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FY23 QUARTER #4 PERFORMANCE REPORT

Aging and Long-Term Services Department

Aging and Long-Term Services Department

Agency Mission:

The Mission of the Aging and Long-Term Services Department (ALTSD) is to provide accessible, integrated services to older adults, adults with disabilities, and caregivers, to assist in maintaining their independence, dignity, health, safety, and economic well-being, thereby empowering them to live independently in their own communities as productively as possible.

Agency Goals:

The Aging and Long-Term Services Department's three primary goals for FY23 are:

Goal 1: Administer core programs that enable older New Mexicans to remain in their residence and community through the availability of and access to high-quality home and community services and supports, including supports for families and caregivers.

Goal 2: Expand and Innovate Services

Goal 3: Establish and expand inventive programs that support consumer control and choice.

Goal 4: Prevent and improve response to abuse, neglect, and exploitation while preserving the rights and autonomy of older New Mexicans.

AGENCY PROGRAMS

CONSUMER AND ELDER RIGHTS DIVISION AND THE LONG-TERM CARE OMBUDSMAN PROGRAM	P592
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Consumer and Elder Rights Division and the Long -Term Care Ombudsman Program

Program Description, Purpose, and Objectives: The Consumer & Elder Rights Division assists older adults, adults with disabilities, and their caregivers through a telephonic, web-based, and community-based point of entry system. CERD helps people understand their options, access information, maximize personal choice, navigate systems to improve their quality of life.

CERD consists of the following areas:
- • Aging & Disability Resource Center (ADRC) with Live Web Chat availability
- • State Health Insurance Program (SHIP)
- • Senior Medicare Patrol (SMP)
- • Care Transitions Bureau (CTB)
- • Prescription Drug Assistance Program
- • NM Veteran Directed Care Program

The Long-Term Care Ombudsman Program is federally, and state mandated to provide independent oversight and advocacy services to residents in New Mexico's long-term care facilities. The 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.

Program Budget (in thousands):

FY22	General Fund	Other State Funds	Federal Funds	Other Transfers	TOTAL	FTE
200	1,487.2		1,030.7	1,300.0	3,817.9	
300	99.8		398.0		497.8	
400	154.9		530.1		685.0	
TOTAL	1,741.9	-	1,958.8	1,300.0	5,000.7	48

FY23	General Fund	Other State Funds	Federal Funds	Other Transfers	TOTAL	FTE
200	1,647.2		1,032.7	1,300.0	3,979.9	
300	10.0		442.8		452.8	
400	244.6		508.4		753.0	
TOTAL	1,901.8	-	1,983.9	1,300.0	5,185.7	48

Program Performance Measures:

1. Percent of calls to the Aging and Disability Resource Center, that are answered by a live operator.
2. Percent of residents who remained in the community six months following a nursing home care transition.
3. Percent of individuals provided short-term assistance that accessed services within 30 days of a referral from options counseling.
4. Percentage of facilities visited monthly.
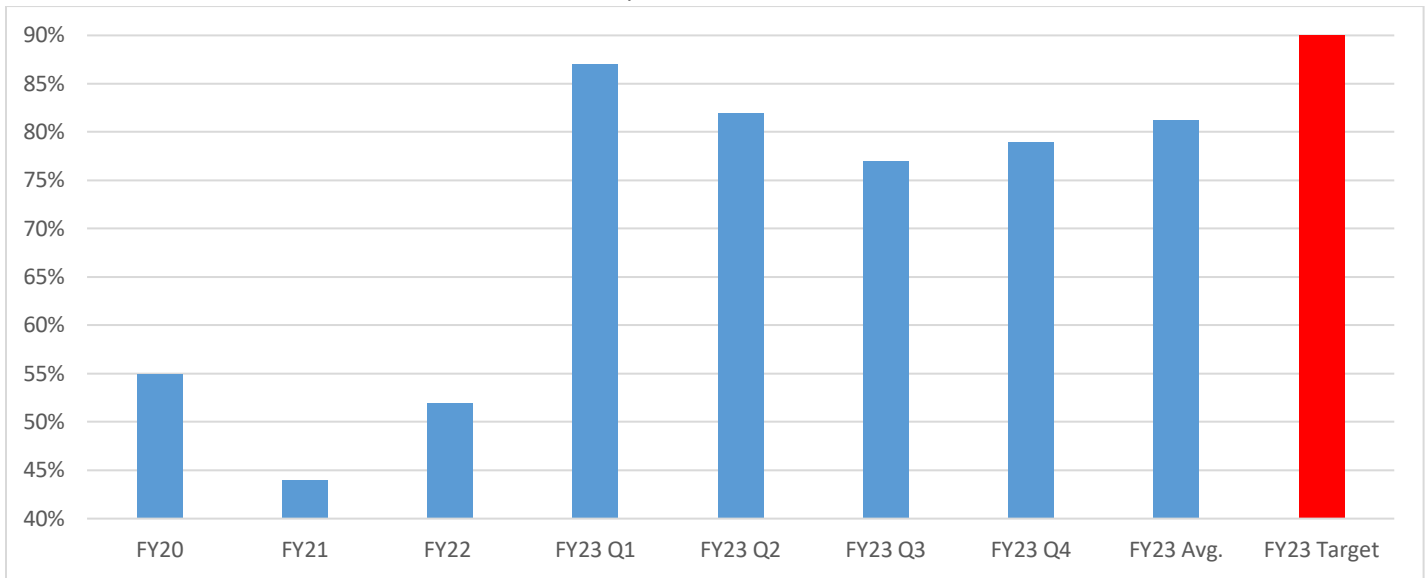5. Percent of ombudsman complaints resolved within sixty days.

PERFORMANCE MEASURE #1

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

Results

FY20	FY21	FY22	FY23 Q1	FY23 Q2	FY23 Q3	FY23 Q4	FY23 Avg.	FY23 Target
55%	44%	52%	87%	82%	77%	79%	81%	90%

Graph of Data Above

MEASURE DESCRIPTION: 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.

DATA SOURCE/METHODOLOGY: The ADRC utilizes the Cisco call system database and Wellsky Social Assistance Management System (SAMS) database. The ADRC model required by the Federal Government's Administration for Community Living (ACL) is an entry where consumers obtain information, assistance, and referrals. The percentage 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.

STORY BEHIND THE DATA:

During the 4th quarter of FY23, the ADRC received 6,702 calls (an average of 107 calls per day), 79% of which were answered by a live operator. This quarter, the ADRC worked with an average of 7 Options Counselors and had the assistance of 1 scheduler who answered live calls, through the end of June. We continued to do a combination of answering and handling live calls and scheduling appointments. Two Options counselors were dedicated to appointments during this timeframe and additional Options Counselors, were handling live calls, callbacks, and overflow appointments. During this timeframe, we had from 2 to 3 vacant positions to fill, and training new hires was a factor with answering calls. In addition, there were 2 Holidays during the fourth quarter, and staff shortages were an issue due to leave (sick, annual, administrative).

The *Alliance for Information and Referral Taxonomy* is used to track the topics discussed and reviewed during each counseling session. Topic entries are entered into the SAMS database which includes entries by non-ADRC staff. The top five topics of concern in this quarter were:

- Medicaid – 4,066 consumers
- Medicare – 1,134 consumers (benefit explanation, enrollment, and counseling)
- PDA – 69 consumers
- Social Security – 23 consumers
- Senior Center - 14 consumers

Throughout FY23, the ADRC utilized temporary positions to fill the need for schedulers within the ADRC. However, upon depletion of the funding source for the temporary positions, this had an overall effect on our ability to hire additional staff, which in turn impacted our ability to meet the overall FY23 target of 90%.

IMPROVEMENT ACTION PLAN:

We are hoping to hire for the 2 vacant Options Counselor positions soon, so as to be closer to fully staffed. Additionally, we are looking into upgrading our system, which would alleviate the issue of abandoned calls because instead of voicemails, it would allow immediate callbacks and the option of CHAT and robotchat, providing additional assistance to live calls. The system upgrade is expected to happen in early FY24.

PERFORMANCE MEASURE #2

Percent of residents who remained in the community six-months following a nursing home care transition.

FY20	FY21	FY22	FY23 Q1	FY23 Q2	FY23 Q3	FY23 Q4	FY23 Avg.	FY23 Target
82%	83.75%	86%	98%	98%	99%	98%	98%	90%

Graph of Data Above
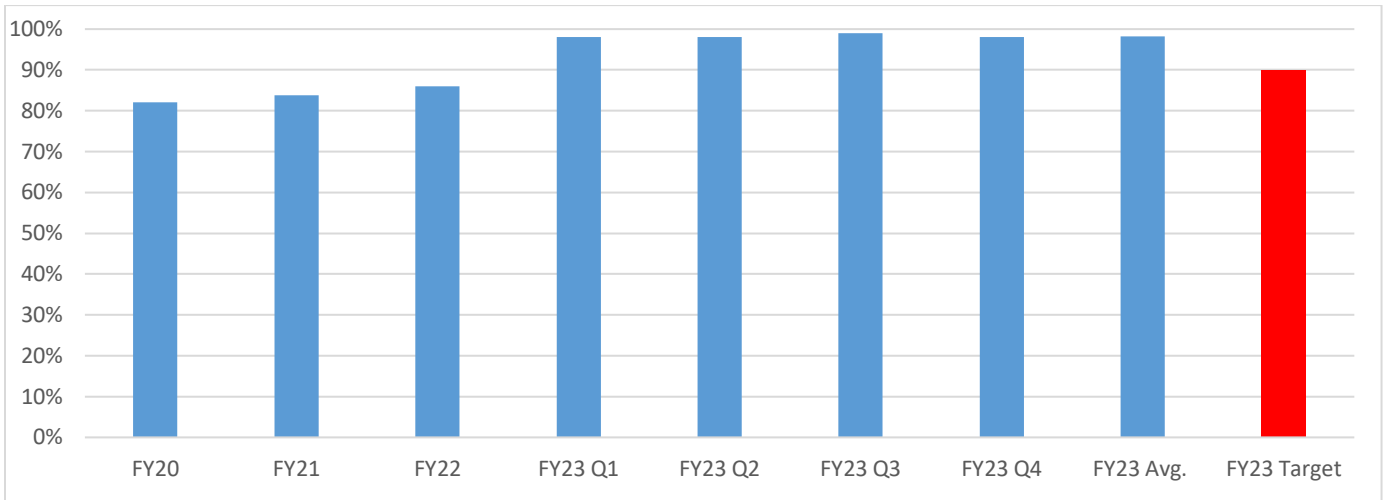
MEASURE DESCRIPTION: The percent of residents who left a nursing facility and have remained in the community six months after the transition.

