

Aging and Long-Term Services Department



FY16
2nd Quarter Report
Key Performance Measures

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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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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 cases/complaints within 60 days.

FY16 Target: 95%
Year-to-date: 99.96%

2nd Quarter: 99.96%

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 second quarter of FY16, 860 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. The average number of days to close a complaint was 20.

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	4,018/4,087= 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. Complaints (number, increase or decrease, and why) - There were 860 complaints during the second quarter, 99.96% of which were resolved within 60 days;
2. Volunteer hours and contacts (duplicated and unduplicated) - Volunteer Ombudsmen contributed 1,248 hours of service, a decrease of 710 hours from the previous quarter. Decrease is due to the impact of the changing volunteer pool;
3. Volunteers met with 443 residents for the first time, and logged 5,614 repeat visits with residents;
4. Visited 100% of nursing homes at least once a quarter;
5. Visited 89% 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 19 sessions of Resident Rights education to public and private/industry;
8. Provided 2,310 consultative advocacy contacts.

FY16 Results	1 st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	Annual
Number of complaints resolved in nursing homes	664	691			1,355
Number of complaints resolved in assisted living	192	167			359
Number of complaints resolved in other settings	8	2			10
Total	864	860			1,774
Percent of complaints resolved within 60 days	99.96	99.96			99.96
Consultations	2,486	2,310			4,796
Number of active volunteers	79	78			78
Number of first-time resident contacts	769	443			1,212
Number of repeat visits with residents	7,548	5,614			13,162
Number of new volunteers trained/certified	23	12			35

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, the number of reports received from volunteers, facility staffing and census, type of complaints reported. The change in data initially reported for the first quarter FY16 reflects improved methodology which will be used moving forward.

Types of complaints

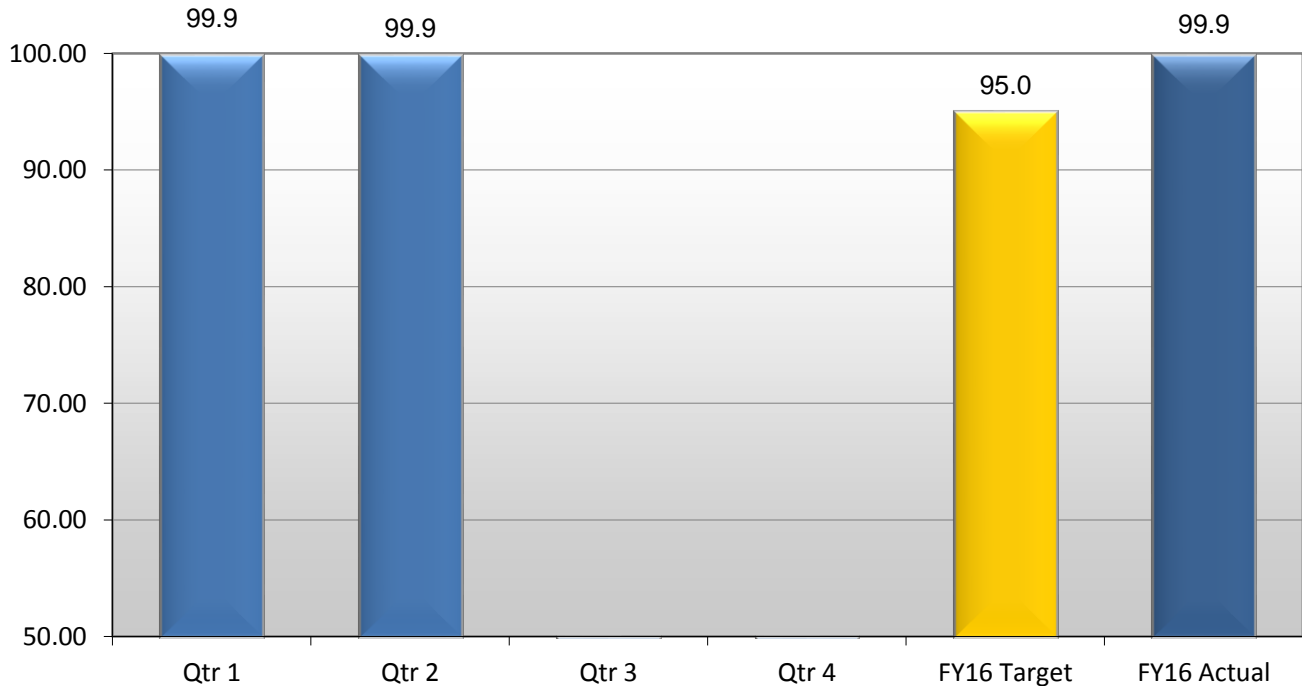
The types of complaints in nursing and assisted living facilities are varied and can take from a day to several months to resolve. Some of the typical complaints can be about care, food, living environment, activities and social services.

