoveries	\$5.00	\$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	86%*	85%	85%

*Based on HEDIS 2012 MCO Average

**Based on HB 2 Targets

Goal 2: Help New Mexicans Get Back to Work

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

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

Activities:

Achieve work participation rates of 50% for all families and above 60% for two-parent families. For FFY12, New Mexico achieved work participation rates of 46.2% for all families and 53.1% for two-parent families. In order to achieve higher performance, the division plans to implement the following steps to increase more participation:

- A. Provide opportunities for self-sufficiency by increasing engagement in suitable job-readiness programs for participants who are eligible for limited work participation.
 - 1. Require the NM Works services contractor to secure community service and work experience work sites to increase participants' work skills and promote job readiness.
 - 2. Ensure participants engaged in work activities have access to work support services.
 - 3. Foster an environment of self-sufficiency and work participation for recipients.
 - 4. Monitor participants to ensure they remain engaged and initiate sanctions upon non-compliance with the intent of re-engaging participants as quickly as possible.
 - 5. Review hardship extensions of participants for the purpose of creating individuals plans, which address long-term barriers to self-sufficiency.
 - 6. Enhance ASPEN to better support the integration of the NM Works program.

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. Continue the use of the SNAP waiver of recertification interview for Elderly and Disabled Households.
- C. Continue to provide a state supplement amount for food for eligible seniors in the State SNAP Benefits Supplement Program using state General Fund dollars.
- D. Automate the processing of SNAP applications for individuals receiving Social Security Income (SSI) via the New Mexico Combined Application Project.
- E. 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.

- F. 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.
- G. 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 payments 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 Veterans' Services to implement the Medicaid match by determining if HSD recipients have access to other health benefit programs before the payer of last resort, Medicaid.
 - 3. Continue to evaluate income received by HSD recipients from Veterans' Services to ensure benefits are issued correctly.
- B. Continue to provide access to TALX, an income verification source for applicants or recipients. This system provides a valuable resource in determining accurate benefit levels.
- C. Continue to develop additional electronic interfaces in ASPEN to improve efficiency, reduce fraud, and improve access to appropriate benefits.
- D. Continue to process IEVS matches, as the information provides potential unreported income by recipients that could affect eligibility or benefit level.
- E. Continue to work with the Department of Corrections to help HSD verify recipients who are incarcerated and are no longer eligible to receive public assistance according to program guidelines.
- F. Continue to monitor out of state Electronic Benefit transactions to help HSD in cost avoidance by not making payments to recipients who no longer reside in the state.
- G. Continue to report potential fraud cases to the Office of Inspector General

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

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

Activities

- A. Identify 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 and 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.
- G. Work toward enhancing ASPEN to automatically determine eligibility using real-time case processing functionality.
- H. A new streamlined paper application that will allow a participant to apply for all programs, minimizing burden on applicants.

Measures:

Goal 2 Measures	FY13 Actual	FY 14 Target	FY 15 Target
Percent of adult temporary assistance for needy families (TANF) recipients who become newly employed during the report year	49.2% as of 03/2013	50%	50%
Percent of all family participants who meet temporary assistance for needy families (TANF) federally required work participation requirements (FFY figure)	52.9% as of 06/2013 (FFY 13)	50%	50%
Percent of two parent family participants who meet temporary assistance for needy families (TANF) federally required work participation requirements (FFY figure)	57.5% as of 06/2013 (FFY 13)	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)	80%	88%	88%
Percent of expedited supplemental nutrition assistance program (SNAP) cases meeting federally required measure of timeliness within 7 days	99.0%	98%	98%
Percent of regular supplemental nutrition assistance program (SNAP) cases meeting the federally required measures of timeliness within 30 days	99.2%	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 Plan and implement the CSES Replacement System

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

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

In anticipation of replacing this aging and increasingly obsolete computer system, CSED is conducting a top to bottom business review to insure that processes are streamlined, efficient, and effective so that computer replacement implements the best and most innovative child support business practices available.

Task 3.2: - Child Support Bench Warrant Project

The CSED Bench Warrant Program began as a pilot project in July 2011 and was launched statewide in State Fiscal Year 2012. The goal of the program is to encourage non-custodial parents (NCPs) who have outstanding bench warrants due to unpaid child support obligations pay their obligation by offering 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 parents (NCPs) having active bench warrants that were issued for long-standing non-payment of child support.
- B. Confirm that the bench warrant is still active and the information surrounding the warrant is accurate.
- C. Publish the names of the NCPs whose bench warrants are in fact valid and still outstanding.
- D. Designate an amnesty week during which NCPs could visit the appropriate CSED field office and pay the full amount of the bond set in the bench warrant without fear of arrest on the bench warrant.