DATA SOURCE/METHODOLOGY: Data will be gathered through Wellsky, SAMS, and individual Care Transition Specialists (CTS). This data is developed from the aggregate amount of people served and the wellbeing check provided after their reentry or transfer.

STORY BEHIND THE DATA: During the 4th quarter of FY23, 98% of residents remained in the community for six months following a nursing facility transition. CTU continues to utilize an individualized process to develop a plan for the individual's transition to engage with clients, families, nursing and assisted living facilities and other agencies. This process guides CTU's advocacy for the rights and wishes of those wanting to move to a less restrictive environment. As a result of engagement efforts with individuals, CTU has seen a decrease in readmissions to a hospital setting and overall, better care of these clients in any type of setting. Additionally, CTU maintains a working rapport with Managed Care Organizations (MCO), nursing facility staff and many other state agencies, providing education about community resources and Medicaid. These ongoing efforts position the program to have success in its advocacy for all clients on the continuum of least restrictive environments-community-based settings to long-term care settings.

IMPROVEMENT ACTION PLAN: CTU will continue to provide updated information on community resources, the community reintegration process to a less restrictive environment, access and supports for residents transitioning from a nursing or assisted living facility to another facility. The program will continue to work with the Managed Care Organizations (MCO's), facility staff, many other state agencies and with the NM Ombudsman program to increase Medicaid outreach and education among facility staff and residents.
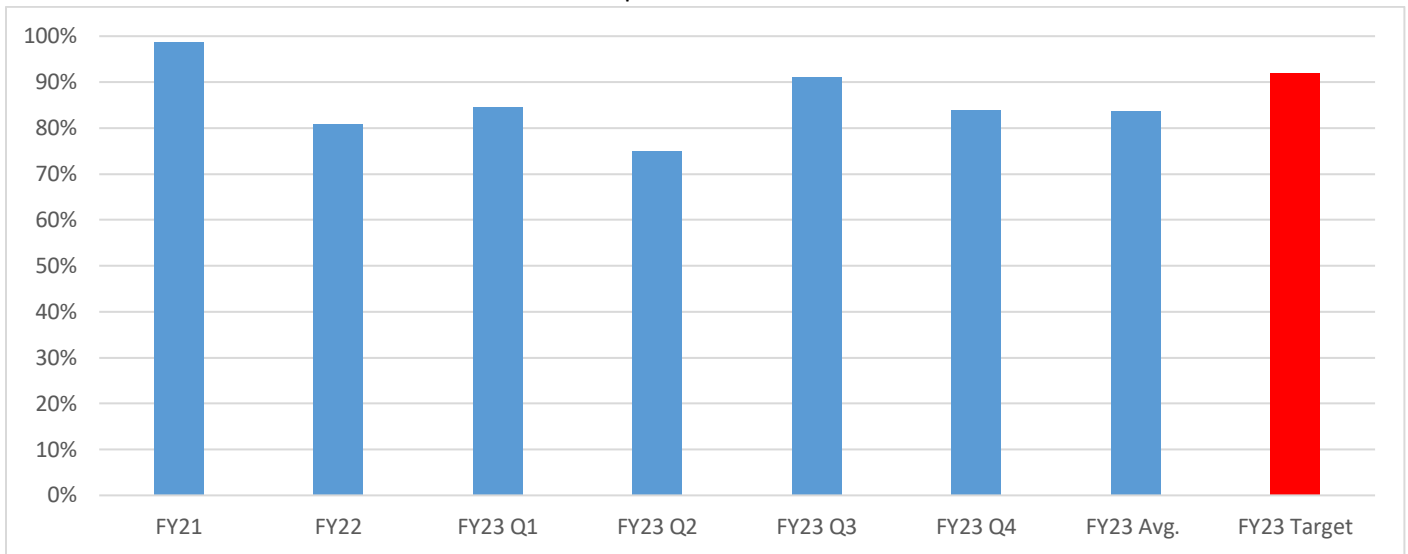
PERFORMANCE MEASURE #3

Percent of Individuals provided short-term assistance that accessed service within 30 days of a referral from options counseling.

Results

FY20	FY21	FY22	FY23 Q1	FY23 Q2	FY23 Q3	FY23 Q4	FY23 Avg.	FY23 Target
N/A	98.75%	81%	84.6%	75%	91%	84%	83.65%	92%

Graph of Data Above

MEASURE DESCRIPTION: This measure identifies how many individuals were reached through the referral process.

DATA SOURCE/METHODOLOGY: Data will be gathered through Wellsky, SharePoint, and Short-Term Assistance Program. CTS will match this information to monthly staffing sheets.

STORY BEHIND THE DATA:

During the 4th quarter of FY23, there were 84% percent of Individuals provided short-term assistance that accessed service within 30 days of a referral from options counseling.   This was due to necessary training of new staff and vacancies in the northwest, northeast, and the Albuquerque metro regions.

Due to overall vacancies and training needs throughout the FY23, we were unable to meet the overall target of 92% for FY23.

IMPROVEMENT ACTION PLAN:

All but one of the vacant positions have since been recruited and the hiring paperwork has been sent to human resources, with anticipated start dates in August 2023. The additional STA counselors will assist in providing resources and addressing constituent needs in a timely manner.
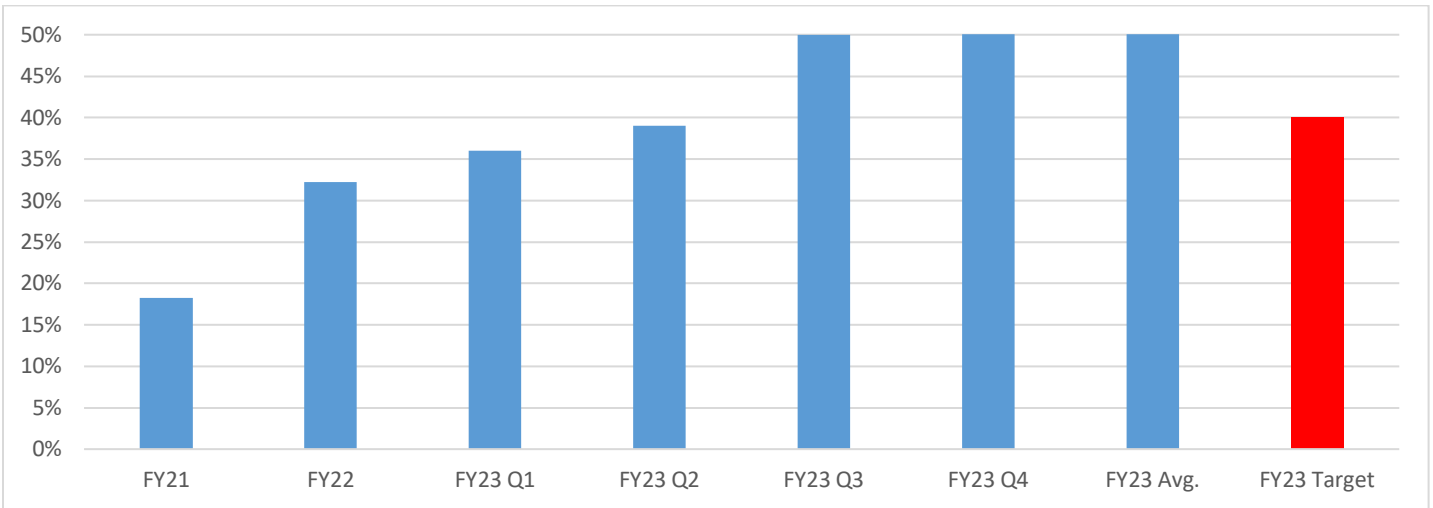
PERFORMANCE MEASURE #4

Percent of Facilities Visited Monthly

Results

FY20	FY21	FY22	FY23 Q1	FY23 Q2	FY23 Q3	FY23 Q4	FY23Avg.	FY23 Target
N/A	18.25%	32%	36%	39%	50%	83%	52%	40%

Graph of Data Above

MEASURE DESCRIPTION: This measure identifies how often the Ombudsman completes in-person visits to nursing and assisted living facilities, on a monthly basis.

DATA SOURCE/METHODOLOGY: The Ombudsmanager database is a comprehensive nursing home complaint and case management system that allows users to manage facility data, complaints, complainants, activities, residents, investigations, and resolutions. Ombudsmanager fully automates National Ombudsman Reporting Systems (NORS) reporting. All complaint automated reports and statistics are aggregated automatically into the format required by the Federal Administration on Community Living. Ombudsmanager is the industry standard for nursing home complaint management and is used by 34 State Long-Term Care Ombudsman offices throughout the country.

STORY BEHIND THE DATA: During the 4th quarter, the Long-Term Care State Ombudsman visited 83% of long-term care facilities. Our goal is to visit 100% of long-term care facilities each quarter. This is achieved through in-person response to complaints from or on behalf of residents and impromptu visits to facilities for which there is not a related complaint. This quarter included in person visits from Regional Coordinators, Volunteers as well as a Social Work Intern. These individuals visit the facility to investigate complaints, attend care plan meetings, conduct presentations for education purposes, and consult with staff on residents' rights. The number of complaints and complexity of investigations impacts the actual number of facilities visited. A new goal of the LTCOP attempting to visit all the facilities once a month, was initiated at the onset of the 4th quarter, which resulted in the program exceeding the overall target for FY23.

