

New Mexico



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

Strategic Plan

Fiscal Year 2013

## Table of Contents

Department Mission and Overview	2
Goal 1: Modernizing and Improving New Mexico's Medical Assistance Programs	3 -7
Goal 2: Helping New Mexicans Get Back to Work	8-10
Goal 3: Assisting Parents with their Child Support Responsibilities	11
Goal 4: Improve Behavioral Health Services	12-15
Goal 5: Improve Administrative Effectiveness and Simplicity	16-18

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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 \$4.69 billion dollar budget of state and federal funds and administers services to more than 800,000 lower-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)
- Temporary Assistance for Needy Families (TANF)
- The Emergency Food Assistance Program (TEFAP)
- General Assistance for low-income individuals with disabilities
- 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: Modernizing and Improving 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 cost management, health outcomes, and ensure the long-term sustainability of the program.

### ***Task 1.1: Modernizing the Medicaid Program***

HSD/MAD envisions using the state's Medicaid program as a platform for improving health care quality, controlling costs, innovating 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 expected significant growth in enrollment when federal health care reform is implemented in 2014, 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. Negotiate and receive approval from the Centers for Medicare and Medicaid Services (CMS) of the global 1115 Waiver 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,
  - Paying for Performance, and
  - Personal Responsibility.
- B. Innovating new models of cost-effective service delivery and achieving 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***

### **Activities:**

- A. Identify and implement ongoing cost-containment strategies to pay for and deliver services in the most efficient and effective way possible.

## ***Task 1.3: Adopting and Using 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. The program will issue incentive payments to certain eligible providers and hospitals that 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 using 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: Prepare for and help implement health reforms in the Patient Protection and Affordable Care Act (PPACA) and other federal and state legislation and regulation***

The Office of Health Care Reform (OHCR) resides in the Human Services Department. The OHCR provides expertise for the state to prepare for and help implement PPACA and other federal and state health reform legislation and regulation.

### **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. Lead the Interagency Leadership Committee (ILC) to provide management, oversight and coordination across state agencies to analyze the implications for HSD, and other state agencies related to health reform provisions under PPACA and other federal and state legislation and regulation.
- D. Develop New Mexico's Health Insurance Exchange (HIX)
- E. Facilitate the rapid implementation and meaningful use of electronic health records and a statewide health information exchange that:
- Provides technical support and assistance targeted for rural providers, small practices and hospitals.
  - Assures patient confidentiality.
  - Helps practices meet meaningful use requirements, and receive Medicaid and/or Medicare incentives available in federal legislation.
  - Allows appropriate access to lab, imaging, and other results to reduce duplication and improve quality of care.
- F. Work with stakeholders, education and delivery systems to assure an adequate health workforce to improve access to quality health care, and prepare for increased demand on the health system as PPACA provisions are implemented to expand Medicaid and provide coverage through New Mexico's Health Insurance Exchange.
- G. Develop work plans 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
- H. Identify funding sources and other means available to ensure the staffing necessary to carry out health care reform in the state.
- I. Update the New Mexico Health Care Reform website that serves as the "go to" place for accurate information and opportunities.
- J. 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.
- K. 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.
- L. 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.
- M. Implement payment and health system reforms that measurably improve quality outcomes, control cost growth, increase value based purchasing, enhance markets, give individuals true choice and options, and share accountability.

N. 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: Combating Health Care Fraud, Waste and Abuse and Improving Program Integrity***

HSD is committed to detection and preventing 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. Investigate allegations of client Medicaid fraud as part of regular public assistance fraud investigations within the OIG.
- B. Conduct preliminary investigative audits of providers suspected of committing fraud. The OIG has developed an auditor/investigator team for this purpose.
- C. Implement a contract with a Recovery Audit Contractor (RAC), as required by the PPACA, to perform wide-ranging and extensive audits of Medicaid claims to identify improper billing, and potential fraudulent and abusive billing.
- D. Contract with the RAC to increase third party liability (TPL) recoveries.
- E. Conduct payment accuracy measurement studies.

**Measures:**

<b>Goal 1 Measures</b>	4 <sup>th</sup> Quarter FY11 Actual	4 <sup>th</sup> Quarter FY12 Target	FY 13 Target
Percent of coordinated long-term services C Waiver clients who receive services within 90 days of funding notification	94%	92%	94%
Number of consumers who transition from nursing facilities who are served and maintained with community-based services for six months	78 (1 <sup>st</sup> 2 quarters)	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)	19,941	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	64%	70%	70%
The percent of infants in Medicaid managed care who had six or more well-child visits with a primary care physician during the first 15 months	(not yet available)	65%	65%
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	(not yet available)	70% (contract av. 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	(not yet available)	85% (contract)	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	(not yet available)	91% (contract)	92%
Percent of emergency room visits per 1,000 Medicaid member months		Baseline	TBD
Percent of hospital readmissions for ages 2-17, with 30 days of discharge		Baseline	TBD
Percent of hospital readmissions for ages 18 and over, within 30 days of discharge		Baseline	TBD
The Rate of Return on Investment (ROI) for program integrity recoveries		Baseline	TBD