- E. Work closely with the courts and law enforcement in clearing bench warrants for those who paid their obligation or who otherwise are cooperating with CSED on making their child support payments.
- F. Coordinate and partner with New Mexico Department of Public Safety and local law enforcement to have a warrant sweep conducted for the remaining NCPs who did not take care of their obligation during the amnesty period.

Task 3.3: Early Intervention Project (EIP)

In an effort to reduce child support delinquency and prevent the accumulation of child support arrearages by non-custodial parents, CSED is launching the Early Intervention Program (EIP). The goal of the EIP is to increase the percentage of current support paid and overall child support collections and therefore more child support for custodial parents and their children.

Activities:

- A. CSED will partner with its contractor, HMS, and its subcontractor, Maximus, to attend to EIP cases for one year.
- B. CSED will provide the contractor a weekly list of cases determined to be eligible for the EIP based on the following criteria
 - a. Case is a new, first-time, monetary (greater than a dollar amount determined by CSED) court ordered obligation;
 - b. Non-incarcerated obligated parent;
 - c. Non-medical support-only order;
 - d. New Mexico non-interstate case; and
 - e. Non-tribal order
- C. The Contractor will use live calls, automated-call messaging, automated letters, as well as system generated reports and tasks to notify the obligated parent of support order responsibilities, and to send reminders that a support payment is due.
- D. The Contractor will use another series of live calls, automated-call messaging, as well as system generated “work-lists” and “next action” tasks to notify obligated parents of their missed support payment when pre-“payment Due” activities do not result in an on-time payment by an obligated parent.
- E. The Contractor will perform pre-“payment Due” and payment “Past Due” activities on an eligible referred order until either a payment is received or 120 days have been reached since the date the order was referred.
- F.

Measures:

Goal 3 Measures	FY 13 Actual	FY14 Target	FY 15 Target
Amount of Support Collected	\$132.2. m	\$135.0m	\$136.0 m
Percent of cases having current support due and for which support is collected	55.8%	60%	60%
Percent of cases with support orders	83.5%	80%	84%
Percent of Children born out of wedlock with paternity establishment in child support cases	102.7%	90%	100%

Goal 4: Improve Behavioral Health Services

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

Task 4.1: Strengthen a Behavioral Health System of Care

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

Activities:

- A. Over the next 24 months, BHSD will focus statewide and local training, technical assistance, coaching and mentoring on core system of care elements including: prevention, evidence based mental health and substance use peer and clinical practice, quality improvement, community collaboration, and wellness outcomes.
- B. Work with local Communities of Care, Local Collaboratives, and others to support Recovery Oriented Systems of Care (ROSC), enhanced community engagement, crisis and access line availability, and expanded access to the range of services necessary for wellness and recovery.
- C. Build capacity for greater utilization of peers to drive effective service delivery and produce better listening and communication throughout the system.
- D. Continue system mapping and expand access to information on psychosocial and natural support services as well as prevention and treatment programs.
- E. Develop use of the Behavioral Health Planning Council to advise on priorities for strengthening local and state-wide communities of care.

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

Activities:

- A. Collaborate with and support development of Medicaid "health homes" for chronic conditions that integrate community behavioral health and primary care services and emphasize health promotion, addressing the integration of care for people with serious mental illness and substance abuse problems.
- B. Create Health Homes in Core Services Agencies (CSAs) to assure an essential presence of behavioral health in the integrated health care environment.

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

Task 4.3: Boost Accountability Auditing and Assistance

Activities:

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

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

Activities:

- A. Support evidence-based statewide prevention initiatives and continued policy coordination work across Collaborative and other agencies.
- B. Further build elements prioritized in the Collaborative substance use treatment and prevention strategy.

- C. Continue to expand best treatment and support community-based practices within Core Services Agencies across the state.
- D. Continue and expand Mental Health First Aid training across the state.
- E. Expand implementation of evidence based suicide prevention practices with a focus on older adults, Native Americans and youth.
- F. Enhance intensive services and supports for children, youth, and adults who are in custody or under the supervision of a Collaborative agency.

