

Aging and Long-Term Services Department



FY16
1st Quarter Report
Key Performance Measures

Table of Contents

Standard Items

1. Agency Mission Statement
2. Summary of Key Strategic Priorities
3. Program description, purpose, budget, and links to key agency initiatives, objectives, and Performance Measures
 - a. Program Support
 - i. Capital Projects
 - b. Consumer and Elder Rights
 - i. Aging and Disability Resource Center
 - ii. State Long-Term Care Ombudsman
 - iii. Care Transition
 - c. Adult Protective Services
 - d. Aging Network
 - i. Employment Programs
 - ii. Senior Services
 - iii. Indian Area Agency on Aging

Agency Key Performance Measures

1. Percent of ombudsman complaints resolved within sixty days
2. Percent of residents requesting short-term transition assistance from a nursing facility who remained in the community during the six month follow-up
3. Percent of calls to the Aging and Disability Resource Center that are answered by a live operator
4. Number of adult protective services investigations of abuse, neglect, or exploitation
5. Percent of emergency or priority one investigations in which a caseworker makes initial face to face contact with the alleged victim within prescribed time frames
6. Percent of older New Mexicans whose food insecurity is alleviated by meals received through the aging network
7. Number of hours of caregiver support provided

Standard Items

Agency Mission Statement

Partners in Lifelong Independence and Healthy Aging

The Aging and Long-Term Services Department provides accessible, integrated services to older adults, adults with disabilities and caregivers to assist them in maintaining their independence, dignity, autonomy, health, safety and economic well-being, thereby empowering them to live on their own terms in their own communities as productively as possible.

Strategic Plan Priorities

- Support Aging in Place
- Safeguard Vulnerable Adults and Elders
- Combat Senior Hunger
- Support Caregivers
- Encourage Healthy and Productive Aging

Attributes

- Protects the safety and rights of those we serve
- Promotes personal choice and self-determination
- Treats all persons with respect, embracing cultural diversity
- Encourages collaborative partnerships
- Provides fiscally responsible services
- Advocates for seniors, adults with disabilities, caregivers, and their families
- Collaborates with service provider partners
- Assists consumers and families in securing services and benefits
- Provides opportunities for volunteering, employment, and training

Program Description, Purpose, and Budget, Links to Key Agency Initiatives, Objectives and Key Performance Measures

Agency Programs

1. Program Support
 - a. Capital Projects

2. Consumer and Elder Rights
 - a. Aging and Disability Resource Center
 - b. State Long-Term Care Ombudsman
 - c. Care Transition

3. Adult Protective Services

4. Aging Network
 - a. Employment Programs
 - b. Senior Services
 - c. Indian Area Agency on Aging
 - d. Alzheimer's and Dementia Care

Program Support

Capital Projects Bureau

To provide clerical, record keeping and administrative support in the areas of personnel, budget, procurement and contracting to agency staff, outside contractors and external control agencies to implement and manage programs.

Budget

<u>General Fund</u>	<u>Federal Funds</u>	<u>Total</u>
\$3,970.5	\$624.0	\$4,594.5

Links to Key Agency Initiatives

- Support the delivery of quality services through efficient and effective administration.

Consumer and Elder Rights

Aging and Disability Resource Center
State Long-Term Care Ombudsman
Care Transition

To provide current information, assistance, counseling, education and support to older individuals and persons with disabilities, residents of long-term care facilities and their families and caregivers that allow them to protect their rights and make informed choices about quality service.

Budget

<u>General Fund</u>	<u>Transfers (HSD)</u>	<u>Federal Funds</u>	<u>Total</u>
\$2,197.7	\$599.0	\$1,370.3	\$4,167.0

Links to Key Agency Initiatives

- Protect the rights and improve the quality of life for residents of long-term care facilities.
- Ensure older adults, individuals living with disabilities and their families have information about and access to services and benefits.
- Support aging in place – provide services in homes and communities.

Key Performance Measure 1

Percent of ombudsman complaints resolved within sixty days

Objective: Improve the quality of life for residents of long-term care services and their families by resolving complaints within 60 days.

Key Performance Measure 2

Percent of residents requesting short-term transition assistance from a nursing facility who remained in the community during the six month follow-up

Objective: Provide comprehensive assistance to residents in obtaining needed long-term services and supports that allow for the greatest level of independence possible in a community setting.

Key Performance Measure 3

Percent of calls to the Aging and Disability Resource Center that are answered by a live operator

Objective: Ensure that counseling and assistance are provided in a timely and comprehensive manner by answering calls made to the ADRC.

Adult Protective Services

To investigate reports of abuse, neglect, or exploitation of adults who do not have the capacity to protect themselves and to provide short-term services to prevent continued abuse, neglect, or exploitation.

Budget

<u>General Fund</u>	<u>Internal Transfer</u>	<u>Total</u>
\$11,363.4	\$2,498.6	\$13,862.0

Links to Key Agency Initiatives

- Safeguard vulnerable elders and disabled adults.

Key Performance Measure 4

Number of adult protective services investigations of abuse, neglect, or exploitation.

Objective: Screen all reports made to APS and conduct investigations of alleged abuse, neglect, or exploitation of adults with incapacities who are unable to protect themselves.

Key Performance Measure 5

Percent of emergency or priority one investigations in which a caseworker makes initial face-to-face contact with the alleged victim within prescribed time frames.

Objective: Caseworkers will initiate a face-to-face response in emergency or priority one investigations within timeframes assigned by field supervisors.

Aging Network Division

Employment Programs Bureau
Senior Services Bureau
Indian Area Agency on Aging
Office of Alzheimer's and Dementia Care

To provide supportive social and nutrition services for older individuals and persons living with disabilities so they can remain independent and involved in their communities. To provide training, education, and work experience to older individuals so they can enter or re-enter the work force and receive appropriate income and benefits.

Budget

<u>General Fund</u>	<u>Other State Funds</u>	<u>Federal Funds</u>	<u>Total</u>
\$30,347.8	\$128.9	\$10,557.6	\$41,034.3

Links to Key Agency Initiatives

- Provide community-based services for older adults and individuals living with disabilities to remain independent, at home and contributing to the community.
- Increase economic security for older adults.
- Support caregivers.
- Encourage healthy and productive aging.

Key Performance Measure 6

Percent of older New Mexicans whose food insecurity is alleviated by meals received through the aging network

Objective: Alleviate food insecurity for older, at-risk New Mexicans so that their daily nutritional requirements are met, fostering health and wellness.

Key Performance Measure 7

Number of hours of caregiver support provided

Objective: Provide caregiver support so that older adults can remain as independent as possible in their own homes for as long as possible, and their caregivers can receive the support they need to assist them.

Agency Key Performance Measures

1. Percent of Ombudsman complaints resolved within sixty days
2. Percent of residents requesting short-term transition assistance from a nursing facility who remained in the community during the six month follow-up
3. Percent of calls to Aging and Disability Resource Center that are answered by a live operator
4. Number of adult protective services investigations of abuse, neglect, or exploitation
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7. Number of hours of caregiver support provided

Key Performance Measure 1: Percent of Ombudsman complaints resolved within sixty days

Objective: Improve the quality of life for residents of long-term care services and their families by resolving complaints within 60 days.