IMPROVEMENT ACTION PLAN: LTCOP recognizes the importance of access to resident right advocacy provided by regional coordinators and ombudsman volunteers. The most effective access is in-person visits by a LTCOP representative. Therefore, LTCOP continues to hire qualified staff and aggressively recruit and train ombudsman volunteers. Additionally, the State Ombudsman has requested assistance with the Care Transition Program staff to increase the number of facility visits, both in skilled nursing facilities as well as assisted living facilities.
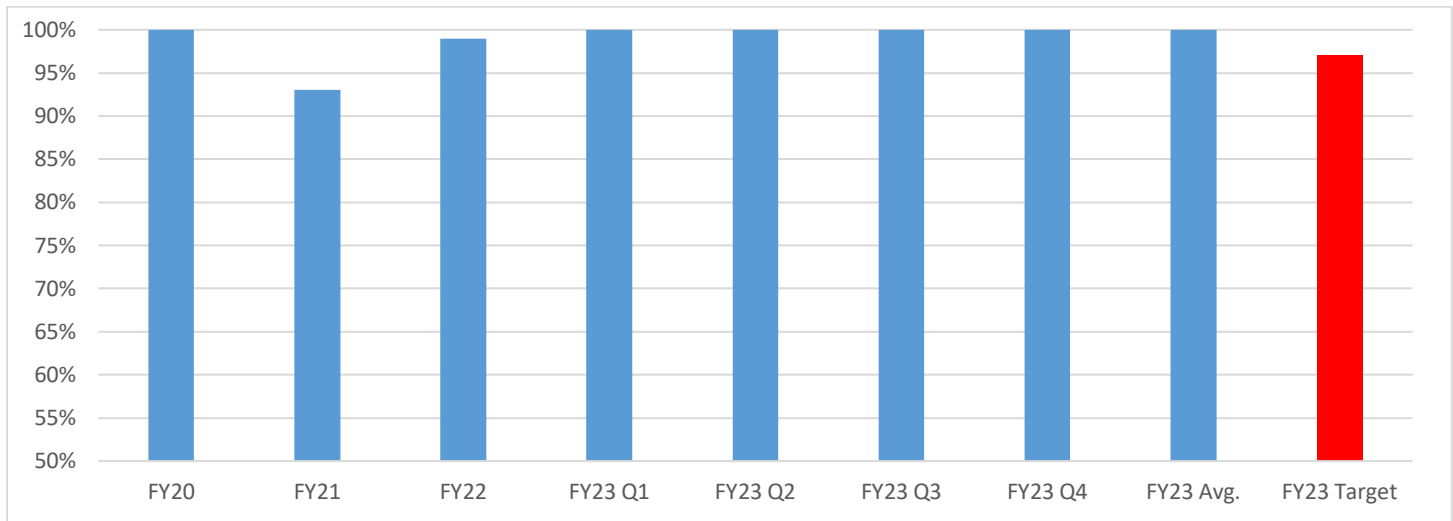
PERFORMANCE MEASURE #5

Percent of Ombudsman complaints resolved within sixty days.

Results

FY20	FY21	FY22	FY23 Q1	FY23 Q2	FY23 Q3	FY23 Q4	FY23 Avg.	FY23 Target
100%	93%	99%	100%	100%	100%	100%	100%	97%

Graph of Data Above

MEASURE DESCRIPTION: The percentage of complaints that the Ombudsmen resolved in 60 days or less.

DATA SOURCE/METHODOLOGY: A complaint is a concern relating to the health, safety, welfare, or rights of one or more residents in nursing or assisted living facilities, which requires investigation and action. The number of complaints, the investigation findings and disposition of each complaint, and the dates when the complaints are opened and closed are tracked in Ombudsmanager, a database which serves as the system of record. This information is exported to an excel spreadsheet to calculate the number of days it took to resolve each complaint, and the percentage of complaints that were resolved in 60 days or less.

STORY BEHIND THE DATA: LTCOP closed out the quarter at 100%, exceeding the target for this measure. During the fourth quarter, the number of cases that were referred to the Ombudsman program were 91. LTCOP always prioritizes timeliness in resolving complaints prior to 60 days and has implemented strategies to ensure the timeliness of data entry.

IMPROVEMENT ACTION PLAN: LTCOP will continue to open and close cases within 60 days. As this quarter's performance for this measure is attributed to timeliness of reporting and not activity, LTCOP will focus on training and oversight of documentation during supervision. This is applicable for existing staff through automated prompts and will be a priority in training newer regional coordinators and ombudsman volunteers. LTCOP has recently hired an experienced Program Coordinator to assist in quality assurance checks.

Adult Protective Services

Program Description, Purpose, and Objectives:

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.

APS is mandated by state law to provide a system of protective services and to ensure availability of those services to abused, neglected, or exploited adults 18 years of age or older, who do not have the ability to self-care or self-protect. APS responds to situations in which functionally incapacitated adults are being harmed, are in danger of mistreatment, are unable to protect themselves, and have no one else to assist them. There are five APS regions serving all 33 counties of New Mexico.

Program Budget (in thousands):

FY22	General Fund	Other State Funds	Federal Funds	Other Transfers	TOTAL	FTE
200	7,508.1	-	-	2,200.00	9,708.1	
300	1,242.3	-	-	2,176.30	3,418.6	
400	721.4	-	-		721.4	
TOTAL	9,471.8	-	-	4,376.30	13,848.1	128

FY23	General Fund	Other State Funds	Federal Funds	Other Transfers	TOTAL	FTE
200	8,068.8			2,200.00	10,268.8	
300	1,242.3			2,176.30	3,418.6	
400	721.4				721.4	
TOTAL	10,032.5	-	-	4,376.30	14,408.8	128

Program Performance Measures:

1. Number of Adult Protective Services investigations of abuse, neglect, or exploitation.
2. Percent of emergency or priority one investigations in which a caseworker makes initial face-to-face contact with the alleged victim within prescribed timeframes.
3. Percentage of repeat abuse, neglect, or exploitation cases within six months of a substantiation of an investigation.
4. Number of outreach presentations conducted in the community within adult protective services' jurisdiction.
5. Percentage of contractor referrals in which services were implemented within two weeks of the initial referral.
6. Number of referrals made to and enrollments in home care and adult day care services as a result of an investigation of abuse, neglect, or exploitation.
7. Percentage of priority two investigations in which a caseworker makes initial face to face contact with the alleged victim within prescribed time frames.
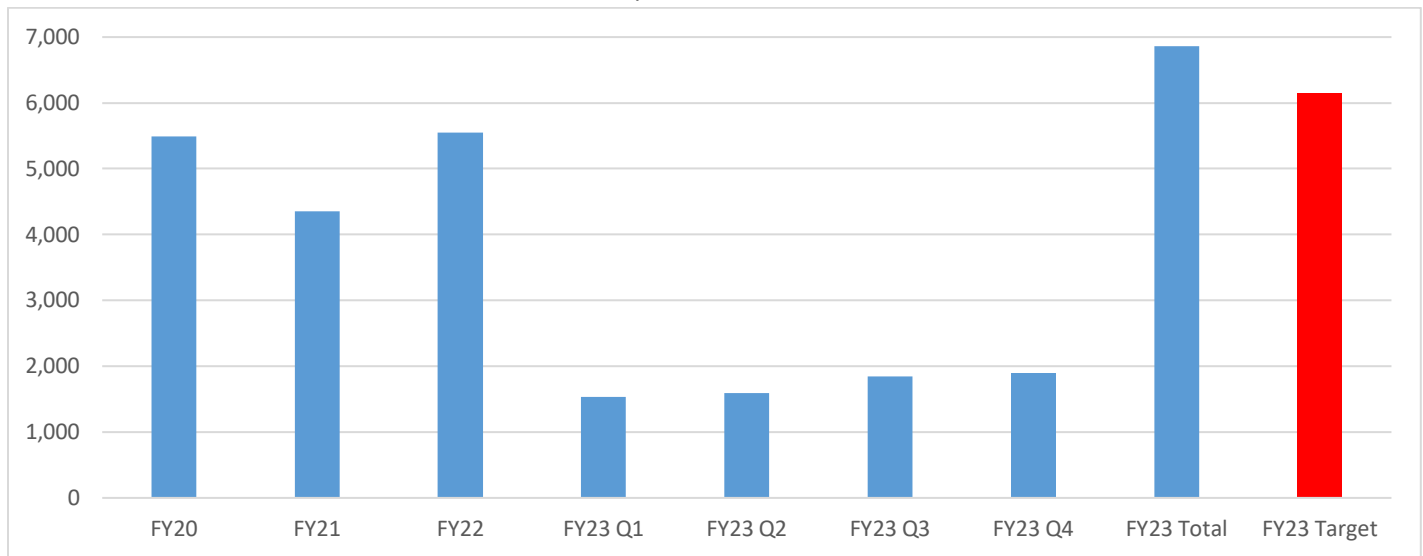
PERFORMANCE MEASURE #1

Number of Adult Protective Services investigations of abuse, neglect, or exploitation

Results

FY20	FY21	FY22	FY23 Q1	FY23 Q2	FY23 Q3	FY23 Q4	FY23 Total	FY23 Target
5,494	4,355	5,550	1,537	1591	1845	1890	6,863	6,150

Graph of Data Above

MEASURE DESCRIPTION: This measure is the number of investigations of abuse, neglect or exploitation initiated by Adult Protective Services in a given time period.

DATA SOURCE/METHODOLOGY: Adult Protective Services uses the WellSky Human Services system to maintain a database of investigation information. To provide data for this performance measure APS uses a report within the WellSky Human Services system to extract the data.

STORY BEHIND THE DATA: Throughout FY23, APS consistently demonstrated its commitment to protecting vulnerable adults and providing efficient services. In Q1, APS conducted 1,537 investigations, setting a solid foundation for the year. Q2 saw further progress with 1,591 investigations, followed by Q3's significant increase to 1,845 investigations. Finally, in Q4, APS concluded the fiscal year with a high of 1,890 investigations.

With a cumulative total of 6,863 investigations conducted over the year, APS showcased its responsiveness, professionalism, and ability to adapt to evolving needs. These achievements underscore APS's dedication to safeguarding vulnerable adults and addressing cases of abuse, neglect, and exploitation.