The top five complaints resolved during the second quarter were:

1. Failure to respond to requests for assistance (7.37%)
2. Dignity, respect – staff attitudes (4.66%)
3. Food service, quantity, quality, variation, choice, condiments, utensils, menu (4.44%)
4. Discharge/eviction – planning, notice, procedure (4.33%)
5. Medications – administration, organization (3.79%)

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%
Year-to-date: 92%

2nd Quarter: 96%

Program: The 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. The CTB provides individuals who would like to return home or to another residential setting in the community a clear pathway regarding available choices for long-term service and support options. Program staff works with the individual, the 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 on returning to the community. Counselors will register residents for the Medicaid Waiver and send a referral to CTB for assistance and 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 five 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 transition demonstrates based on the length of time a resident remains in the community after transition. 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 six 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 who decide not to leave the facility
- Residents who 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

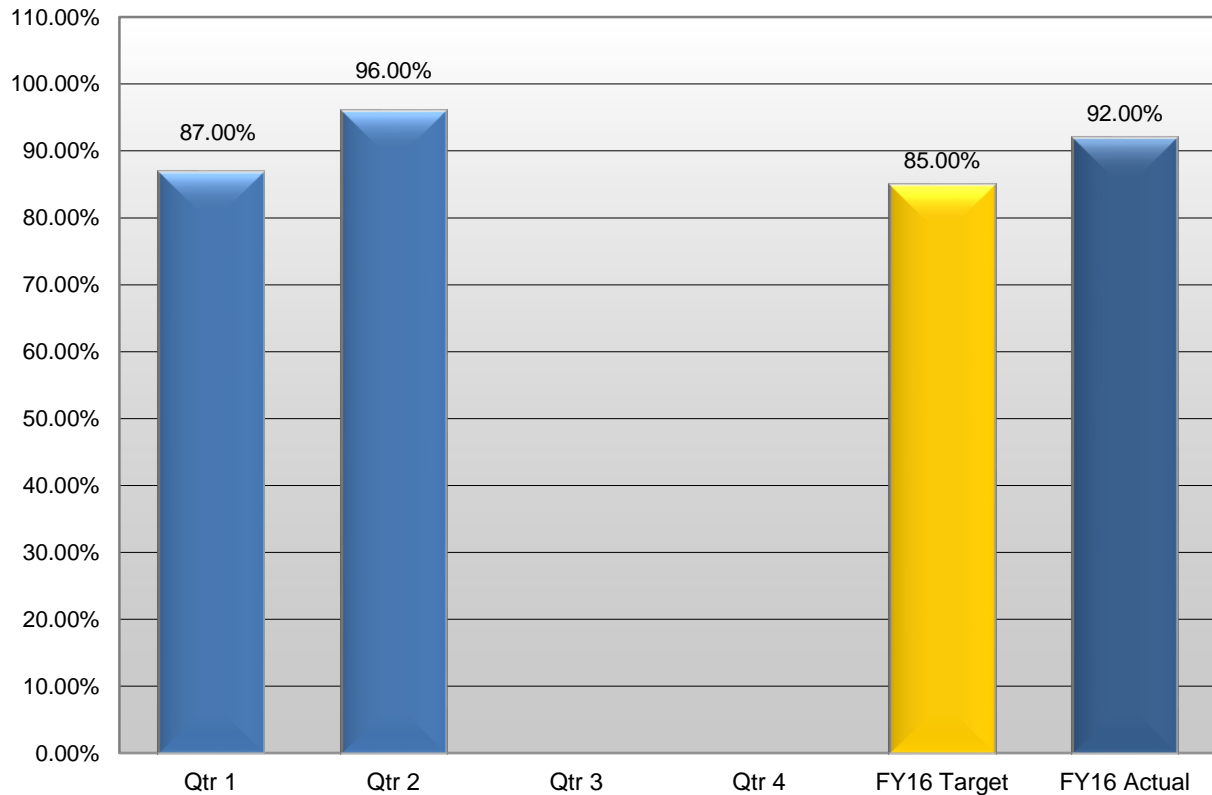
FY16 Results

During the second quarter FY16, 96% 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%.