FY16 Target: 95%
Year-to-date: 99.7%

1st Quarter: 99.7%

Program: The State Long-Term Care Ombudsman Program advocates for the recognition, respect, and enforcement of the civil and human rights of residents of long-term care facilities in New Mexico. Highly-skilled staff and many volunteers throughout the state regularly visit nursing homes and other long-term care facilities to ensure that residents are properly treated. The Ombudsman Program’s primary duty is to investigate and resolve complaints made by or on behalf of residents. In the first quarter of FY16, 864 complaints were resolved for residents of nursing homes and assisted living facilities.

Explanation of Measure: A complaint is defined as a resident concern or issue brought to the attention of the State Long-Term Care Ombudsman Program that is appropriate for investigation and requires resolution. The complaint can be resolved to the resident’s satisfaction or it can be referred to a regulatory agency for additional investigation and oversight.

The number of complaints resolved is dependent on numerous variables. Some of these are the number of volunteers, the level of activity of each volunteer, the number of issues resolved at the consultation stage before reaching the complaint stage and the staffing levels and staff turnover in facilities that impact quality of care.

Trend and Benchmark

- Sources of Data: Staff and volunteer Ombudsmen
- Benchmark Data: National Ombudsman Reporting System (NORS) Federal Fiscal Year data for the average number of complaints in nursing and assisted living facilities reported nationally and in eight states, which have a comparable number of nursing and assisted living facility beds - DL, ID, ME, MT, ND, NH, NV and SD. From FY09 to FY14 the number of complaints has decreased nationally and in New Mexico.

State Fiscal Year	Complaints Resolved within 60 days	National Benchmark average/state
FY12	3,728/3,781= 98.6%	3,797
FY13	4,116/4,191= 98.2%	3,737
FY14	3,919/3,938= 99.5%	3,684
FY15	4,018/4087= 98.3%	Not Yet Available

The Ombudsman Program has a proactive training and consultation initiative to reduce the number of complaints in nursing homes and assisted living facilities. The intent of the preventative effort is to educate and interact with residents, families, facility representatives and the general community such that issues and concerns are dealt with prior to becoming a complaint. The success of the proactive effort will positively impact the quality of life of vulnerable adults.

FY16 Results	1 st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	Annual
Number of complaints resolved in nursing homes	664				664
Number of complaints resolved in assisted living	192				192
Number of complaints resolved in other settings	8				8
Total	864				864
Percent of complaints resolved within 60 days	99.7				
Consultations	2,486				2,486
Number of active volunteers	79				79
Number of first-time resident contacts	769				769
Number of repeat visits with residents	7,548				7,548
Number of new volunteers trained/certified	23				23

FY16 Results

1. Complaints (number, increase or decrease and why) - There were 864 complaints during the first quarter, 99.7% of which were resolved within 60 days; number of complaints decreased by 104 when compared to the previous quarter.
2. Volunteer hours and contacts (duplicated and unduplicated) - Volunteer Ombudsmen contributed 1,958 hours of service, a decrease of 707 hours from the previous quarter. Decrease is due to the impact of the changing volunteer pool: fewer seasoned volunteers, more newly trained volunteers, more volunteers visiting small assisted living facilities which takes less time on-site, as there are fewer residents per facility (2-10 capacity is the norm);
3. Volunteers met with 769 residents for the first time, and logged 7,548 repeat visits with residents;
4. Visited 100% of nursing homes at least once a quarter;
5. Visited 84% of assisted living facilities at least once a quarter;
6. Responded to 100% of calls for assistance within two business days of contact;
7. Provided 15 sessions of Resident Rights education to public and private/industry;
8. Provided 2,486 consultative advocacy contacts. This is an increase of 447 consultations from the 4th quarter of FY15.

Factors contributing to fluctuation in numbers

Fluctuations in numbers from quarter to quarter are influenced by a combination of factors. Factors that most consistently contribute to fluctuations in performance results are: the level of experience in the current Ombudsman Volunteer pool, facility staffing and census, type of complaints received.

Types of complaints

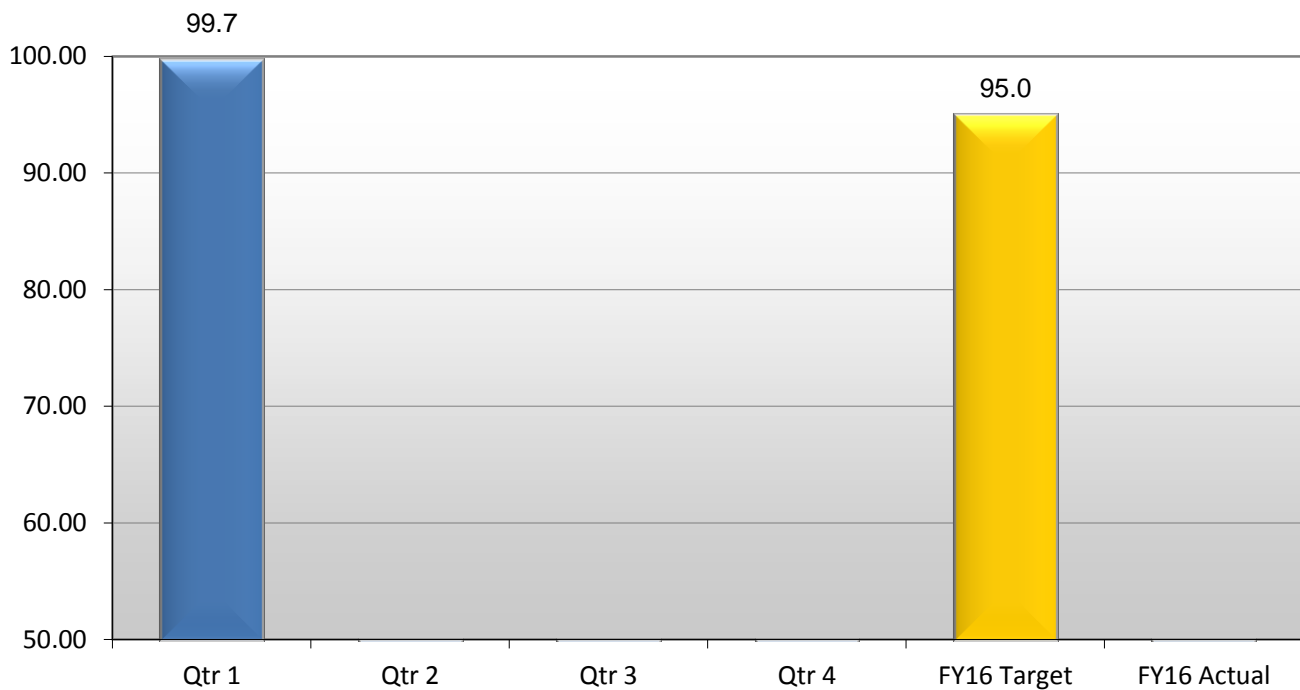
The types of complaints at nursing and assisted living facilities are varied and can take from a day to several months to resolve. Some of the typical complaints can be about care, food, living environment, activities and social services.