## **Goal 2: Helping New Mexicans Get Back to Work**

The purpose of the Income Support Division (ISD) is to assist eligible low-income families through cash assistance, food assistance, medical assistance, 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 FFY10 New Mexico achieved work participation rates of 42.7% for all-families and 57.3% 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 that are state-defined exempt through limited work participation activities.
  2. Require the NM Works services contractor to secure contracted services that promote work activities.
  3. Ensure participants engaged in work activity have access to work support services through collaborations with private and public sector entities.
  4. Foster an environment of self sufficiency and work participation for clients that are about to be sanctioned.
  5. Review hardship extensions of participants that are motivated to be self sufficient and encourage them to fully participate in work activities.

### ***Task 2.2: 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. Increase SNAP participation among beneficiaries of the Medicare drug benefit's Extra Help (also called Low Income Subsidy, or LIS) via the Extra Help SNAP program.

### ***Task 2.3: ISD2 Replacement***

Develop and implement a replacement eligibility system for ISD2 to administer the food, cash, energy and Medicaid eligibility. 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 design, development and user acceptance testing.
- B. Integration of eligibility system with Health Care Exchange.
- C. Integration with document imaging.
- D. Integration of on-line application.
- E. Successful migration of the ISD2 Replacement system is scheduled to be complete by January 2014.

***Task 2.3: Expand the Public Assistance Reporting Information System (PARIS) as a Cost Avoidance Measure***

The PARIS program is an interstate match of clients on public assistance with client lists of all other states.

**Activities:**

- A. Continue effective use of PARIS to help HSD in cost avoidance by not making payment to clients who are not authorized to receive public assistance or who have access to other programs.
- B. Phase II – Implement of federal match comparing HSD clients with persons in federal employment, receiving federal pensions, or receiving retirement payments.
- C. Phase III – Implement Medicaid match to determine if HSD clients have access to other health benefit programs before the payer of last resort, Medicaid. Implementation by June, 2012, provided the Veterans Administration completes its computer software system upgrades by the end of 2011.

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

Currently ISD determines and maintains eligibility for almost 500,000 New Mexico households with limited staffing. The division intends to increase efficiency.

**Activities**

- A. Identify duplicative administrative processes.
- B. Maximize use of opportunities from Work Support Strategies Grant.
- C. Simplify program regulations to ease implementation and application of program rules.
- D. Increase efficiency of centralized processing.
- E. Utilize additional interfaces for reducing administrative time on each case.
- F. Simplify data and information dissemination to increase efficiency and maintain timeliness and accuracy.

Measures:

<b>Goal 2 Measures</b>	<b>FY 11 Actual</b>	<b>FY12 Target</b>	<b>FY 13 Target</b>
Percent of adult temporary assistance for needy families (TANF) recipients who become newly employed during the report year	27.0%	50%	50%
Percent of all family participants who meet temporary assistance for needy families (TANF) federally required work participation requirements	44.6%	50%	50%
Percent of two parent participants who meet temporary assistance for needy families (TANF) federally required work participation requirements	51.9%	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)	90.4%	82%	82%
Percent of expedited supplemental nutrition assistance program (SNAP) cases meeting federally required measure of timeliness within 7 days	99.2%	98%	98%
Percent of regular supplemental nutrition assistance program (SNAP) cases meeting the federally required measures of timeliness within 30 days	99.5%	98%	98%

### **Goal 3: Assisting 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 is scheduled to be 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 week amnesty period for payment before the bench warrant is acted on by law enforcement.

##### **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: Administrative Improvement of CSED functions in an effort to improve collections and obligated case percentage.***

##### **Activities:**

- A. Partner with the UNM School of Law to provide clinical internship in CSED offices.
- B. Enhance personnel training and federal performance measure training for CSED managers.
- C. Coordinate with courts to order unemployed NCPs to attend job training and job placement agencies to assist them in obtaining employment.

##### **Measures:**

<b>Goal 3 Measures</b>	<b>FY 11 Actual</b>	<b>FY12 Target</b>	<b>FY 13 Target</b>
Amount of Support Collected	\$123.5m	\$111.0m	\$115.5 m
Percent of Current Support owed that is collected	57.4%	60%	60%
Percent of cases with support orders	72.5%	70%	75%
Percent of children born out of wedlock with paternity establishment in child support cases	97.2%	79%	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 three years 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 2012, 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 clients 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. 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. Expand screening and outreach to older adults in homes, primary care settings and senior centers.
- F. Increase the number of evidence- and practice-based suicide prevention programs implemented in schools, universities, worksites, correctional facilities, and communities.
- G. Increase the number of Intergovernmental Agreements (IGAs) with tribes and pueblos that support adult and youth suicide awareness, prevention, intervention, and postvention.
- H. Work with primary care providers in using the IMPACT model of suicide prevention.
- I. 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.
- J. 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.