	1 st Q	2 nd Q	3 rd Q	4 th Q	Annual
Percent who remained in the community	87%	96%			92%

Of the 189 residents who were assisted by the CTB during the second quarter FY16, 181, or 96% of residents requesting short-term transition assistance from a nursing facility remained in the community during the six month follow-up.

Percent of residents who remained in the community



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 appropriate service and support action plan was created for consumer based on their 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, use of assessment tool, and documentation in internal database	CTB Supervisor and Bureau Chief	Monthly
Follow up for six months post-discharge to assist in resolving any issues and ensure a successful 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: 71%

2nd Quarter: 65%

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 information, assistance, referrals, and advocacy in those areas of daily living that maximize personal choice and independence for seniors and adults with disabilities throughout New Mexico, as well as for their caregivers through a telephonic, web- and community-based single-point-of-entry system.

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 model increases the value and quality of services by dedicating more time to examining consumers' long-term care needs.

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.

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 government's Administration for Community Living (ACL) 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 9% since the first quarter FY16;
- 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 changes to the Medicaid program.

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 Results

During the second quarter FY16, 65% of the calls to the ADRC were answered by a live operator and the year-to-date result is 71% which is 14% below the FY16 target.

	1 st Q	2 nd Q	3 rd Q	4 th Q	Annual
Total calls	10,659	11,631			22,290

During this quarter, the ADRC received 11,631 calls, of which 7,585 were answered by a live person. This represents a 5% increase in calls compared to the same quarter in FY15 and an increase of 9% compared to the first quarter of FY16. The lower live call answer ratio is due to the 972 additional calls the ADRC received along with the additional two vacancies that occurred in this quarter.

The increase in calls can be attributed, in part, to Medicare Part D Open Enrollment and increased media exposure with advertisements in radio and television.

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 continue to increase the volume of calls to the ADRC.