The top five complaints resolved during the fourth quarter were:

1. Medications – administration, organization (6.01%)
2. Discharge/eviction – planning, notice, procedure (5.71%)
3. Dignity, respect – staff attitudes (5.61%)
4. Failure to respond to requests for assistance (4.50%)
5. Care plan/resident assessment – inadequate failure to follow plan (3.7%)

Note: the percent represents the percent of a specific complaint as a part of all complaints.

Percent of Ombudsman Complaints Resolved within Sixty Days



Ombudsman Action Plan

Action	Responsibility	Timeline
1. Recruit volunteer Ombudsman	Ombudsman staff	Ongoing
2. Train volunteer Ombudsman		
3. Visit residents	Staff and Volunteers	Ongoing
4. Resolve complaints	Staff and Volunteers	Ongoing
5. Complete reports	Staff and Volunteers	Ongoing

Key Performance Measure 2: Percent of residents requesting short-term transition assistance from a nursing facility who remained in the community during the six month follow-up

Objective: Provide comprehensive assistance to residents in obtaining needed long-term services and supports that allow for the greatest level of independence possible in a community setting.

FY16 Target: 85%

1st Quarter: 87%

Year-to-date: 87%

Program: The New Mexico Aging and Long-Term Services Department, Consumer and Elder Rights Division (CERD) created the new Care Transition Bureau (CTB) in FY14. The focus of this statewide program is to assist residents transitioning from long-term care facilities back into the community setting. The CTB provides individuals with a clear pathway regarding available choices for long-term service and support options for those who would like to return home or to another residential setting in the community. Program staff works with the individual, long-term care facility staff, families, guardians, community service providers and other relevant entities to ensure that transitioning individuals are connected to programs and services to support the greatest level of independence possible in a community setting. The CTB uses a person-centered approach and face-to face assistance.

The CTB maintains a partnership with the Aging and Disability Resource Center (ADRC). Residents in nursing facilities can call the ADRC and speak to an options counselor about information to return back to the community. Counselors will register residents for the Medicaid Waiver and a referral is sent to CTB to follow up.

Initial contact with the resident is handled within a 24 to 72 hour period. A formal intake that assesses the resident's needs, abilities, goals, natural supports and other variables using a person-centered approach is conducted with each resident. The intake must occur within 5 business days. All interactions with the resident, legal representative, family members, care coordinators and other team members throughout the transition process are documented in the Social Assistance Management System (SAMS).

The CTB serves the residents of New Mexico by advocating, assisting and ensuring that services are delivered within the appropriate time. The CTB program also offers a short-term community support program to individuals to connect them to programs and services that will help them remain in a community based setting of their choice. In addition, the CTB is piloting a hospital transition program in which individuals discharging from a hospital setting can receive assistance in accessing needed services and supports in the community.

Explanation of Measure: The measure indicates the degree of success each resident demonstrates by remaining in their community based home for an extended period of time. The long-term services and supports received by the majority of residents that have transitioned from long-term care to a community-based setting support ongoing community-based living. The percent of individuals who remained in the community for 6 months after discharge demonstrates a successful transition, with a likelihood that they will remain in the community indefinitely.

Trend and Benchmark

- Source of Data: Social Assistance Management System (SAMS) database queries
- Trend: Since there is no national benchmark for this performance measure and this is a new performance measurement, the benchmark used is 85%. The 85% represent the goal the CTB used last fiscal year during the pilot program.

The results for this measure are affected by a combination of factors, including:

- Residents decide not to leave the facility
- Residents cannot leave the facility due to medical necessity and extenuating circumstances
- Residents pass away
- Residents leave the facility against medical advice, not having the appropriate services and supports in place.
- Residents refuse services and supports once in the community
- Residents are readmitted for unforeseen circumstances

FY16 Result

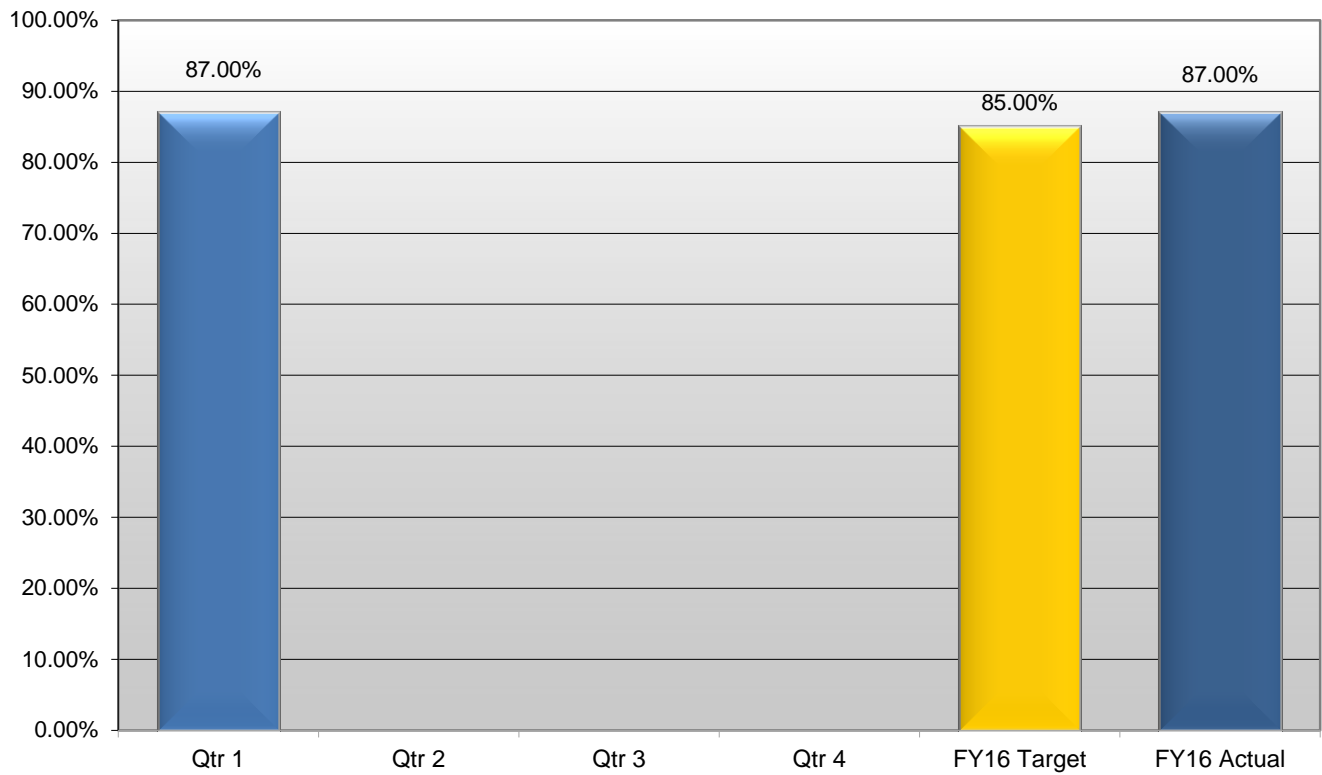
During the first quarter of FY16, 87% of residents requesting short-term transition assistance from a nursing facility that remained in the community during the six month follow-up.