IMPROVEMENT ACTION PLAN: As FY23 closed, APS looks ahead to the next fiscal year, committed to continuously improving response times, strengthening partnerships, and making a lasting positive impact on the lives of those it serves.
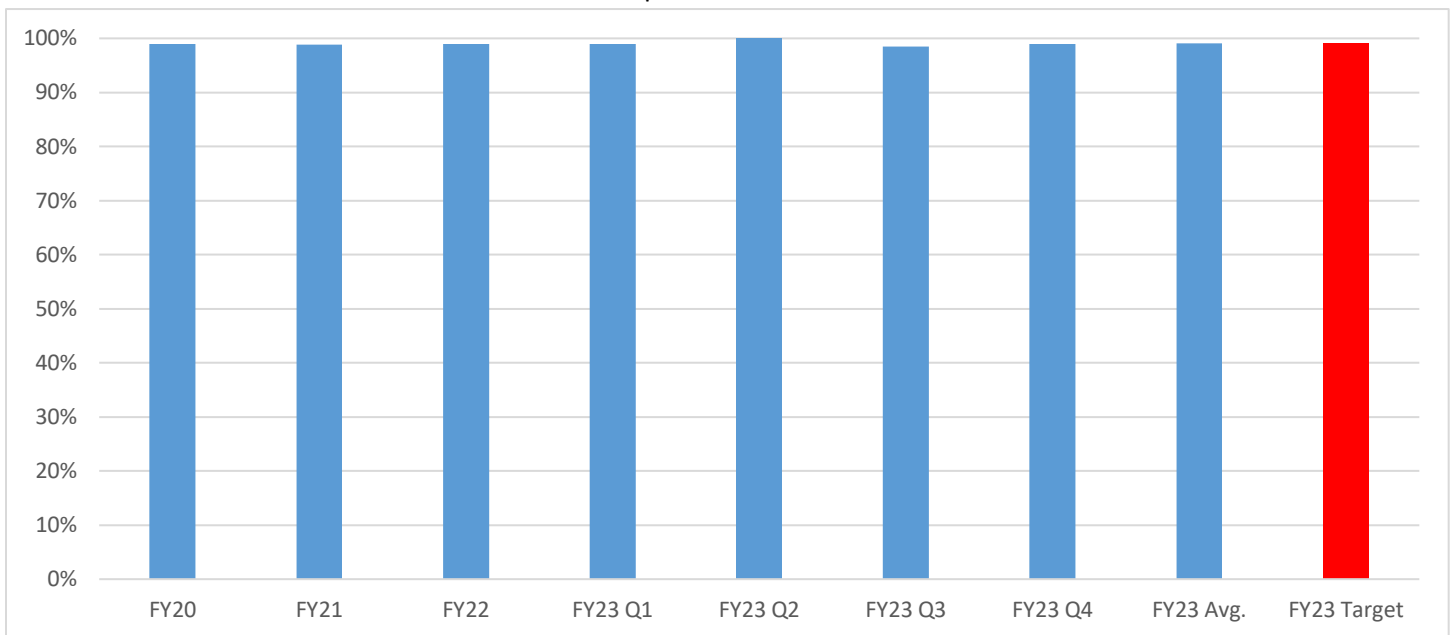
PERFORMANCE MEASURE #2

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

Results

FY20	FY21	FY22	FY23 Q1	FY23 Q2	FY23 Q3	FY23 Q4	FY23 Avg.	FY23 Target
99%	98.86%	99%	99%	100%	99.2%	99%	99.13%	>99%

Graph of Data Above

MEASURE DESCRIPTION: Reports to APS are assessed to determine priority. Cases assigned to emergency priority are when an alleged victim in a situation of serious harm or danger of death from abuse or neglect. Cases assigned to Emergency priority require that an APS caseworker make face-to-face contact with the alleged victim within three hours of assignment of the case. Cases assigned a Priority One status require an APS caseworker to make face-to-face contact within 24 hours of the assignment of the case. This measure reports how successful APS is in meeting these requirements.

DATA SOURCE/METHODOLOGY: Adult Protective Services uses the WellSky Human Services system to maintain a database of investigation information. To provide data for this performance measure APS uses a report within the WellSky Human Services system to extract the data. The calculation used in this measure in each quarter is based off an average of the emergency investigations and priority one investigations.

STORY BEHIND THE DATA: In the current quarter, APS has achieved exceptional performance by surpassing both the targeted rate for the fourth quarter and the year-to-date target rate. Notably, APS conducted a total of 1,890 investigations, out of which 1,072 cases (15.6%) necessitated immediate face-to-face contact within 24 hours or less.

Among these investigations, 147 cases (2.1%) were flagged as emergencies (E), requiring immediate attention, while 925 cases (13.5%) were classified as priority one (P1). Demonstrating exemplary efficiency, APS promptly responded to nearly all 1,072 P1/E investigations within the specified timeframes.

This outstanding level of responsiveness is further exemplified by APS successfully addressing 99% of emergency and priority one investigations within the established response times. By meeting these crucial deadlines, APS showcases its commitment to swift action and ensuring the safety and well-being of vulnerable individuals in a timely manner.

APS's ability to consistently exceed expectations, both in terms of quarterly targets and year-to-date performance, underscores its dedication to providing effective and efficient services. This accomplishment speaks to the agency's professionalism, adherence to established protocols, and ongoing efforts to enhance the responsiveness and quality of its interventions.

IMPROVEMENT ACTION PLAN: Adult Protective Services uses the WellSky system to track intakes and investigations. Wellsky can aide in our ability to track and monitor response times with case workers. APS is proud of our 99% success rate in addressing emergency and priority one cases on time. It demonstrates how committed we are to making sure vulnerable individuals are safe and taken care of as quickly as possible. This quarter's performance and our year-to-date results show we're dedicated to delivering services and constantly improving our response times and intervention quality. APS will continue to utilize the case time response through Wellsky, to maintain a 99% or better response.
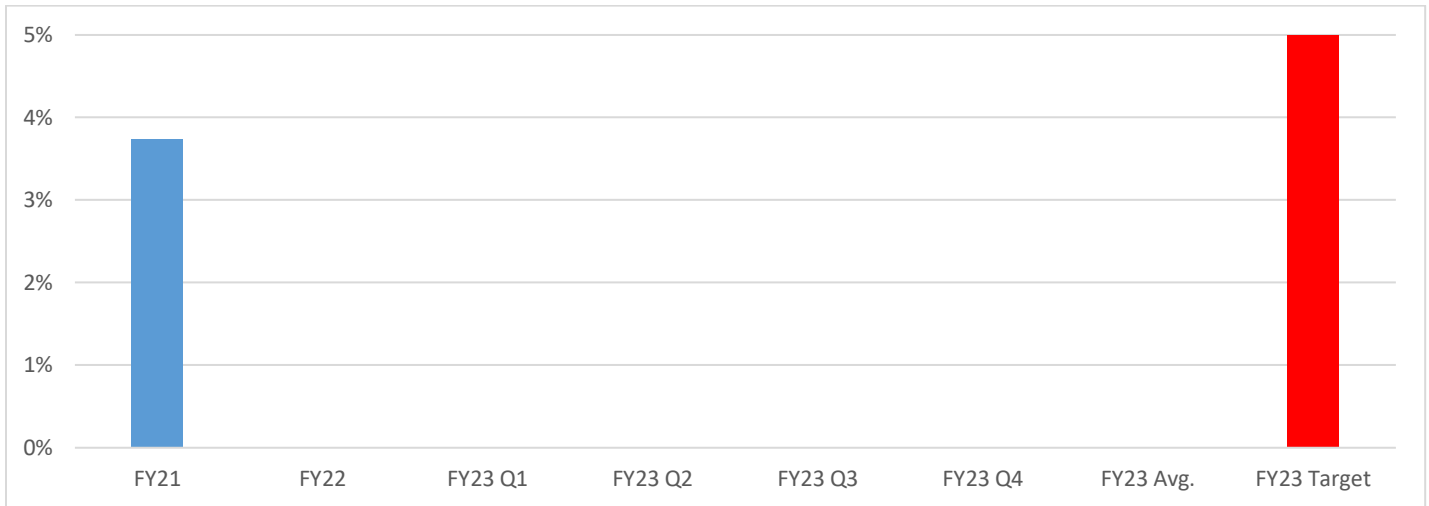
PERFORMANCE MEASURE #3

Percentage of repeat abuse, neglect, or exploitation cases within six months of a substantiation of an investigation.

Results

FY20	FY21	FY22	FY23 Q1	FY23 Q2	FY23 Q3	FY23 Q4	FY23 Avg.	FY23 Target
N/A	3.74%	0%	0%	0%	0%	0%	0%	5%

Graph of Data Above

MEASURE DESCRIPTION: The percentage of those repeat cases of abuse, neglect, or exploitation that occur within six months of a substantiation of an investigation.

DATA SOURCE/METHODOLOGY: Adult Protective Services uses the WellSky Human Services system to maintain a database of investigation information. To provide data for this performance measure APS uses a report within the WellSky Human Services system to extract the data.

STORY BEHIND THE DATA: APS has achieved an exceptional track record in preventing repeat cases of abuse, neglect, or exploitation within six months of substantiated investigations. In FY22, as well as throughout all quarters of FY23, APS successfully maintained a 0% rate of repeat maltreatment cases. This outstanding performance far surpasses the target of keeping the percentage under 5%.

By consistently achieving a rate of 0% for repeat maltreatment, APS has demonstrated its effectiveness in alleviating concerns and ensuring the safety of vulnerable adults. This accomplishment is a testament to the agency's comprehensive interventions, proactive measures, and commitment to providing ongoing support to individuals in need.

APS's ability to remain below the target of 5% further emphasizes its dedication to preventing the recurrence of maltreatment and promoting the well-being of those under its care. The agency's success in maintaining such a low percentage affirms its professionalism, expertise, and commitment to delivering high-quality services.