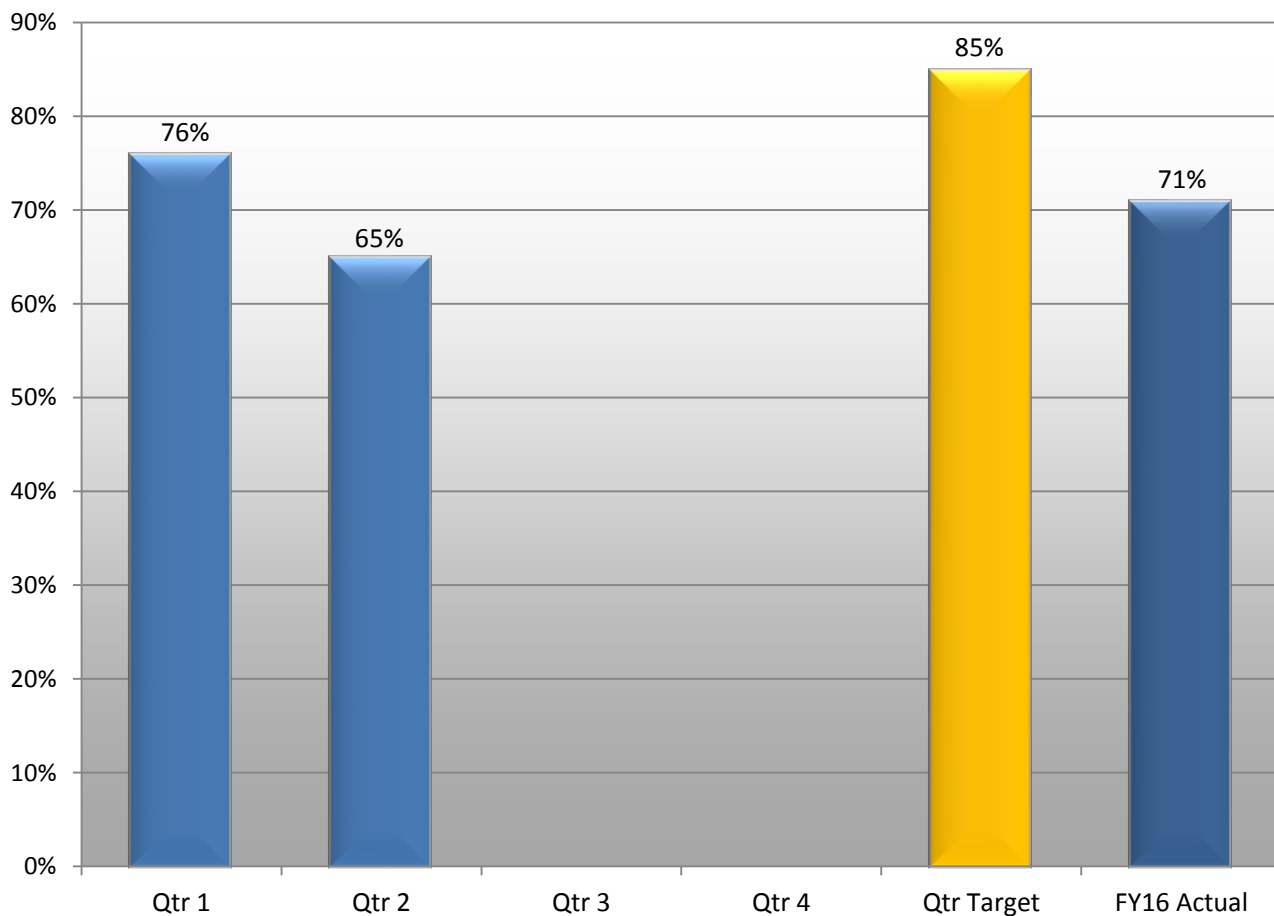
Of the 11,631 calls received, 3,700 callers left a voice message and their calls were returned within 48 hours during Medicare Open Enrollment (October 15th to December 7th). During the second quarter, the CERD Director pulled non-ADRC staff to assist with the surge in calls. This assisted with the callbacks but did not help with the live call answer ratio. 488 calls were considered repeat callers who did not leave a message, kept calling until someone answered, or chose to abandon

the call with no information provided. The ADRC had two staff vacancies during this period which are anticipated to be filled by January 30, 2016 and February 27, 2016, respectively.

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. Medicare – 9,868 consumers (benefit explanation, enrollment, and counseling)
2. Medicaid – 6,588 consumers, a 23% increase from the second quarter FY15 (2,654 waiver services; 1,488 Medicaid information and counseling)
3. Senior Center Services – 769 consumers (275 home-delivered meals)
4. Prescription Drug Assistance – 275 consumers
5. Social Security – 219 consumers income (113 SSI consumers)

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 their ability to self-care or self-protect. The 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: 2,955

2nd Quarter: 1,430

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 the alleged victim’s home 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

Although the second quarter FY16 investigations fell below target, the number of investigations is 3.3% greater than was reported for the same quarter of FY15.