Measures:

Goal 4 Measures	FY 13 Target	FY 14 Target	FY 15 Target
Percent of readmission to the same level of care or higher for children or youth discharged from residential treatment centers and inpatient care	6.74%	8%	8%
Percent of youth on probation who were served by the statewide entity	56.7%	48%	54%
Number of youth suicides among 15 to 19 year olds served by the statewide entity	4	2	3
Percent of <u>adults</u> with mental illness and/or substance abuse disorders receiving services who report satisfaction with staffs' assistance with their housing need	Adults 74.1%	Adults: 75%	Adults 70%
Number of individuals served annually in substance abuse and/or mental health programs administered through the Behavioral Health Collaborative statewide entity contract	86,229	83,000	103,000
Percent of individuals discharged from inpatient facilities who receive follow-up services at 7 days	39.6%	40%	45%
Percent of individuals discharged from inpatient facilities who receive follow-up services at 30 days	58.8%	60%	65%
Suicide number among adults 20 years and older served by the statewide entity	7*	Discontinued	Discontinued
Percent of people receiving substance abuse treatment who demonstrate improvement in the alcohol domain	79.5%	88%	88%
Percent of people receiving substance abuse treatment who demonstrate improvement on the drug domain	70.6%	77%	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	5 th graders reading: 8.1% 8 th graders math: 13.3%	5 th graders reading: 7.7% 8 th graders math: 12.9%	5 th graders reading: 7.3% 8 th graders math: 12.5%
Percent increase in the number of pregnant females with substance abuse disorders receiving treatment by the statewide entity	3.5%	5%	10%
Increase the number of persons served through telehealth in the rural and frontier counties	1,111	1,250	1,300
Percent of children served who demonstrate improved functioning as measured by the Child & Adolescent Functional Assessment Scale (CAFAS)	40%	60%	44%

Goal 4 Measures	FY 13 Target	FY 14 Target	FY 15 Target
The number of Health Homes established statewide	0	2	2
The percentage of people with a diagnosis of alcohol or drug dependency who initiated treatment and received two or more additional services within 30 days of the initial visit	New measure	New measure	60%

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

Goal 5: Improve Administrative Effectiveness and Simplicity

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

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

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

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

Activities:

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

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

Activities:

- A. Child Support Enforcement Systems (CSES) replacement
- B. During FY15, ITD will continue to work with CSED for planning a comprehensive and detailed analysis for replacing the existing Child Support Enforcement System. Project planning activities will carry through FY16. In FY15, HSD will complete MMIS Enhancements project, resulting in:

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.
- C. HSD will continue planning activities for the MMIS replacement project during FY15. The project will position the department to continue to leverage enhanced funding from the CMS for implementation, maintenance, and operations activities for the MMIS. The new MMIS system will also meet CMS' Seven Standards and Conditions.

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

Activities:

- A. 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. Continue to cross train staff in the Federal Grants, Budgets and Accounting Bureaus to ensure reconciliations capture impact to expenditures, revenue and cash. This 360-degree reconciliation will include the impact of third-party systems and federal reporting systems.
- D. Complete quarterly trial balance reviews of all funds to assure timely and accurate processing of financial transactions in order to close the books and prepare necessary schedules for Agency financial audit.
- E. 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.
- F. 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.
- G. 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.
- H. 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.
- I. Use technology to streamline and expedite personnel processes.
- J. Use of technology for online training to meet federal, state, department, division, and union mandated requirements
- K. Ensure OHR personnel remain trained in all current federal, state, and other applicable laws and regulations to limit the department's liability in personnel actions.
- L. Improve ITD service, processes and relationships to increase customer satisfaction.
- M. Improve ITD compliance with State and Federal regulations.
- N. Increase IT infrastructure capacity and resilience to support expanding customer needs.
- o. Improve recruiting, training, retention and utilization of ITD's employees and contracted resources.

Measures:

Goal 5 Measures	FY13 Actual	FY 14 Target	FY15 Target
Percent of invoice payments completed within 30 days of date of payable invoice	99%	100%	100%
Percent of federal grant reimbursements completed that minimize the use of state cash reserves in accordance with established cash management plans	86%	Discontinued	Discontinued
Percent of timely final decisions on administrative disqualifications hearings	100%	100%	100%
The percent of funds for which a quarterly trial balance review is completed within 45 days after the accounting period has closed	94%	100%	100%
Percent of intentional violations in the supplemental nutrition assistance program investigated by the office of inspector general that are completed and referred for an administrative disqualification hearing within ninety days from the date of assignment	90%	90%	90%
Percent of compliance with internal schedule approved by the Department of Finance and Administration for turnaround time associated with the expenditure of federal funds and the requests for reimbursement from the expenditures from the federal Treasury	86%	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	15%	12%	12%
Percent of employees hired with required computer access to perform their job duties	N/A	100%	100%
Percent of current employees with updated information within 24 hours	N/A	100%	100%
Percent of employees completing mandatory federal, state, department and union trainings	N/A	100%	100%
Percent of Office of Human Resources personnel receiving appropriate training and resources	N/A	100%	100%