IMPROVEMENT ACTION PLAN: Moving forward, APS will continue to prioritize the prevention of repeat maltreatment cases, employing evidence-based practices and leveraging community collaborations to ensure the sustained safety and protection of vulnerable adults.
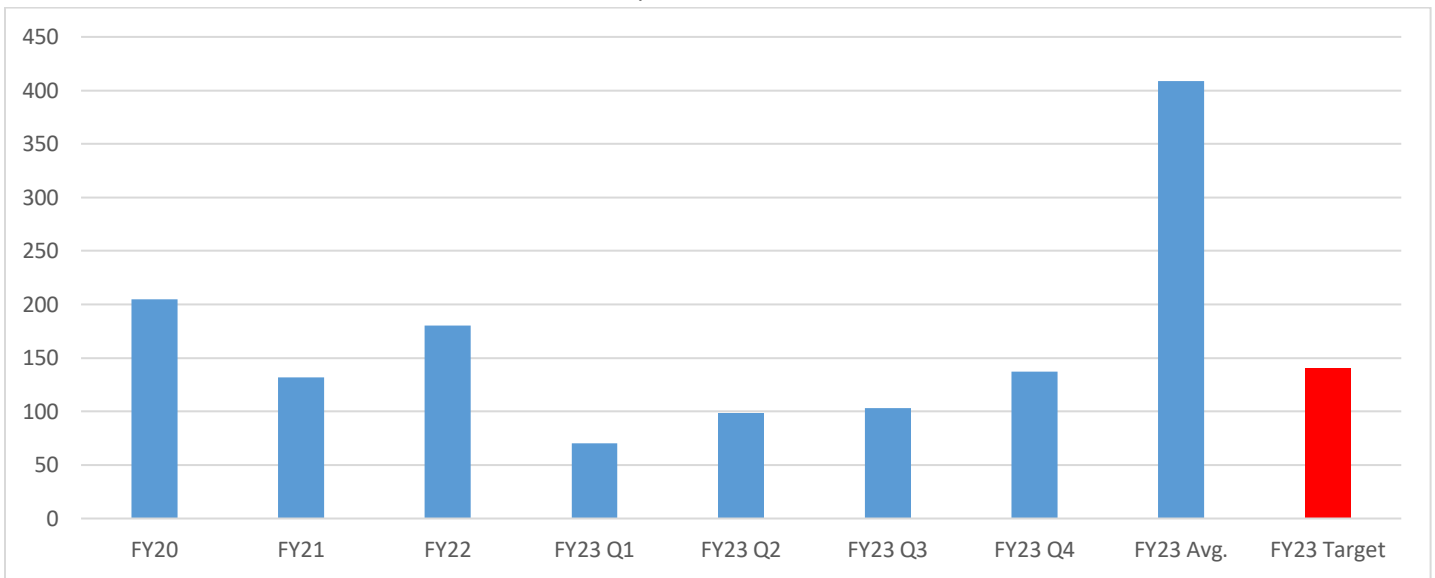
PERFORMANCE MEASURE #4

Number of Outreach Presentations conducted in the community within Adult Protective Services' jurisdiction.

Results

FY20	FY21	FY22	FY23 Q1	FY23 Q2	FY23 Q3	FY23 Q4	FY23 Total	FY22 Target
205	132	180	70	99	103	137	409	141

Graph of Data Above

MEASURE DESCRIPTION: The amount of outreach presentations conducted by APS staff within communities that align under APS jurisdiction.

DATA SOURCE/METHODOLOGY: Adult Protective Services uses the WellSky Human Services system to maintain a database of information. To provide data for this performance measure APS uses a report within the WellSky Human Services system to extract the data. Staff reports are also utilized to identify community outreach presentations.

STORY BEHIND THE DATA: APS significantly increased its outreach efforts in FY23, with Q4 standing out as the quarter with the highest number of outreach presentations compared to previous quarters and FY22. FY22 saw 180 presentations conducted, while Q1, Q2, and Q3 of FY23 witnessed 70, 99, and 103 presentations respectively. Notably, Q4 of FY23 recorded an impressive total of 137 presentations. This was an outstanding achievement for supervisors as the result was an impressive 409 presentations for the end of the year. This substantial increase highlights APS's commitment to educating the community about abuse, neglect, and exploitation, as well as the importance of prompt reporting.

IMPROVEMENT ACTION PLAN: APS aims to continue fostering community involvement and awareness to protect vulnerable adults effectively. FY23 saw great outreach progress by APS, especially in Q4. As we hit a high of 137 presentations in Q4, we raised our yearly total to an impressive 409. This reflects our commitment to combating abuse, neglect, and exploitation. To build on this success, we plan on analyzing the most impactful presentations for future strategies, explore innovative formats or guest speakers, and partner with local groups for wider reach. Our focus should be on the impact of presentations, not just their quantity. This will ensure both goals are met by APS.
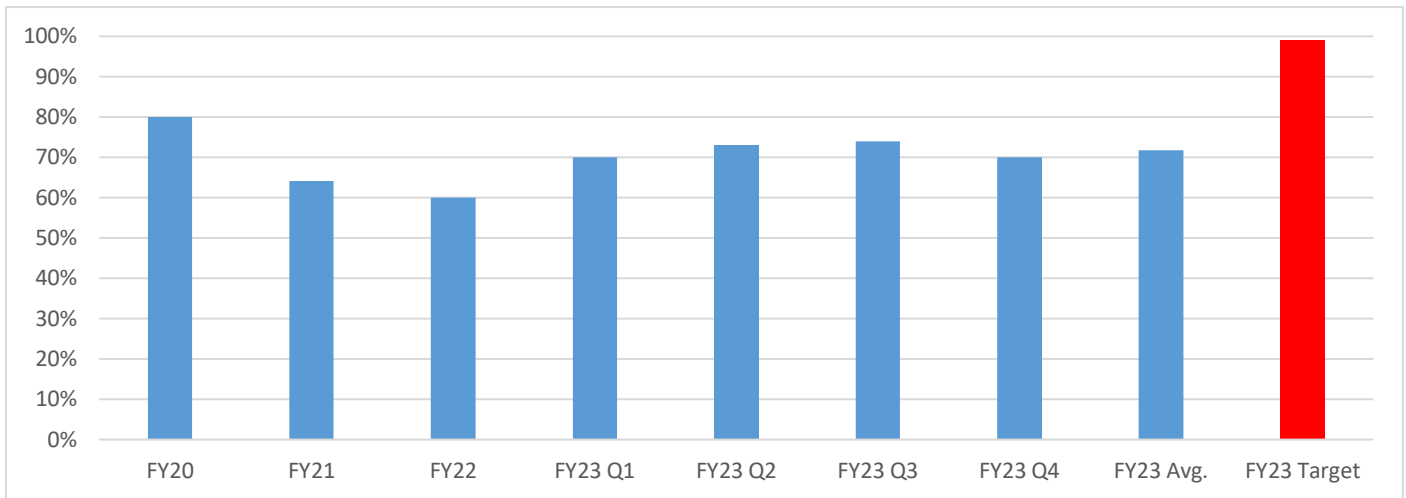
PERFORMANCE MEASURE #5

Percentage of contractor referrals in which services were implemented within two weeks of the initial referral.

Results

FY20	FY21	FY22	FY23 Q1	FY23 Q2	FY23 Q3	FY23 Q4	FY23 Avg.	FY23 Target
80%	64.19%	60%	70%	73%	74%	70%	71.75%	99%

Graph of Data Above

MEASURE DESCRIPTION: The number of contractor referrals in which services were implemented within two weeks/total number of referrals in which services were implemented.

DATA SOURCE/METHODOLOGY: Adult Protective Services uses the WellSky Human Services system to maintain a database of Investigation information. To provide data for this performance measure APS uses a report within the WellSky Human Services system to extract the data.

STORY BEHIND THE DATA: Regrettably, the 4th Quarter and overall FY23 results for this measure did not meet expectations. Like the preceding quarters in FY23, the 4th quarter encountered challenges with vendor initiation within the two-week timeframe. While APS continues to help vendors in this area, vendors continued to struggle in meeting the requirements of APS and their clients.

Throughout the preceding goals, the 4th quarter showed a consistent lack of progress, mainly due to vendors facing staffing issues and unstable leadership within their organizations. As long as vendors continue to encounter difficulties in offering competitive wages, better benefits, and fostering supportive work environments, the initiation processes will likely continue to hover around the 70% mark.

In the past, APS provided incentive money to assist vendors in their recruitment and hiring efforts. APS also maintained open communication with vendor leadership to identify and address barriers and challenges in initiating referrals with the public. Additionally, APS offered ongoing support to vendors in their efforts to improve initiation times. However, it is essential to recognize that there are limitations to how much APS can aid vendors in this regard. Ultimately, vendors bear the responsibility of providing the necessary staff to meet the goals for this measure.

APS acknowledges the progress made thus far and will continue fostering strong partnerships with vendors, reinforcing the importance of prompt service implementation, and striving for even greater efficiency in the future.