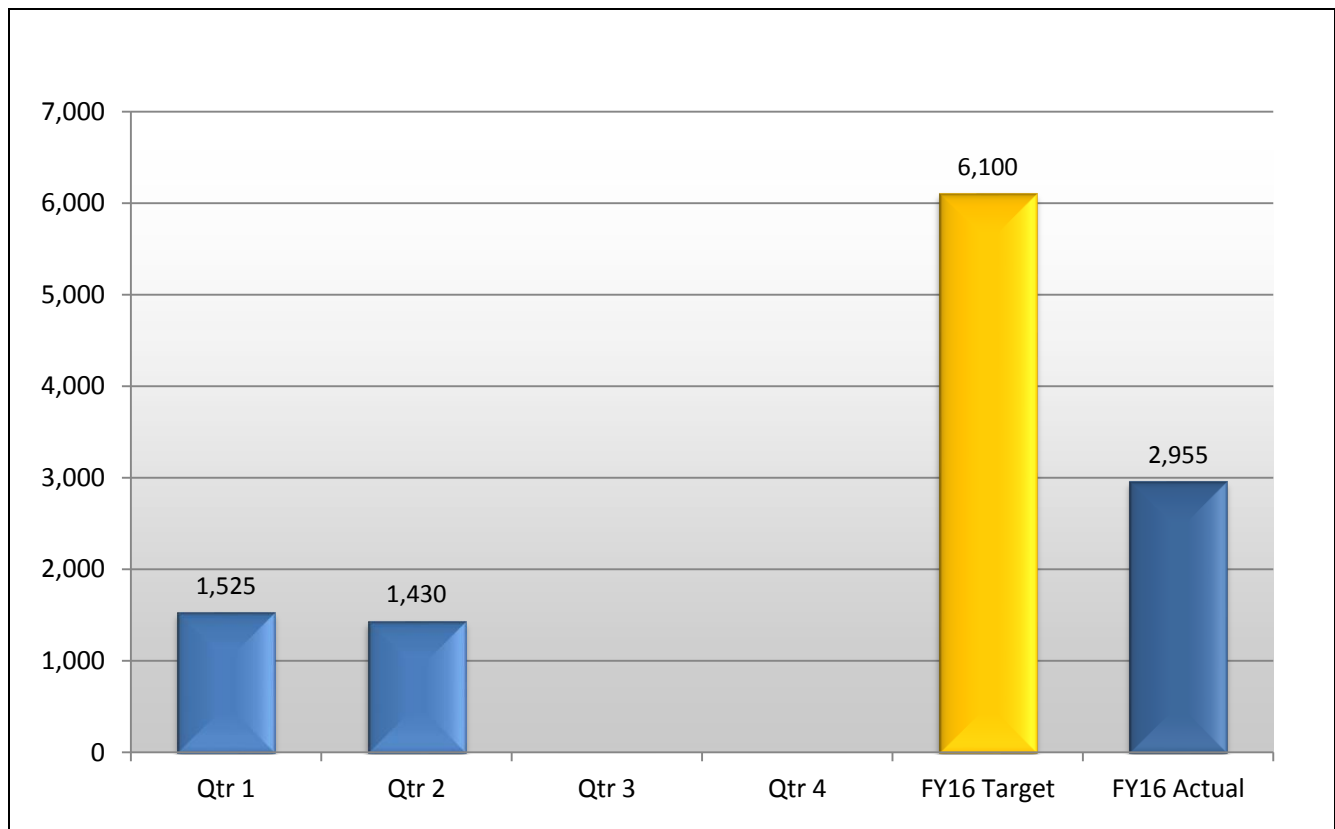
Historically, APS has experienced a drop in referrals during the second quarter, which results in a lower number of investigations in comparison with other quarters of the fiscal year. The lower numbers of reports during the holiday season are generally followed by a rebound in referrals in the third quarter.

During the second quarter FY16, the public made 3,022 reports of suspected abuse, neglect, or exploitation, of which 1,430 (47.3%) were accepted for investigation. The second quarter FY16 investigations fell below the target by 95 (-6.2%) investigations.

During the first half of FY16, the public made 6,204 reports of suspected abuse, neglect, or exploitation, of which 2,955 (47.6%) were accepted for investigation. Year-to-date investigations fell below the target of 3,050 by 95 (-3.1%) investigations.

Fiscal Year 16	Number of Investigations	Target Number	Difference (+ or -)	Percentage (+ or -)
First Quarter	1,525	1,525	0	0%
Second Quarter	1,430	1,525	-95	-6.2%
Third Quarter		1,525		
Fourth Quarter		1,525		
Total	2,955	6,100	-95	-3.1%

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: 99.8%

2nd Quarter: 99.6%

Program: Adult Protective Services investigates allegations of abuse, neglect, or exploitation of adults with incapacities who are not able to self-protect or self-care 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 assigns a response priority and an APS caseworker to conduct the investigation.

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

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 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