	1 st Q	2 nd Q	3 rd Q	4 th Q	Annual
Percent who remained in the community	87%				87%

Of the 157 residents who were assisted by the CTB during the first quarter of FY16, 137 or 87% of residents requesting short-term transition assistance from a nursing facility remained in the community during the six month follow-up. This exceeds the quarterly target of 85%.

Factors such as not meeting program criteria, residents passing away, residents refusing services and some who returned to the facility affected the overall percentage outcome of this performance measure during this quarter.

Percent of residents requesting short-term transition assistance from a nursing facility who remained in the community during the six month follow-up



Care Transition Bureau's Action Plan

Action	Responsibility	Timeline
Ensure CTB assesses resident when a referral is made within 24-72 hours, so that individuals are adequately identified and needs are addressed	CTB Staff	Daily
Implement a service and support action plan directed by the resident	CTB Staff and Supervisors upon clinical review	Daily
Evaluate consumer file to determine if the correct service and support action plan was given to consumer based assessment	CTB Supervisor	Daily
Ensure all CTB cases are followed up within case timeframe to ensure services are in place	CTB Staff and Supervisor	Daily
Continued training of coordinators in options counseling and assessment tool to include documentation in internal database	CTB Supervisor and Bureau Chief	Monthly
Follow up for 6 months post-discharge to assist in resolving any issues and a success transition.	CTB Staff and Supervisor	Monthly

Key Performance Measure 3: Percent of calls to Aging and Disability Resource Center that are answered by a live operator

Objective: Ensure that counseling and assistance are provided in a timely and comprehensive manner by answering calls made to the ADRC.

FY16 Target: 85%
Year-to-date: 76%

1st Quarter: 76%

Program: The Aging and Disability Resource Center (ADRC) is the single point of entry for older adults, people with disabilities, their families, and the general public to access a variety of services, including state and federal benefits, adult protective services, prescription drugs, in-home and community-based care, housing, and caregiver support. The ADRC provides telephonic information, assistance, referrals and advocacy in those areas of daily living that will maximize personal choice and independence for seniors and adults with disabilities throughout New Mexico, as well as for their caregivers.

The ADRC continues to assess consumers for Long-Term Support Services (LTSS) using a person-centered approach through options counseling, which identifies multiple needs of consumers. Options counselors provide over-the-phone counseling in care coordination, which is the process of assisting a client in describing his/her, situation/problem as comprehensively as possible.

Generally, a client recognizes the problem but may not know how to articulate it and/or may not be aware of the resources that are available to the elderly and disabled population in New Mexico. ADRC staff helps clients identify options for addressing their needs, coordinate/navigate New Mexico's aging and disability service systems, and obtain objective information and assistance, which empowers them to make informed decisions.

To identify and address the multiple needs of callers, a care coordination model has been developed, including an assessment tool, protocols, and training manual. The care coordination model serves as a guide for counselors to ask callers questions regarding their ability to perform Activities of Daily Living and Instrumental Activities of Daily Living. The topics discussed during the call are documented in the Social Assistance Management System (SAMS) Information and Referral database.

Caller assessment capabilities were improved in FY11 by expanding the ADRC's ability to identify consumers who have multiple needs through "options counseling". This in-depth counseling increases the value and quality of services by dedicating more time to examining consumers' long term care needs.

Explanation of Measure: The measure indicates the complexity of calls received by the Aging and Disability Resource Center. It also reflects the extent to which social service program changes are affecting the quality of life of beneficiaries. The ADRC model required by the Federal Administration for Community Living is a "no wrong door" approach or a single point of entry where consumers obtain information, assistance, and referrals. The percent of calls answered by a live operator provides an indication of the demand for services and its relationship to customer service and ADRC staff resources.

Trend and Benchmark

- Source of Data: ADRC Cisco call system database and Social Assistance Management System (SAMS) database queries
- Trend:
 - FY12: 79.3%
 - FY13: 77.6%
 - FY14: 87.0%
 - FY15: 70.0%

The results for this measure are affected by a combination of factors:

- Staffing levels: FTE's available through State General Fund/Medicaid match that are responsible for answering calls;
- Vacancies due to turnover and promotion;
- Number of calls, which increased 08% since Qtr. 4 FY15;
- Seasonal or special events, which can result in a temporary surge in calls during a quarter, such as open enrollment for Medicare, Affordable Health Care open enrollment, and Medicaid changes.

Note: Although the ADRC has 15 additional FTEs funded by Federal Grants to meet specific program goals and objectives, these positions cannot be used to answer live calls. As a general rule, each FTE that can be used to answer calls accounts for an estimated 5% improvement in the measure, assuming there is no appreciable increase in the current call volume.

- Benchmark: The benchmark is based on the past fiscal year data collected from the ADRC. There is no national benchmark.

FY16 Result

During the first quarter, FY16, 76% of the calls to the ADRC were answered by a live operator and the year-to-date result is 76%, which is 9% below the FY16 target.

	1 st Q	2 nd Q	3 rd Q	4 th Q	Annual
Total calls	10,659				10.659

During this quarter, the ADRC received 10,659 calls, of which 8,101 were answered by a live person. This represents a 7% increase in calls compared to the same quarter in FY15 and a year-to-date increase of 8% compared to the fourth quarter of FY15. The increase in calls can be attributed, in part, to Centennial Care Medicaid Counseling and increased media exposure with advertisements in radio and television.

Of the 10,659 calls received, 2,500 callers left a voice message and their calls were returned the same day. Since there were two vacancies at the end of the quarter with a projected start date of October 17 and having two of the new hires answering calls in August the ADRC was able to improve the result for this measure by 6% compared to quarter 4 FY15, and also helped meet the same-day call back performance standard.