IMPROVEMENT ACTION PLAN:

Building on the significant strides made in FY23, there are several key strategies we could adopt to enhance the speed of service implementation by our vendors. APS has increased the number of home care providers we work with so we can increase the availability of caregivers and reduce the time taken for our clients to receive services. We increased the number of providers from 8 to 19. APS will collaborate with vendors to enhance staffing by encouraging them to hire more personnel to fill positions promptly. This will ensure efficient service delivery and enable vendors to meet the increased referral volumes effectively.
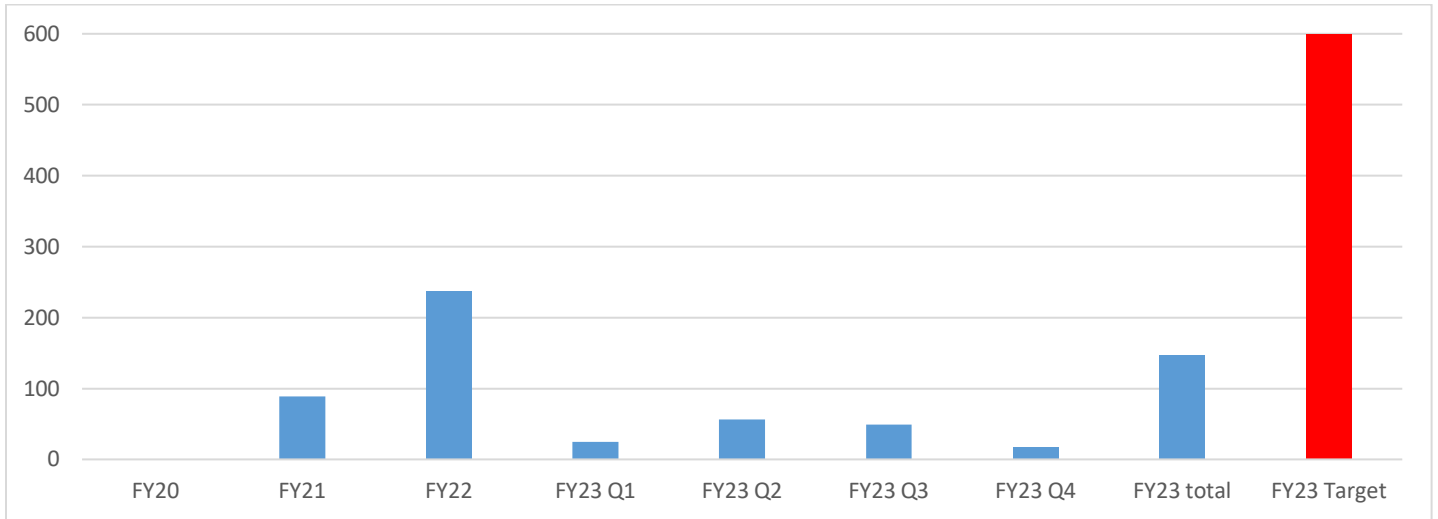
PERFORMANCE MEASURE #6

Number of referrals made to and enrollments in home care and adult day care services as a result of an investigation of abuse, neglect, or exploitation

Results

FY20	FY21	FY22	FY23 Q1	FY23 Q2	FY23 Q3	FY23 Q4	FY23 Total	FY23 Target
N/A	89	238	25	56	49	17	147	600

Graph of Data Above

MEASURE DESCRIPTION: This measure identifies the number of referrals and enrollments into home care and adult day services, as a result of an APS investigation into abuse, neglect, or exploitation.

DATA SOURCE/METHODOLOGY: Adult Protective Services uses the WellSky Human Services system to maintain a database of Investigation information. To provide data for this performance measure APS uses a report within the WellSky Human Services system to extract the data.

STORY BEHIND THE DATA: The number of referrals and enrollments in home care and adult day care services resulting from investigations of abuse, neglect, or exploitation exhibited a notable decrease in FY23 compared to FY22. In FY22, there were 238 referrals, with an increased demand for home care due to COVID-19 restrictions. However, in FY23, we saw a decline in the numbers: Q1 had 25 referrals, Q2 had 56, Q3 had 49, and Q4 had 17.

This decline in referrals can be attributed to several challenges faced by APS. Vendors experienced difficulty in providing sufficient staff to meet the high volume of referrals sent by APS, leading to a strain on their capacity. Additionally, vendor turnover contributed to the lower numbers observed in FY23.

Despite these challenges, APS remains committed to ensuring that eligible clients receive the necessary services. Caseworkers and supervisors meticulously review each case, considering the unique circumstances and client needs to make appropriate referrals. APS diligently submits referrals for all eligible clients and those who accept the services.

APS recognizes the importance of addressing the challenges faced in service provision and continues to work towards overcoming these obstacles. By collaborating with vendors, exploring strategies to address staffing and turnover concerns, and maintaining a thorough case-by-case review process, APS aims to improve referral numbers and ensure that vulnerable individuals receive the vital care and support they require**.**

Lastly, APS has implemented different processes to refer clients to services, which has decreased referrals to APS funded home and day care services. This includes identification of other resources, home and community-based waiver services, and others which some APS clients are eligible for. APS strives to provide duplication and services and reviews other avenues before implementing APS funded resources, when possible.

IMPROVEMENT ACTION PLAN: APS has developed a comprehensive improvement plan for the upcoming year. The plan includes expanding the vendor network by establishing contracts with 16 new vendors across the state. This expansion will enhance APS's capacity to meet expectations and serve a larger number of vulnerable individuals.

To support caseworkers in the field, APS will provide education and equip them with effective selling points to promote the benefits of home care and adult day care services. Additionally, targeted marketing efforts will be employed to raise client awareness about the advantages of these services, emphasizing the positive impact on well-being and independence.

To drive referrals, APS will consider implementing quotas on field staff, setting realistic targets to encourage active identification and appropriate referrals for eligible clients. Continuous monitoring and evaluation will be conducted to assess the progress of the improvement plan, gather feedback, and make necessary adjustments for ongoing enhancements. By executing this improvement plan, APS aims to strengthen service provision, increase referrals, and meet the needs of vulnerable individuals more effectively.
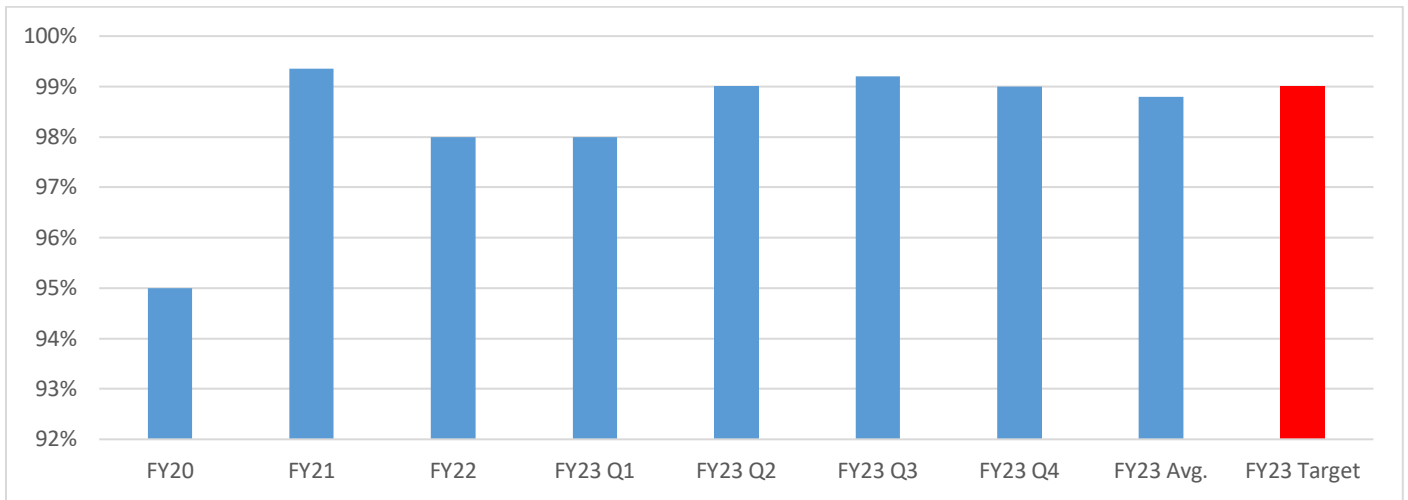
PERFORMANCE MEASURE #7

Percentage of Priority two investigations in which a case worker makes initial face to face contact with the alleged victim within prescribed time frames.

Results

FY20	FY21	FY22	FY23 Q1	FY22 Q2	FY22 Q3	FY23 Q4	FY23 Avg.	FY23 Target
95%	99.36%	98%	98%	99%	99.2%	99%	99%	99%

Graph of Data Above

MEASURE DESCRIPTION: Percentage of priority two investigations where a case worker has made initial face-to-face contact with the alleged victim within the priority two investigative time frames. A priority two investigation is assigned no later than twenty-four hours from the time the referral is received and face to face contact with the alleged victim must be made no later than 5 calendar days after being received by the screening supervisor.

DATA SOURCE/METHODOLOGY: Adult Protective Services uses the WellSky Human Services system to maintain a database of investigation information. To provide data for this performance measure APS uses a report within the WellSky Human Services system to extract the data.

STORY BEHIND THE DATA: Out of the 5,799 cases that required face-to-face contact within 5 days or less, a total of 69 cases (approximately 1.19%) were reported as late. Despite this small percentage of cases experiencing delays, APS remains dedicated to addressing these instances and continuously improving its performance in making timely initial face-to-face contact with alleged victims. Through reminders, close supervision, and constructive feedback, APS managers and supervisors strive to minimize delays and ensure that the vast majority of cases adhere to the prescribed time frames. This commitment to prompt and thorough investigations reflects APS's unwavering dedication to the safety and well-being of alleged victims and its pursuit of excellence in service delivery.

IMPROVEMENT ACTION PLAN:

APS emphasizes the importance of punctuality and underscores this value through ongoing quality enhancement efforts. Our objective is to sustain this focus and guarantee the fulfillment of our commitments within the established deadlines and timeframes.

Aging Network

Program Description, Purpose, and Objectives: The Aging Network Division (AND) is comprised of the Senior Services Bureau (SSB); AmeriCorps Seniors (Volunteer Programs)—Foster Grandparent (FGP), Senior Companion Program (SCP), and RSVP; and Senior Employment Programs Bureau (SEP). Additionally, AND houses the budgets for the Office of Alzheimer's and Dementia Care and the Office of Indian Elder Affairs.

The Aging Network advocates for older adults, people with disabilities, families, and caregivers; funds services and support provided primarily by networks of community-based programs; and invests in training, education, research, and innovation. This is accomplished by providing assistance on health and wellness, protecting rights, and preventing abuse, supporting consumer control, strengthening the networks of community-based organizations, funding research and services (like home-delivered meals, homemaker assistance, and transportation) to support independent living. Strengthening the Aging and Network includes promoting evidence-based programs and practices, enhancing diversity and cultural competency, improving quality of services, and targeting employment initiatives as a critical part of community inclusion to accessing meaningful and integrated employment. (ACL. Program Areas. Overview)

AND serves older adults, people with disabilities, families, and caregivers through contractual agreements with New Mexico Area Agencies on Aging (AAA's) and the AmeriCorps Seniors, for the provision of supportive services. The AAA's contract with local and tribal governments, and private organizations; to deliver services throughout New Mexico.