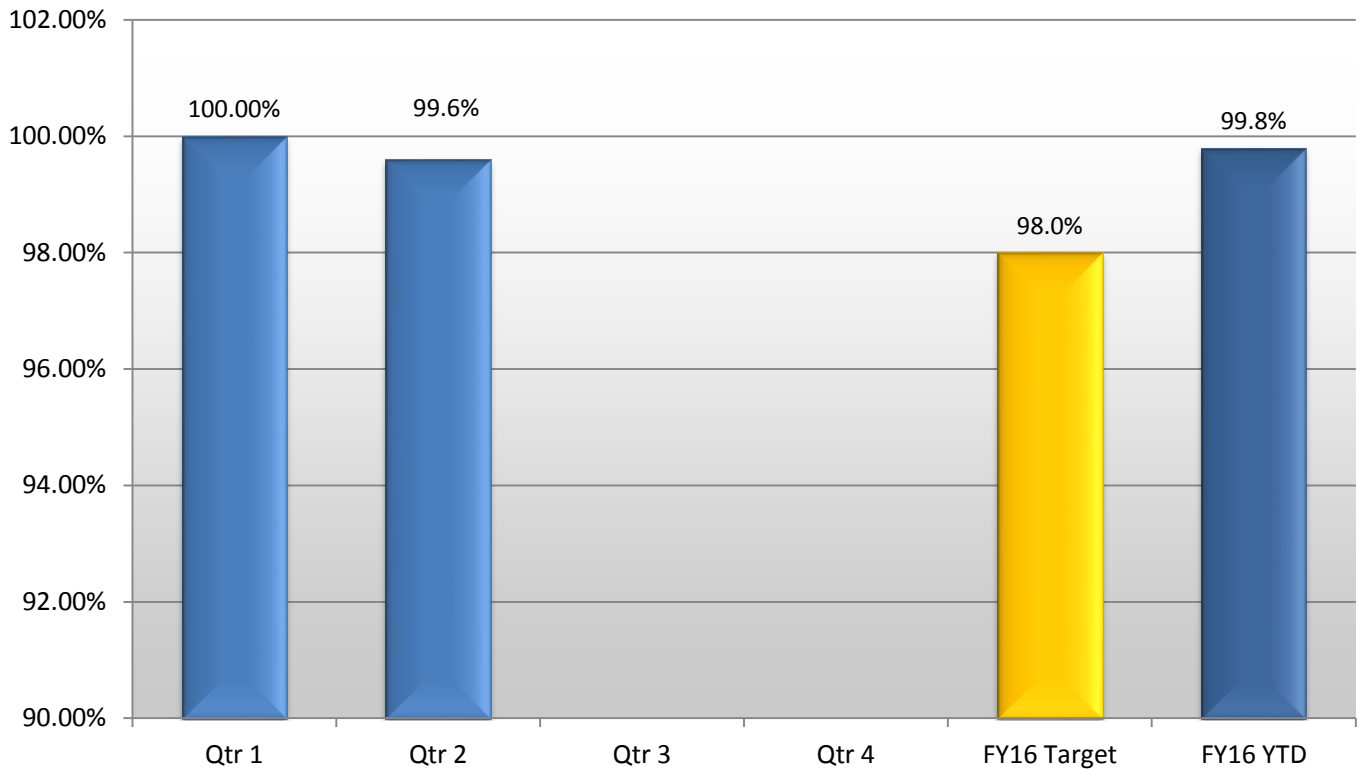
APS exceeded the second quarter FY16 target by 1.6% and exceeded the year-to-date target by 1.8%. APS conducted 1,430 investigations during the second quarter FY16, of which 243 (17%) required face-to-face contact within 24 hours or less. Of these, 98 (6.9%) were screened in as emergencies (E) and 145 (10.1%) were priority 1 (P1). Staff responded to 242 investigations within the prescribed timeframes. APS responded to 99.6% of emergency and priority 1 investigations within the established response times.

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	243	242	1	99.6%
Third Quarter				
Fourth Quarter				
Total	477	476	1	99.8%

E=Emergency (3 hours)

P-1=Priority 1 (24 hours)

FY16 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: 70%

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 area agencies contract with local and tribal governments and with private organizations to deliver services throughout New Mexico.

Explanation of Measure: This performance measure indicates the extent to which congregate and home-delivered meals are alleviating food insecurity among New Mexicans age 60 and older (age 55 and older in tribal communities). Food insecurity is defined by the U.S. Department of Agriculture (USDA) as limited access to adequate food due to lack of money and other resources. Aging Network meal providers serve congregate and home-delivered meals to consumers throughout the state, including in rural and tribal communities.