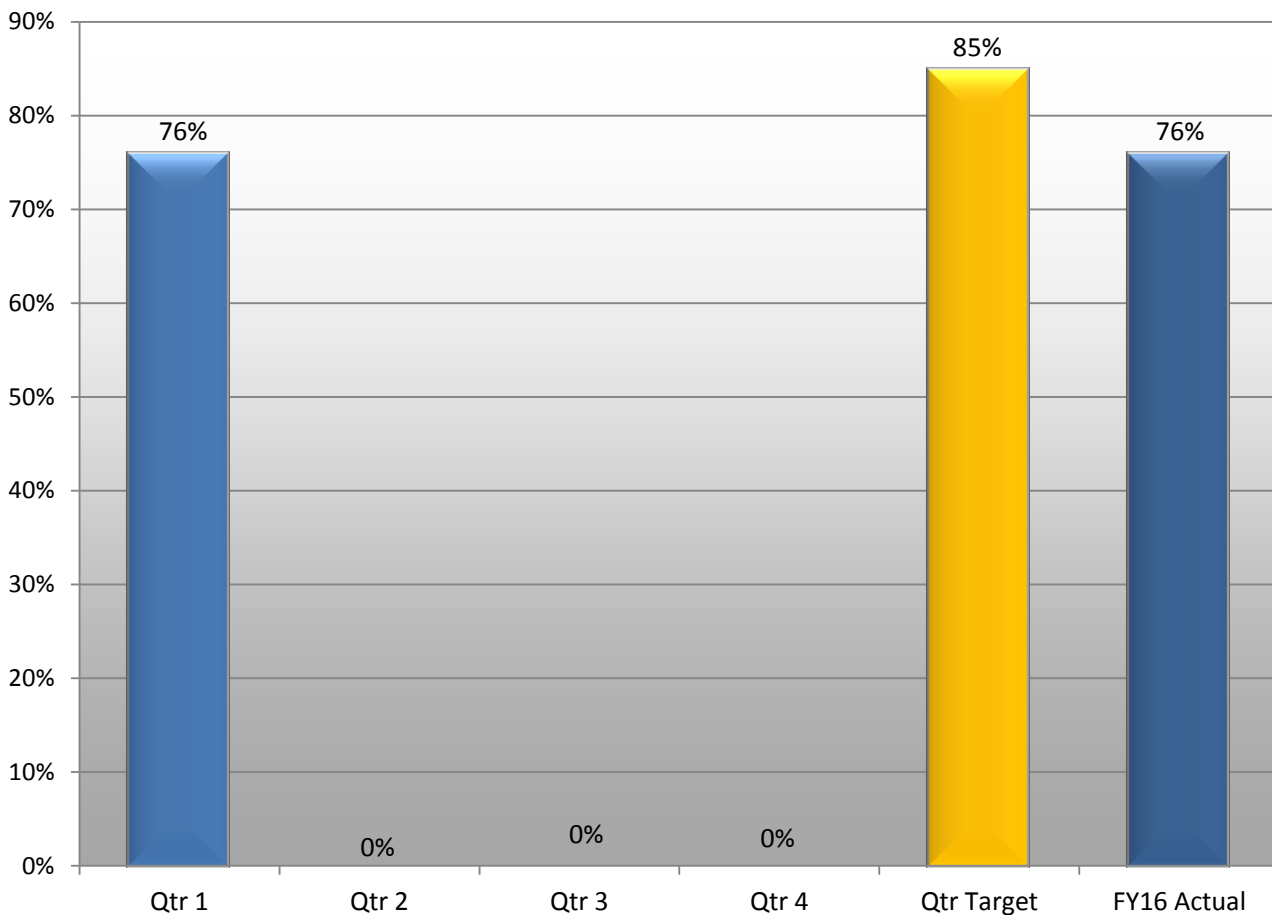
The increase can be attributed to changes in social service programs, the economy, and personal life-changing situations, such as being a new caregiver for family, changes in health, ability to work, retirement, and eligibility for, or enrollment in, the Medicare or Medicaid system. Growing public awareness of the ADRC also contributes to the increased call volume. Long term, growth in

the populations of elders and caregivers served by the ADRC is expected to increase the volume of calls to the ADRC.

The “Alliance for Information and Referral Taxonomy” is used to track the topics discussed and reviewed during each counseling session. The top five topics of concern in this quarter were:

1. Medicaid – 6,726 consumers, a 03 % increase from Quarter 4 FY15 (2,449 waiver services, 1,628 Medicaid information and counseling)
2. Medicare – 3,733 consumers (benefit explanation, enrollment, and counseling)
3. Senior Center Services – 747 consumers (300 home-delivered meals)
4. Prescription Drug Assistance – 302 consumers
5. Social Security - 221 consumers Income (SSI 125 consumers)
6. VA-177 consumers (111 Veteran Benefits Assistance)

Percent of calls to the ADRC answered by a live operator



Consumer and Elder Rights Action Plan

Action	Responsibility	Timeline
1. Ensure ADRC has adequate staff to meet daily calls	ADRC supervisors and managers	Daily
2. Monitor call queue activity and assist with peak activity	ADRC supervisors and managers	Daily
3. Submit recruitment of vacant positions as positions become vacant	ADRC supervisors and managers	As positions become vacant

Key Performance Measure 4: Number of Adult Protective Services investigations of abuse, neglect, or exploitation

Objective: Screen all reports made to Adult Protective Services (APS) and conduct investigations of alleged abuse, neglect and exploitation of adults with incapacities that hinder the ability to self-care or self-protect. Current annual target of 6,100 investigations was based on trends for investigations at the time the target was established in FY15.

FY16 Target: 6,100 (1,525 per quarter)
 Year-to-date: 1,525

1st Quarter: 1,525

Program: APS investigates allegations of abuse, neglect, and exploitation of adults with incapacities who are not able to self-care or self-protect, and provides services to stop or prevent continued harm. APS caseworkers travel to homes of alleged victims to assess the adult’s status, address immediate safety needs, interview the alleged victim, the alleged perpetrator (if any), and collateral contacts who may have knowledge of the incident.

Services which may be provided as the result of an investigation may include:

Emergency protective placement, short term case management, APS home care, contracted adult day care and home care services, attendant care, information and referral, or legal services (filing of guardianship petitions in district court). Investigations often require complex casework, multiple home visits, contacts, interviews and in-depth documentation.

Explanation of Measure: The measure reflects the number of investigations conducted by APS of reported adult abuse, neglect, or exploitation.

Trend and Benchmark

- Sources of Data: APSS (*Harmony*) Data System Report
- Trend:

Investigations	State Fiscal Year	Number of Adults Receiving Investigations	Benchmark
Year end	FY13	6,092	6,000
Year end	FY14	6,665	6,000
Year end	FY15	5,931	6,000

