

2020 AGENCY HIGHLIGHTS

SECTION 1B

Highlight significant efforts of Human Services Department (HSD), Aging and Long Term Services Department (ALTSD), and Children, Youth, and Families Department (CYFD) from 2020 including efforts to support New Mexicans during the COVID-19 pandemic.

New Mexico Human Services Department (HSD) 2020 Highlights

Office of the Secretary

Ms. Shelly Begay was hired for the **Native American Liaison** position. The Liaison serves as key staff on state-tribal issues for the Department and assists in formalizing the Department's government-to-government relations. She works in partnership with the Native American Liaisons in the other Health and Human Services Departments and with the Indian Affairs Department. Ms. Begay leads the Department's efforts to achieve the goals and objectives of HSD's Native American Initiative by working with all HSD Division staff to address Native American issues across multiple state and federal program areas. Through outreach and communication regarding HSD programs and services, she addresses tribal concerns and gathers input on developing solutions.

Behavioral Health Services

BHSD is the Single State Authority for Mental Health and Substance Use Treatment. The division oversees behavioral health statewide and works with providers to improve access to critical services. BHSD funds non-Medicaid services through a combination of federal and state dollars. BHSD obtained COVID-19 federal emergency grants to provide crisis mental health services, including certified peer support counselors for the homeless population impacted by the pandemic, and to expand NM Crisis and Access Line services with a line dedicated to health care workers and first responders. BHSD also received a grant from the Department of Justice to fund Law Enforcement Assisted Diversion (LEAD) programs. BHSD authorized telehealth and telephonic delivery of most behavioral health services, and conducted COVID-specific outreach to Native American communities including a COVID 19 coloring book promoting safety precautions.

Child Support Enforcement

CSED has created a new case management structure based on national best practices which led to the division attaining 83.2% of IV-D (Title IV-D of the Social Security Act) cases having a support order, which is the 2nd highest performance in the program's history. CSED collected a record amount in child support in SFY20 at \$156M. CSED expanded its new approach to case management through a Case Prioritization Tool (CPT) which uses data to drive actions and implemented a new structure for performance improvement (using Lean Six-Sigma and Organizational Change Management (OCM)). CSED also created the STEP-up program in partnership with the NM Department of Workforce Solutions, which focuses on improving child support payor employability and on the employment search. CSED has experienced a sharp turnaround over the previous two fiscal years, which was achieved through reduced attrition, reduced vacancies, and its new performance management structure.

Departmental Performance Scorecard

The Scorecard (section 7 of the Data Book), launched in Oct 2020, is a strategic management tool used to identify and improve various internal business functions and their resulting outcomes, and provide feedback to key stakeholders, including HSD customers and the public. It is designed to help answer the most common questions New Mexicans may have about HSD. The HSD Performance Scorecard is designed to:

- Promote greater intra-departmental communication and accountability;
- Maintain strategic focus;
- Determine what is critical to measure;
- · Implement changes and measure outcomes; and,
- Tell HSD's story accurately, consistently.

Income Support

The SNAP caseload has increased due to the pandemic and the Department received a waiver to **provide the maximum benefit to everyone enrolled in the program** for the last 4 months of the fiscal year. HSD also received approval to implement the **P-EBT SNAP program** which allowed ISD to issue SNAP benefits to students enrolled in the Free and Reduced School Lunch Program.

Medical Assistance Division (Medicaid)

MAD administers Medicaid/CHIP healthcare programs through Centennial Care Managed Care and fee-for-service (FFS). Program administrators oversee the eligibility, enrollment and funding of Medicaid/CHIP enrollees and the enrollment and funding of healthcare providers, including hospitals, nursing facilities, physicians and dentists, and behavioral healthcare providers and agencies. As of October 2020 (September projection) Centennial Care covers 896,256 individuals, of which 806,837 receive full benefits (comprehensive coverage), and 89,419 receive partial benefit coverage. Since the Public Health Emergency, MAD has received supplemental federal funds under the Families First Coronavirus Response Act. These funds have been put to use by expanding healthcare coverage to newly eligible enrollees, adjusting fees and expediting payments to healthcare providers, and expanding Network and out-of-Network services; notably, telehealth and COVID-19 testing and treatment.