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%

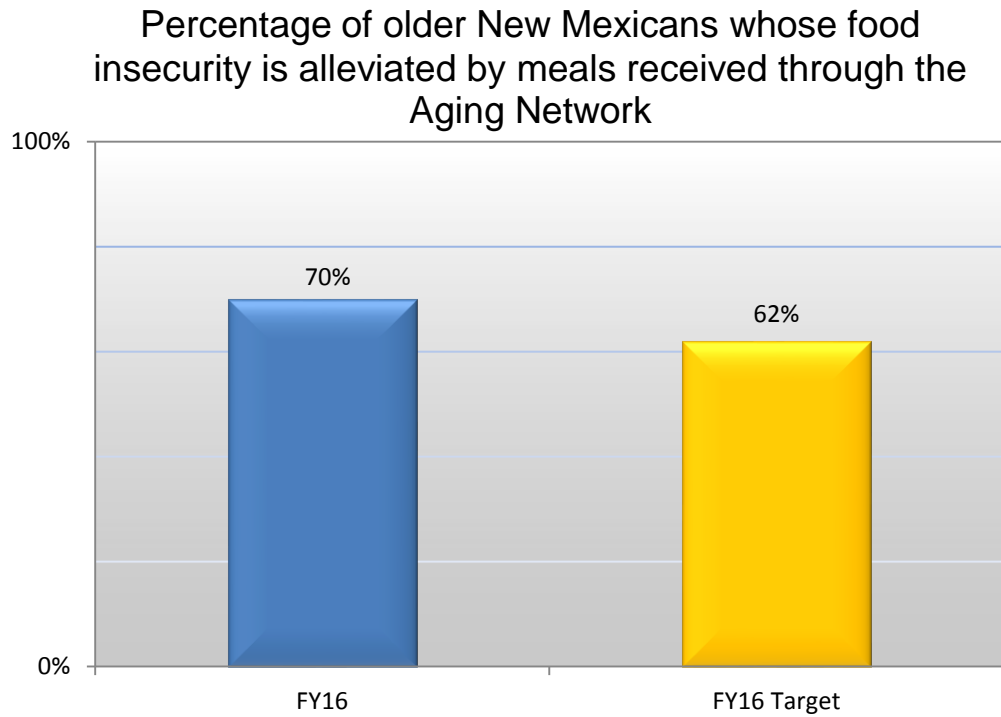
- Benchmark: The benchmark is based on a study of senior hunger, which was updated in May 2014 by the *National Foundation to End Senior Hunger, Inc.* The study methodology includes a standardized survey—the Core Food Security Module (CFSM)—which the USDA uses to establish the official food insecurity 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 second quarter FY16, 29,027 people were served 941,063 meals. The quarterly total equates to 50% 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 finalized at the end of the state fiscal year. The first quarter FY16 data has been adjusted for this report to reflect additional data from Navajo Nation providers, which was unavailable at the time of the last report due to administrative changes within the Navajo Nation.

Consumers FY16	1 st Q	2 nd Q	3 rd Q	4 th Q	Year-to-Date
Congregate	24,608	21,627			30,860
Home-delivered	9,270	7,400			10,400
Total	33,878	29,027			41,260



Aging Network Action Plan

Action	Responsibility	Timeline
1. Issue Area Plan Guidelines	ALTSD	3 rd Quarter
2. Area agencies develop plans	Area Agencies on Aging	4 th Quarter
3. Approve plans	ALTSD	4 th Quarter
4. Service delivery and reporting	Area Agency Contract Service Providers	Monthly
5. Training	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 and persons with disabilities can remain as independent as possible in their own homes for as long as possible and so that caregivers can receive the support they need to assist loved ones.

FY16 Target: 400,000
Year-to-Date: 211,529

2nd Quarter: 101,347

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. Area agencies contract with local and tribal governments and with private organizations to deliver services throughout New Mexico. The median age of both current and former caregivers is 61 years of age and the median age of the people they are providing, or have provided care for, is 80. In addition to providing care for elders, caregivers may also be caring for younger family members; 15% are caring for children under age 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 support for an individual which provides a brief period of relief or rest for his/her caregiver. Adult day care, home care, and other support services are included in this measure to indicate the criticality of providing services to an increasing number of caregiving New Mexicans, and to make the measure more comprehensive than what was reported previously. In addition to the services provided by area agency contract providers, this measure also includes services provided by the Alzheimer's Association.