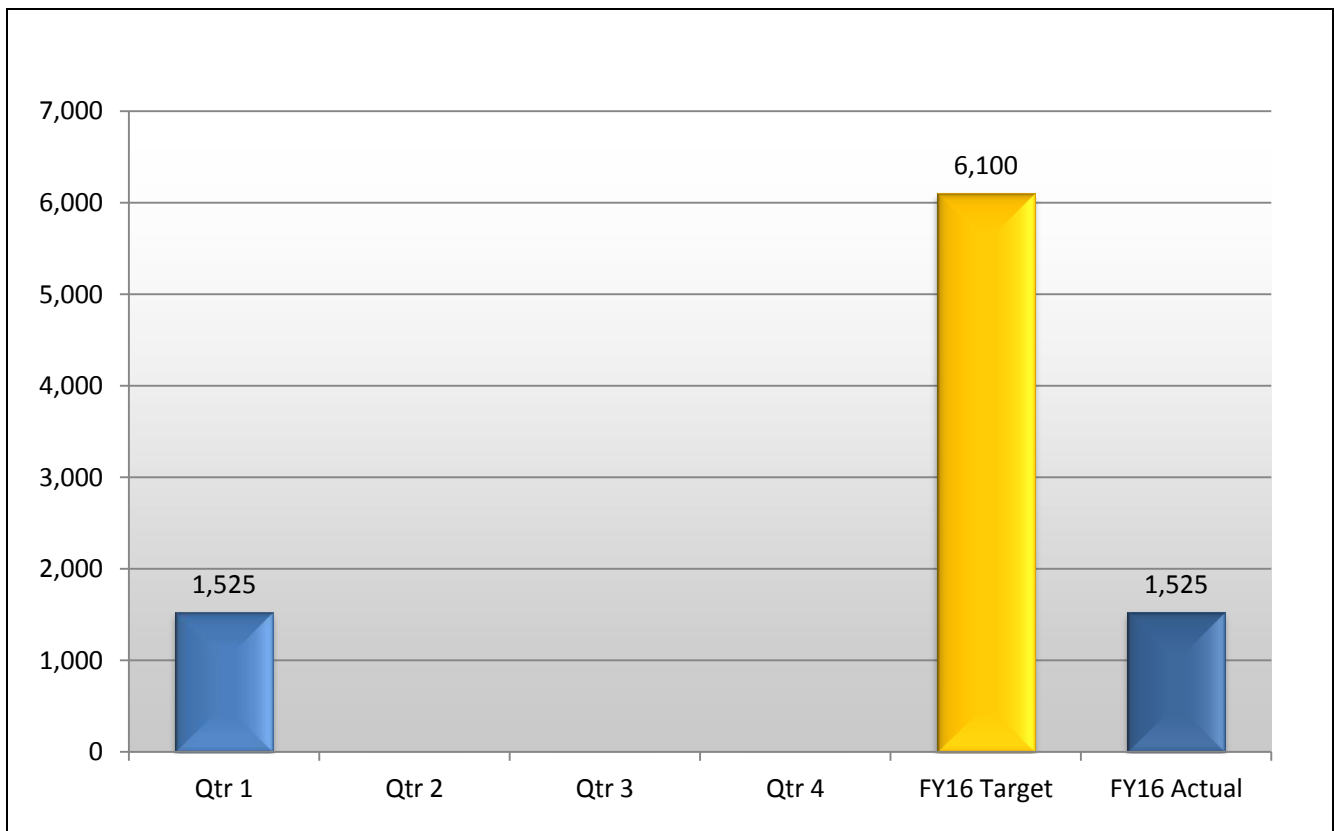
- Benchmark: Adult Protective Services based its benchmark on actual experience from fiscal year 2012 through 2015. There is no national or federal benchmark for the number of investigations that occur per population.

FY16 Results

During the first quarter of FY16, the public made 3,182 reports of suspected abuse, neglect, or exploitation, of which 1,525 (47.9%) were accepted for investigation. There was no variance between the actual and targeted number of investigations in the first quarter of FY16.

Fiscal Year 16	Number of Investigations	Target Number	Difference (+ or -)	Percentage (+ or -)
First Quarter	1,525	1,525	0	0%
Second Quarter		1,525		
Third Quarter		1,525		
Fourth Quarter		1,525		
Total	1,525	6,100	0	0%

Number of adult protective services investigations of abuse, neglect, or exploitation



Key Performance Measure 5: Percent of emergency or priority one investigations in which a caseworker makes initial face-to-face contact with the alleged victim within prescribed time frames.

Objective: Caseworkers will initiate a face-to-face response in emergency or priority one investigations within timeframes assigned by field supervisors.

FY16 Target: 98.0%
Year-to-date: 100%

1st Quarter: 100%

Program: Adult Protective Services investigates allegations of abuse, neglect, or exploitation of adults with incapacities who are not able to self-protect and provides short-term protective services to stop or prevent continued harm. Each report of suspected abuse, neglect, or exploitation received is reviewed by a supervisor to determine whether it meets APS criteria for investigation. If the referral is screened in, the supervisor establishes the response time and assigns an APS caseworker to conduct the investigation.

An emergency response requires a face to face contact with the alleged victim within three hours; a priority one response requires a face to face contact within 24hours.

Explanation of Measure: This measure reflects Adult Protective Services’ performance in responding to high priority cases within the assigned timeframe of three hours for an emergency and within 24 hours for a priority one investigation. Investigations requiring an emergency or priority one response most often involve an adult’s immediate safety and are frequently more complex to resolve.

Trend and Benchmark

- Sources of Data: APSS (*Harmony*) Data System Reports and records review
- Trend
 - FY13: 97.5%
 - FY14: 98.3%
 - FY15: 98.5%
- Benchmark: There are no national or federal benchmarks related to the percentage of APS investigations in which APS made face-to-face contact within the assigned timeframes.

FY16 Results

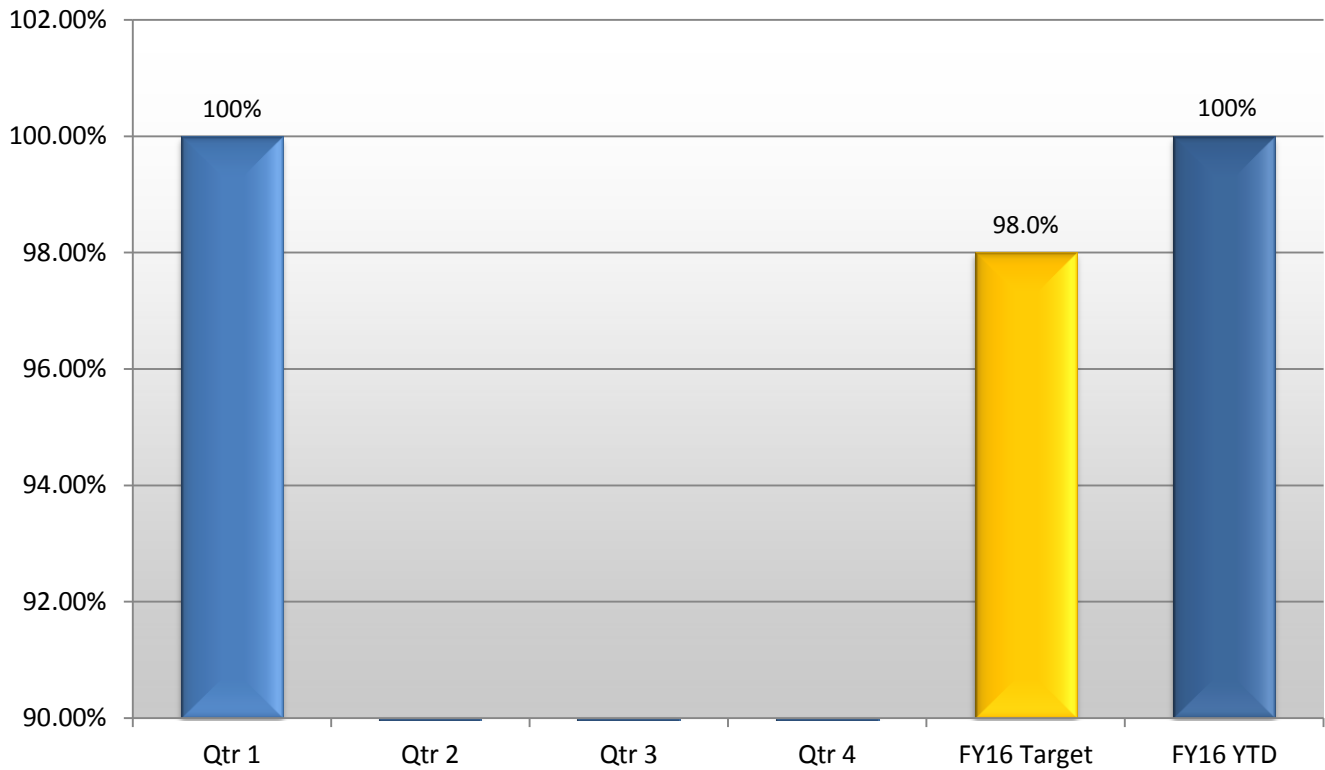
APS conducted 1,525 investigations during the first quarter of FY16, of which 234 (15.3%) required face-to-face contact within 24 hours or less. Of these, 89 (5.8%) were screened in as Emergencies (E) and 145 (9.5%) were Priority 1 (P1). Staff responded to 234 investigations within the prescribed timeframes. APS responded to 100% of Emergency and Priority 1 investigations within the established response times. APS met the first quarter target for FY16 and exceeded the target year to date by 2%.