Program Budget (in thousands):

FY22	General Fund	Other State Funds	Federal Funds	Other Transfers	TOTAL	FTE
200	795.0	34.5	555.3		1,384.8	15
300	1,235.1	10.0			1,245.1	
400	29,570.5	71.3	11,142.5		40,784.3	
TOTAL	31,600.6	115.8	11,697.8	-	43,414.2	
FY23	General Fund	Other State Funds	Federal Funds	Other Transfers	TOTAL	FTE
200	943.8	34.5	555.3		1,533.6	18
300	1,735.1	10.0	307.6		2,052.7	
400	31,042.5	71.3	10,834.9		41,948.7	
TOTAL	33,721.4	115.8	11,697.8	-	45,535.0	

Program Performance Measures:
1. Percentage of older New Mexicans receiving congregate, and home delivered meals through Aging Network programs that are assessed with "high" nutritional risk.
2. Number of hours of services provided by senior volunteers, statewide.
3. Number of outreach events and activities to identify, contact and provide information about aging network services to potential aging network consumers who may be eligible to access senior services but are not currently accessing those services.
4. Number of meals served in congregate, and home delivered meal settings.
5. Number of transportation units provided.
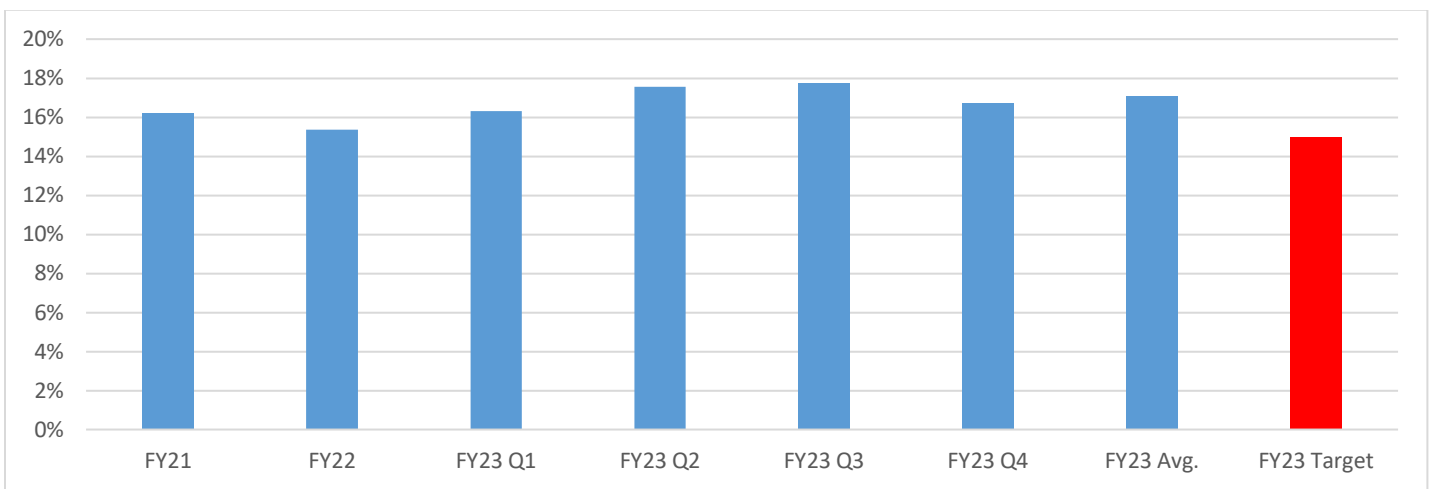6. Number of hours of caregiver support provided.

PERFORMANCE MEASURE #1

Percentage of older New Mexicans receiving congregate, and home delivered meals through aging network programs that are assessed with "high" nutritional risk.

Results

FY20	FY21	FY22	FY23 Q1	FY23 Q2	FY23 Q3	FY23 Q4	FY23 Avg.	FY23 Target
N/A	16.22%	15.37%	16.30%	17.57%	17.77%	16.75%	17.10%	15%

Graph of Data Above

MEASURE DESCRIPTION: This measure reports the percentage of high nutritional risk older adults, people with disabilities, families, and caregiver New Mexicans, who received meals by congregate, home-delivered, and "grab and go" service during the timeframe identified.

DATA SOURCE/METHODOLOGY: The WellSky Aging and Disability Database is the repository used by providers contracted through the AAAs to document services. All AAAs, except for the Navajo Area Agency on Aging (NAAA), use this database to capture monthly service and expense data from the senior centers and providers, then report it to ALTSD. The Aging Network Division and the Office of Indian Elder Affairs compile the data for quarterly and annual performance measure reporting. **Quarter 4 and SFY2023 totals for this measure reflect PSAs 1–4, not PSAs 5 and 6.**

"High" nutritional risk is determined of those currently receiving nutritional services, congregate/grab-n-go or home delivered meals, scoring 6 or higher on the nutritional assessment section of the state required state needs assessment, based on ACL/OAA and NMAC regulations.

STORY BEHIND THE DATA: The number of older adults New Mexicans determined to be high nutritional risk has remained steady. Data from FY21 through FY23 mirrors consistent national trends of those currently receiving nutritional services.

IMPROVEMENT ACTION PLAN:

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

PERFORMANCE MEASURE #2

Number of hours of services provided by senior volunteers, statewide.

Results

FY20	FY21	FY22	FY23 Q1	FY23 Q2	FY23 Q3	FY23 Q4	FY23 Total	FY23 Target
957,031.06	607,258	733,910	140,199	98,659	114,727	118,665	472,250	1,700,000

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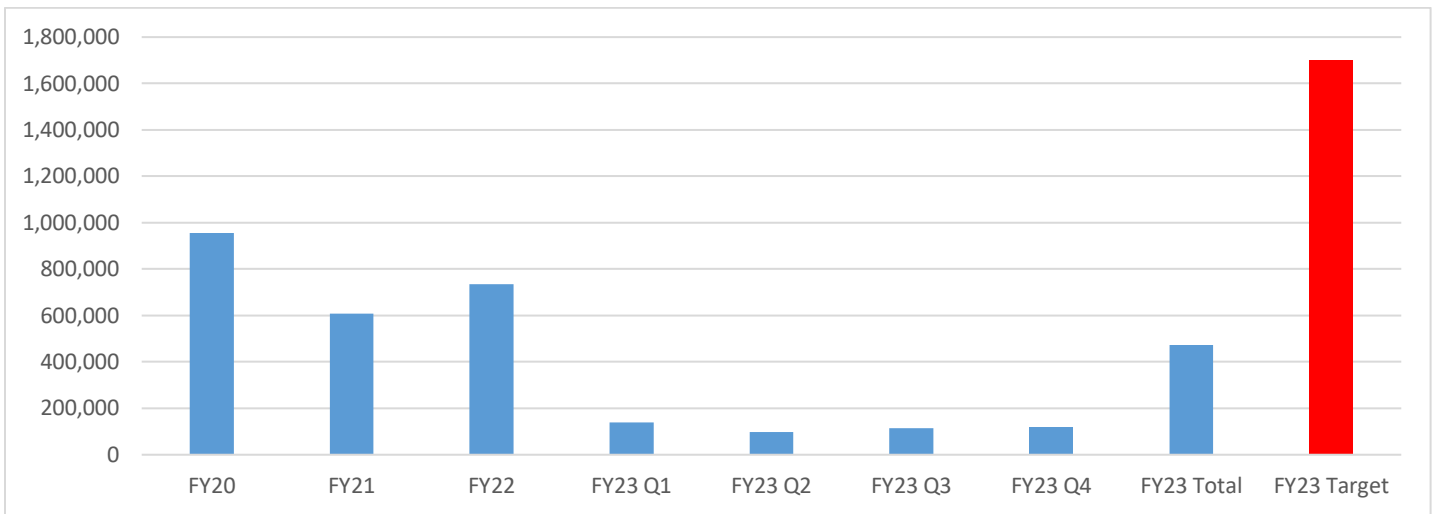
MEASURE DESCRIPTION: Number of hours provided by New Mexico senior volunteers in the AmeriCorps Seniors: Foster Grandparent Program (FGP), Senior Companion Program (SCP), and the Retired and Senior Volunteer Program (RSVP).

DATA SOURCE/METHODOLOGY: The statewide contractors for the AmeriCorps Seniors NM Program Providers: FGP, SCP, and RSVP submit quarterly data to the Senior Services Bureau which is then compiled, verified, and reported for this performance measure. When a contractor does not timely provide their data during the applicable quarter, that data is included in the following quarter's data.

STORY BEHIND THE DATA: The need for continued flexibilities in volunteer activities is critical at this time, while also providing a balance of allowable activities outlined under each AmeriCorps Seniors NM Program Providers program's federal regulations. It is known that not all programs, nor all communities opened at the same rate due to the impact of COVID19 on individual geographic locations. Volunteer stations such as schools limited the number of outside persons allowed in classrooms. In the same way, senior companion program participants limited or reduced the number of outside visitors into homes and day program facilities. Situations and circumstances are constantly shifting in New Mexico communities and throughout the nation, and AmeriCorps Seniors NM Program Providers may be forced to shift approaches going forward to better meet the needs of older adults and volunteers. Data collected on AmeriCorps Seniors, reflects 84% of volunteers report improved or stable health, 88% of volunteers reported a decrease in feelings of isolation, and 78% of volunteers felt less depressed.

IMPROVEMENT ACTION PLAN:

| Action	Responsibility	Timeline
1. Work with direct providers to recruit volunteers	ALTSD	3rd Quarter
2. Outreach to promote and recruit volunteers	AmeriCorps Senior Grantees	4th Quarter
3. Support and approve development of recruitment plans	ALTSD	4th Quarter
4. Service delivery and reporting	AmeriCorps Senior Grantees Contract Service Providers	Monthly
5. Training	ALTSD	Quarterly

PERFORMANCE MEASURE #3

Number of outreach events and activities to identify, contact and provide information about aging network services to potential aging network consumers who may be eligible to access senior services but are not currently accessing those services.