- K. 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 substance abuse.
- 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:**

<b>Goal 4 Measures</b>	<b>FY 11 Actual</b>	<b>FY12 Target</b>	<b>FY 13 Target</b>
Percent of readmission to the same level of care or higher for children or youth discharged from residential treatment centers and inpatient care	12.9%	8%	8%
Percent of youth on probation who were served by the statewide entity	47.8%	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' assistance with their housing need	Adults: 44% Children: 37%	Adults: 46% Children: 38%	Adults: 47% Children: 39%
Number of individuals served annually in substance abuse and/or mental health programs administered through the Behavioral Health Collaborative statewide entity contract	83,605	77,000	83,000
Percent of individuals discharged from inpatient facilities who receive follow-up services at 7 days	33.16%	37%	38%
Percent of individuals discharged from inpatient facilities who receive follow-up services at 30 days	48.98%	56%	57%
Suicide number among adults 21 years and older served by the statewide entity	4	3	3
Percent of people receiving substance abuse treatment who demonstrate improvement in the alcohol domain on the addiction severity index	90.57%	80%	83%
Percent of people receiving substance abuse treatment who demonstrate improvement on the drug domain on the addiction severity index	70.7%	75%	76%
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) 5 <sup>th</sup> Graders Math: 8.8% Reading: 9.0% 8 <sup>th</sup> Graders Math 15.6% Reading 11.9%	TBD	TBD
Percent increase in the number of pregnant females with substance abuse disorders receiving treatment by the statewide entity		Baseline	TBD



## **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 2,200 users in 55 locations.

### ***Task 5.1: ISD 2 System Replacement (ISD2R)***

Develop and implement a replacement eligibility system for ISD2 to administer the food, cash, energy and Medicaid eligibility. 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 design, development and user acceptance testing.
- B. Integration of eligibility system with Health Care Exchange.
- C. Integration with document imaging.
- D. Integration of on-line application.
- E. Successful migration of the ISD2 Replacement system is scheduled to be complete by January 2014.

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

#### **Activities:**

- A. Move Child Support Enforcement System (CSES) off the mainframe-HSD is currently spending \$5.4 million per year for mainframe hosting. This cost will go up to as much as \$8 million per year as other departments move their applications off the mainframe.
  - 1. Move the CSES off of the mainframe to a Unix or Linux based solution for a cost savings of at least \$4 million per year beginning January 2013.
- B. CSES system upgrade/replacement.
  - 1. The current CSES is old technology (implemented in 1992) and is costly to configure and maintain.

- 2. ITD will begin planning to replace/upgrade the system in FY 13 after the system has been moved off of the mainframe.
- C. Computer Online Tracking System (COLTS) Replacement - COLTS was replaced by CSES but is kept online to retrieve historical data.
  - 1. COLTS will be migrated off of the mainframe to Microsoft SQL for a savings of \$100,000 per year.
  - 2. Begin replacement of system in FY 12.
- D. TRACs System replacement - TRACs keeps track of warrant payments for CSED
  - 1. Move from the mainframe to CSES for a savings of \$88,000 per year.
  - 2. TRACS system replacement beginning in FY 12.
- E. Virtualization:
  - 1. All HSD servers are scheduled to be moved to a virtual platform in FY 12. This will save HSD an estimated \$120,000 per year in hardware rotation costs.
  - 2. All HSD desktops will begin moving to a virtual platform by FY 14. This will dramatically improve security for HSD.

***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 Grants 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.

**Measures:**

<b>Goal 5 Measures</b>	<b>FY 11 Actual</b>	<b>FY12 Target</b>	<b>FY 13 Target</b>
Percent of invoice payments completed within 30 days of date of payable invoice	98.44%	100%	100%
Percent of federal grant reimbursements completed that minimize the use of state	87%	100%	100%

cash reserves in accordance with established cash management plans			
Percent of timely final decisions on administrative disqualifications hearings	93%	100%	100%
The percentage 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	97%	70%	80%
Percent of compliance with schedule approved by the Department of Finance and Administration for turnaround time associated with the expenditure of federal funds and the requests for reimbursement from the expenditures from the federal Treasury		100%	100%
Percent of federal financial reports completed accurately by due date		100%	100%
Rate of administrative cost used to collect total claim in all programs administered by the Restitution Services Bureau		Baseline	TBD