On-Time Measure	Number of E and P-1 cases	E and P-1 on time	E and P-1 Late	Percent On Time
First Quarter	234	234	0	100%
Second Quarter				
Third Quarter				
Fourth Quarter				
Total				

E=Emergency (3 hours)

P-1=Priority 1 (24 hours)

FY15 E and P-1 Response within Prescribed Timeframes



Adult Protective Services Action Plan

Action	Responsibility	Timeline
Recruit, hire, train and retain a sufficiently skilled workforce to ensure the ability to respond/ conduct investigations on a timely basis.	ALTSD; Adult Protective Services management	Continuous
Continue public outreach to the community regarding how to recognize and report adult abuse, neglect, and exploitation.	APS staff	Ongoing
Prevent continued abuse, neglect, and exploitation of adults by providing home and community based service interventions which support older adults and adults with disabilities to remain safely in their own homes.	Adult Protective Services, through its field staff and service contractors	Ongoing

Key Performance Measure 6: Percent of older New Mexicans whose food insecurity is alleviated by meals received through the aging network

Objective: Alleviate food insecurity for at-risk, older New Mexicans so that their daily nutritional requirements are met, fostering health and wellness.

FY16 Target: 62%

Year-to-date: 54%

Program: The Aging Network Division serves older adults through cooperative arrangements with New Mexico area agencies on aging for the provision of supportive services, such as congregate and home delivered meals, transportation, caregiver support, and multipurpose senior centers.

Explanation of Measure: This performance measure indicates the extent to which congregate and home delivered meals are contributing to alleviating food insecurity for New Mexicans age 60 and over (age 55 and older in tribal communities). Food insecurity means that access to adequate food is limited by lack of money and other resources. (U.S. Department of Agriculture)
Aging Network meal providers serve Congregate Meals and Home Delivered Meals to consumers in Planning and Service Areas 1, 2, 3, 4, 5, and 6.

Trend and Benchmark

- Source of Data: Area Agencies on Aging and service providers
- Trend

State Fiscal Year	Number of Persons Served	% of older New Mexicans with food insecurity
FY13	49,827	60%
FY14	50,922	61%
FY15	50,832	87%

- Benchmark: The benchmark is based on a study of senior hunger, which was updated in May 2014 by the *National Foundation to End Senior Hunger, Inc.* The study methodology includes a standardized survey – the Core Food Security Module (CFSM) - which the USDA uses to establish the official food insecurity rates of households in the United States.

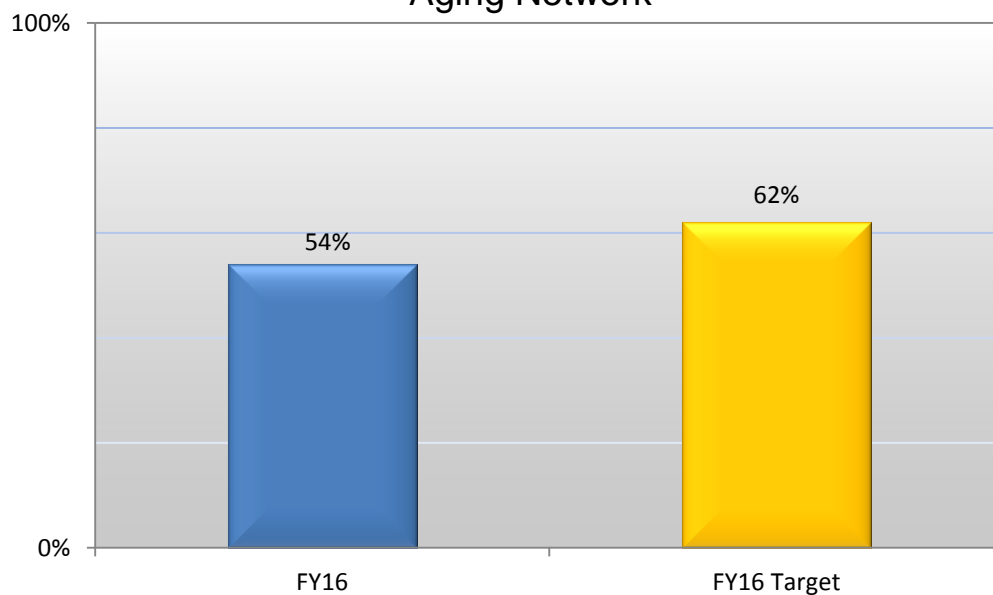
The 2012 study by the *National Foundation to End Senior Hunger, Inc.*, reported that 13.1% of New Mexican seniors age 60 and over were estimated to be food insecure. According to the U.S. Census Bureau (<http://www.census.gov>) in 2014 the total 60+ population in New Mexico was 447,604, resulting in 58,636 food insecure seniors.

FY16 Results

In the first quarter, 31,411 people were served 907,115 meals. The year-to-date total equates to 54% of the estimated 58,636 New Mexicans age 60 and older who are considered “food insecure,” as defined by the USDA. The result for this measure will increase by year’s end, since the annual numbers of consumers and meals are unduplicated counts, which are determined at the end of the state fiscal year. Given historical trends, first-quarter performance indicates the department will exceed the established target for this measure.