Technological Improvement Efforts

In response to the COVID pandemic, the Department has **deployed technology and equipment to allow staff to telework and made modifications to our major IT systems** (ASPEN and OMNICAID) to implement necessary system changes to respond to the pandemic. This administration is committed to investing in technology to achieve better interaction for our clients and staff.

New Mexico Aging and Long-Term Services Department (ALTSD) 2020 Highlights

<u>Aging Network COVID-19 Pandemic Response & Statewide Improvements</u> COVID-19 Pandemic Response

- Aging Network immediately adapted services to the COVID-19 pandemic. Area
 Agencies on Aging (AAAs), Aging and Long-Term Services Department (ALTSD) and
 local providers worked together to transition to all "grab-and-go" or home
 delivered meals. These entities saw an almost 30% increase in new seniors
 accessing meals.
- The Office of Indian and Elder Affairs had a similar strategy to approaching modification of service delivery for tribal elders. Specifically, NM Tribes, Nations, and Pueblos experienced a significant increase in need for food, and the ALTSD increased meal delivery by more than 200%.

Statewide Improvements

- Hybrid model for senior centers with both in-person and virtual service options.
- Sites will continue to provide grab-and-go and home delivered meals.
- Modernizing activities and services to combat isolation.
- Adult day services and in-home services (homemaker and caregiver respite) remain-a priority.
- Reimbursement contractual agreements with AAAs and local providers.
- Implementation of SAMScan for the Aging Network and tribes and pueblos, which allows for simplified electronic tracking of meals and other services provided throughout the aging network.

Adult Protective Services COVID-19 Pandemic Response & Statewide Improvements COVID-19 Pandemic Response

- Conducting phone, video conference, and socially distanced investigations.
- Modified home and attendant care services.
- Developed a testing procedure that allows Investigative Case Workers to make more face-to-face contact while ensuring client and worker safety.
- Added APS to HSD agreement for Medicaid reimbursement.

Statewide Improvements

- Adapting services to meet the current needs resulting from the COVID-19 pandemic.
- Revising the Critical Incident Report process.
- Working with NM Department of Health (DOH) and Long-Term Care Ombudsman on well-being and safety of residents.

<u>Consumer and Elder Rights COVID-19 Pandemic Response & Statewide Improvements</u> COVID-19 Pandemic Response

- Significant increase in calls to the Aging and Disability Resource Center (ADRC). ADRC usually receives ~2,000 calls a year. By the end of September 2020, ADRC received 8,000+ calls related to Medicaid open enrollment as well as 700+ COVID-19 related calls.
- Care Transition Bureau also saw a large increase in need related to the transition of seniors from nursing homes back into their communities, seeing a rise in transition advocacy support, Medicaid outreach and counseling, as well as direct assistance and referral from facilities.

Statewide Improvements

- Telephonic, virtual, and on-demand counseling and services.
- YesNM integration, an online portal that allows the ADRC to link directly with HSD for Medicaid and other benefits.
- ALTSD OnDemand which allows real time access to information relating to benefits and services that ALTSD offers, including referrals to other state health and human service agencies.
- Implementation of virtual presentations and training.
- Increase advertisement and outreach through community partners to reach rural populations.
- Engaging volunteers in modernizing intakes and benefit services.
- Reverse mortgage counseling.

Long-Term Care COVID-19 Pandemic Response

- Coordinating response in conjunction DOH for all state licensed assisted living facilities and nursing homes.
- Developed policies and procedures around testing and visitation process.