Trend and Benchmark

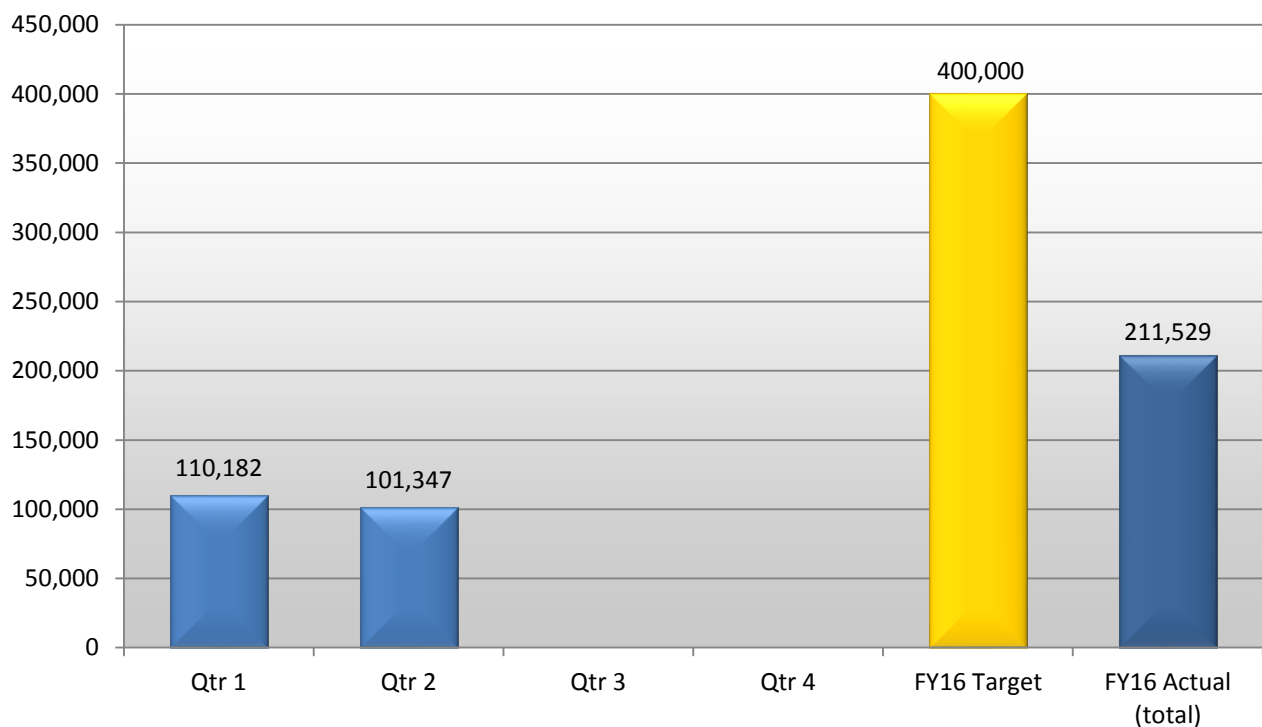
- Source of Data: Area Agencies on Aging and service providers
FY12: 358,981
FY13: 379,838
FY14: 379,097
FY15: 392,872
- Benchmark: There is no national benchmark for caregiver support. ALTSD has examined respite care compared to other states and concluded that direct comparisons are not possible due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

FY16 Results

Home care, adult day care, respite care, training, counseling, and support groups are key services that support New Mexicans caring for loved ones at home. Advances in medical care have enabled older adults and persons with disabilities to enjoy longer lives. However, the prevalence of chronic conditions, such as dementia and diabetes has increased, often limiting the ability of individuals to care for themselves. Caregiver support services assist those caring for older adult parents and spouses with chronic conditions, acute diseases, mobility impairments, or dementias. They also assist older parents caring for returning disabled veterans or other younger disabled adult children, as well as kinship caregivers such as grandparents raising grandchildren. FY16 is the first year for this revised and expanded measure. The first quarter FY16 data has been adjusted for this report to reflect additional data from the Alzheimer's Association, which was unavailable at the time of the last report. Results for the first two quarters show an increase in the units of service provided to date, as compared to previous years.

FY16 Services	1 st Q	2 nd Q	3 rd Q	4 th Q	Year-to-Date
Home Care	30,468	27,686			58,154
Adult Day Care	39,421	32,984			72,405
Respite Care	37,543	35,640			73,183
Other Support Services	2,750	5,037			7,787
Total	110,182	101,347			211,529

Number of hours of caregiver support provided



Aging Network Action Plan

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