Consumers FY16	1 st Q	2 nd Q	3 rd Q	4 th Q	Annual
Congregate	22,588				
Home Delivered	8,823				
Total	31,411				

Percentage of older New Mexicans whose food insecurity is alleviated by meals received through the Aging Network



Aging Network Action Plan

Action	Responsibility	Timeline
1. Issue Area Plan Guidelines	ALTSD staff	3 rd Quarter
2. Service providers develop plans	Service providers	4 th Quarter
3. Approve plans	ALTSD and Area Agencies on Aging	4 th Quarter
4. Service delivery and reporting	Service providers	Monthly
5. Training of staff	ALTSD and Area Agencies on Aging	Quarterly

Key Performance Measure 7: Number of hours of caregiver support provided

Objective: Provide caregiver support so that older adults can remain as independent as possible in their own homes for as long as possible and their caregivers can receive the support they need to assist them.

FY16 Target: 400,000
Year-to-Date: 95,621

1st Quarter: 95,621

Program: The Aging Network Division serves older adults through cooperative arrangements with New Mexico area agencies on aging for the provision of supportive services, such as congregate and home delivered meals, transportation, caregiver support, and multipurpose senior centers. The median age of both current and former caregivers is 61 years of age, and the median age of the people they are or have provided care for is 80. In addition to providing care for elders, both current and former caregivers may also be caring for younger family members; 15% are caring for children under 18 who are living with them.

Explanation of Measure: Caregiver support is a strategic priority for ALTSD. A unit of respite care is one hour of temporary or substitute support or living arrangements for individuals, which provides a brief period of relief or rest for their caregivers.

Adult Day Care and Homemaker Services are included in this measure to indicate the criticality of providing support to an increasing number of New Mexicans who serve as caregivers, and to make it more comprehensive than what was reported prior to FY13. This measure also includes respite services provided by tribal programs and the Alzheimer's Association, as well as evidence-based caregiver training delivered by the Alzheimer's Association and Area Agencies on Aging.

Trend and Benchmark

- Source of Data: Area Agencies on Aging and service providers
FY12: 358,981
FY13: 379,838
FY14: 379,097
FY15: 392,872
- Benchmark: There is no national benchmark for caregiver support. ALTSD has examined respite care compared to other states and concluded that direct comparisons are not possible due to variations in the types of respite care provided and segments of populations served.

FY16 Results

In the first quarter, 95,621 hours of respite care were provided through Aging Network programs and services. Respite care includes in-home care, such as personal care or homemaker services, adult day care, and short-stay institutional care. These services provide respite for caregivers of older adults with chronic conditions, acute diseases, mobility impairments, or other conditions that limit their ability to care for themselves, as well as for caregivers of younger disabled persons and kinship caregivers (such as grandparents raising grandchildren). FY16 is the first year for this revised measure. First-quarter data for the units of evidence-based caregiver training delivered was not yet available, but will be included in the second-quarter report.

Data from a national survey of caregivers of elders, conducted by the US Administration on Aging, shows the following types of outcomes are experienced as a result of providing respite care:

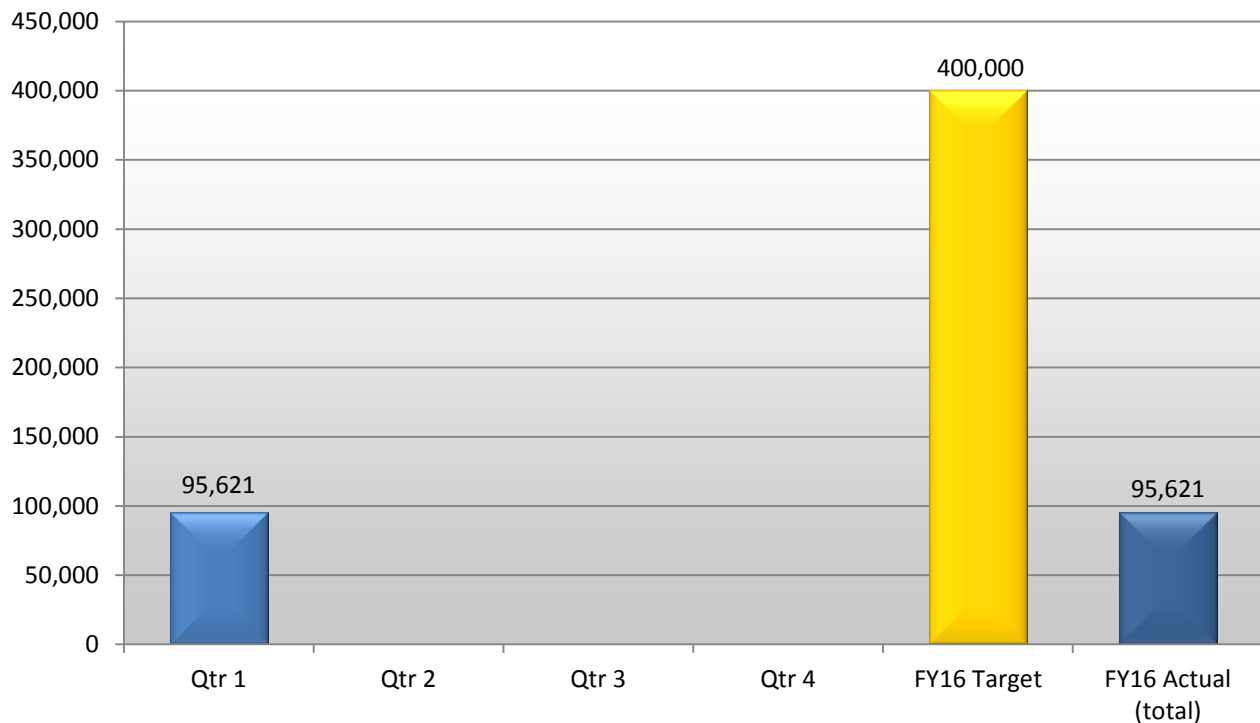
- 57% of caregivers report that respite services definitely enabled them to provide care longer than otherwise would have been possible;
- 77% reported that the services "helped a lot".

Nearly half the caregivers of nursing home eligible care recipients indicated that the care recipient would have been unable to remain at home without support services. (Source: Family Caregivers and the New Mexico Aging Network, 2009)

FY16 Services	1 st Q	2 nd Q	3 rd Q	4 th Q	Annual
Homemaker	30,468				
Adult Day Care	28,739				
Caregiver Respite Care	36,414				
Total	95,621				

Advances in medical care have enabled older adults and persons with disabilities to enjoy longer lives; however many of these individuals require the support of caregivers. The prevalence of chronic conditions, such as dementia and diabetes, has increased among older adults, also resulting in the need for caregiving. The increase in caregivers, has resulted in a growing need for caregiver respite, as more and more families assume care for older relatives, for returning disabled veterans (whose primary caregivers are often their older parents), and for younger disabled adults (whose caregivers are primarily aging parents). Additionally, more grandparents and other older relatives are assuming caregiving responsibilities for children; these older adults are also supported by the Department’s respite care services.

Number of hours of caregiver support provided



Aging Network Action Plan

Action	Responsibility	Timeline
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