New Mexico Children, Youth and Families Department (CYFD) 2020 Highlights

Adaptive Response to COVID-19

In response to the pandemic, CYFD collaborated with HSD and DOH to meet new needs. CYFD assumed **leadership of ESF-6 food and shelter emergency response**, delivering more than two million meals, providing more than 30,000 nights of shelter for COVID-impacted individuals and first responders, and staffing a 24-hour call center with more than 30 volunteers. This included putting site coordinators in all major state-operated COVID shelter locations to work closely with local emergency managers, medical staff, and community partners and supporting Community Based Mental Health Clinicians (CBHCs) who coordinate well-being checks, assist with discharge planning, and connect individuals to support in their communities

CYFD also adapted quickly to sustain delivery of services. Within approximately 30 days of the outbreak, the Department's IT team **enabled nearly the entire staff to work remotely** from the safety of their homes and increase their presence in the community of front-line workers to ensure children are safe and families have what they need. Virtual training for new employees was created within two weeks and is now offered monthly. In the face of unanticipated challenges, CYFD continued to improve in four strategic areas: more appropriate placement of youth with emphasis on kinship care; prevention of institutionalization, homelessness, and trauma; optimization of data, accountability, and funding; and sustaining a high-quality staff through reduction of vacancy rates, increased training/support, and robust workforce development.

Behavioral Health

The Department's Behavioral Health Division coordinates COVID testing, provides technical support, and ensures delivery of PPE to ensure its facilities continue to be safe places for those in need. While accounting for the unique challenges of the pandemic, CYFD continues to rebuild community-based mental health services throughout the state with an emphasis on a trauma responsive approach that starts with "What happened and how can we help?" rather than, "What's wrong?"

The Department is steadily rebuilding community-based mental health services throughout the state and has increased the number of providers in Infant Mental Health, Family Peer Support, Multi-Systemic Therapy, and Wraparound services by as much as 50% or more. Many services are available by telephone and a 24-hour Crisis Access Line is now open for assistance with crisis

and non-crisis situations and referrals. Designed to meet the unique needs of individuals and ensure the well being of people of all ages, this ongoing effort benefits homeless youth, victims of domestic violence, those in need of residential treatment, and more.

Protective Services

In the area of Protective Services, CYFD has made it a priority to place children in care with relatives, decrease the number of out-of-state placements, and greatly reduce its backlog of investigations open longer than 45 days. The **number of children placed with relatives is on a steady upward climb to 35% or higher** while the number of youth placed out-of-state just under 200 at the start of the 2020 to approximately 125 at the end of the third quarter. Meanwhile, through collaboration across the state and a uniform method of tracking cases, the number of past-due investigations in Bernalillo County alone has been reduced from more than 3,400 in January of 2019, to less than 200 now – the lowest in Department history.

While taking these great strides, CYFD also increased worker-child visits for children in foster care to as much as 297% of the required monthly number and thoroughly screened more than 30,000 case referrals to verify instances of abuse or neglect and take appropriate action to provide a safe environment for kids at risk. The Department facilitated delivery of additional funding to foster children and families in need during the current pandemic and economic downturn. Finally, CYFD launched the Extended Foster Care (EFC) program for youth who age out of care and ensured that 100% of youth (currently 85) in EFC have stable housing and are connected with behavioral health services.

Juvenile Justice Services

In response to the pandemic, CYFD increased health protections, cleaning, and established screening protocols that led to zero COVID-19 positive cases among youth in its facilities. The Department took the lead in partnering with the Public Education Department to help find and support youth who are disconnected and/or unaccounted for in schools amidst the pandemic. Additionally, due to heightened risk of suicide and overdose during times of increased isolation and stress, the Department trained 227 field staff members in the use of Narcan for prevention of overdose death.

As part of a shift in focus from detention to improved treatment and services, CYFD is drawing upon predictive analytics to identify at-risk families with no record of juvenile justice involvement and proactively reaching out to provide support. With an eye toward the future, CYFD also is exploring the conversion of secure facilities to therapeutic Medicaid placements, working to ensure youth in out-of-home placement have access to appropriate services, and striving to integrate community behavioral health services into solution-driven processes.