Results

							FY23 Total	FY23 Target
FY20	**FY21**	**FY22**	**FY23 Q1**	**FY23 Q2**	**FY23 Q3**	**FY23 Q4**		
N/A	1,135	802	138	224	163	239	764	250

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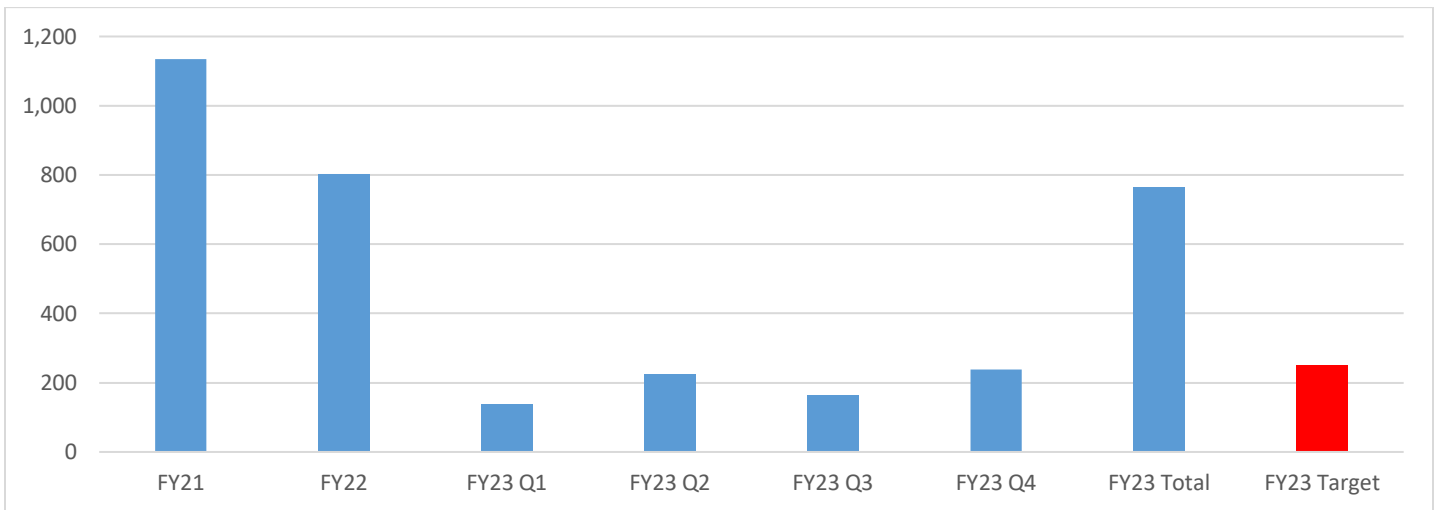
MEASURE DESCRIPTION: Identifies the number of outreach events showcasing the availability of services within the Aging Network.

DATA SOURCE/METHODOLOGY: The Aging Network Division collects the number of outreach events held each quarter in the following categories: # of Aging and Long-Term Services Department Outreach Events; # of Program Provider Outreach Events; # of State Program Report Outreach Events. The number of total Outreach Events is then compiled.

STORY BEHIND THE DATA: Outreach methods must be a one-to-one interaction. However, outreach methods not represented by the data include the sponsors website, podcasts, social media, newspapers, radio, and television. Recruitment activities may include contacting potential recruits individually, making presentations or providing materials for distribution through religious, civic, educational groups or schools, local employers, senior centers, senior nutrition meal sites, and other agencies and organizations frequented by older adults.

During the 4th quarter of FY23 AND has conducted 121 outreach events (including provider volunteer outreach events), CERD has conducted 106 outreach events and OMB has conducted 12 outreach events, for a total of 239.

IMPROVEMENT ACTION PLAN:

| Action	Responsibility	Timeline
1. Define Outreach Activities	ALTSD	Quarters 1–4
2. Collaborate with AAAs for targeted outreach events	Area Agencies on Aging	4th Quarter
3. Approve plans	ALTSD	4th Quarter

PERFORMANCE MEASURE #4

Number of Meals Served in Congregate, and Home Delivered Meal Settings.

Results

FY20	FY21	FY22	FY23 Q1	FY23 Q2	FY23 Q3	FY23 Q4	FY23 Total	FY23 Target
N/A	5,141,387	4,443,066	1,052,231	957,658	1,141,817	953,573	4,105,279	4,410,000

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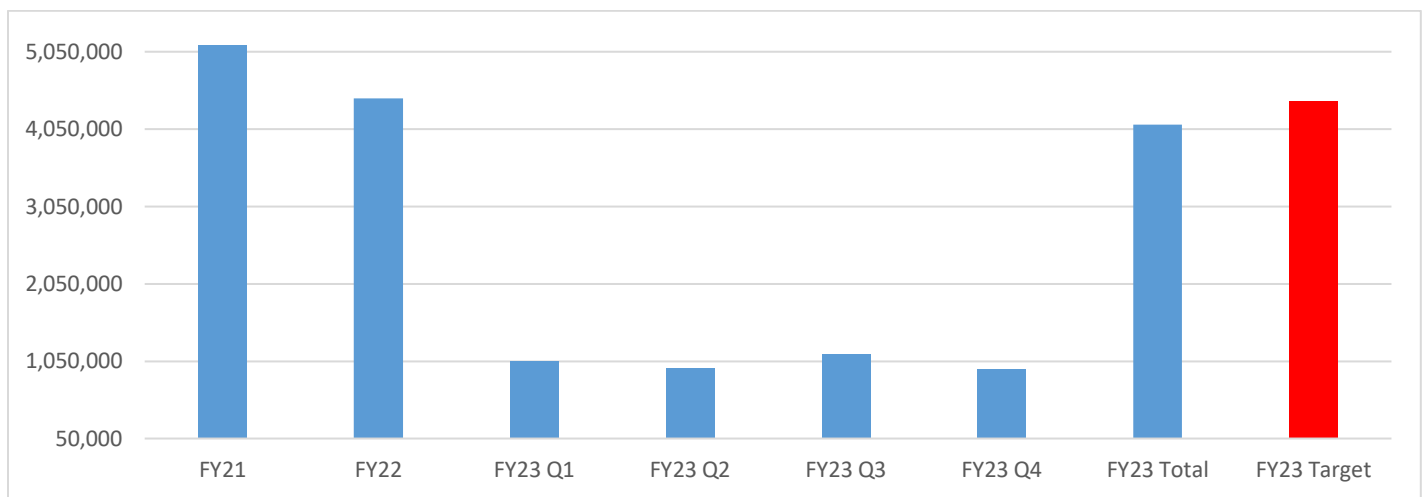
MEASURE DESCRIPTION: This measure includes the number of meals served in congregate, home delivered, "grab and go" settings. Meals are reported for breakfast, lunch, dinner, and weekends.

DATA SOURCE/METHODOLOGY: The WellSky Aging and Disability Database is the repository used by providers contracted through the AAAs to document services. All AAAs, except for the Navajo Area Agency on Aging (NAAA), use this database to capture monthly service and expense data from the senior centers and report it to ALTSD. The Aging Network Division and the Office of Indian Elder Affairs compile the data for quarterly and annual performance measure reporting. This data doesn't reflect the total meals served for Shiprock, CrownPoint, or Fort Defiance.

STORY BEHIND THE DATA:

Key Performance Measure 4. Number of Meals served in congregate, and home delivered meal settings: AND carefully considered each destination type for the metrics for *performance measures 2, 4, 5 and 6* to determine how to characterize them for the purpose of measuring outcomes. For these measures AND's intent is to count a successful outcome as *an increase in services*. AND will count outcomes, so the measure only includes services provided to clients. AND's targeted focus remains on providing stellar services to the older adults in New Mexico.

It is important to note that measures include situations that are not permanent but may still be an improvement from the former status. AND encourages *thoughtful decisions about how to evaluate the measures and services for specific subpopulations* to determine outcomes that are most appropriate for those subpopulations. ACL allowed modifications of services during COVID including wellness calls, education (COVID, vaccine), COVID vaccine clinics, vaccine registration,

volunteer telework, community lock-down. **None of these service metrics, allowed by ACL, have been captured in the report card or AND's performance measures.**

AND chose five types of metrics in the performance measures when evaluating AAAs and providers for the following reasons:

1. Under reporting for non-registered consumers since services were altered during the COVID pandemic.
2. In order to increase the services provided to consumers once the COVID funds have been eliminated, the legislative budget for designated services would have to increase.
3. Staff shortages have influenced the timely, accurate reporting of clients and services: including difficulty providing consumer direct service. Some providers are threatened with closure.
   a. Tribes and Pueblos have remained closed.
   b. Raw food costs have increased creating the necessity for menu and meal revision while maintaining Required Dietary Intake (RDI).
   c. Fuel costs have increased significantly impacting services.
4. The reasons for reporting each of these measures are numerous and complex. These performance measures are beyond the control of AND or providers. They are dependent upon targeting those most in need of direct services. The measures explain the current status, due to COVID.
5. AND wants to influence AAAs or providers to make decisions about these measures because they are measures that require case-by-case decision-making to determine what is best for the client being served.
6. These services have such varied implications based on local considerations such as a project's location, the type of assistance provided, or the subpopulations served, that it is not appropriate to generalize whether a measure is generally positive or negative or even temporary.

Strategies for increasing client services and improving performance measure outcomes are:

- Providing additional Older American Act training
- Growing targeted outreach
- Increasing client registration
- Applying a workplan in conjunction with the AAAs to ensure comprehensive, timely reporting of metrics post COVID.
- Implementing ServiceScan, which is a web-based product that records services immediately.
- Seeking new opportunities for senior volunteer hours of service

IMPROVEMENT ACTION PLAN:

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

PERFORMANCE MEASURE #5

Number of Transportation Units Provided

Results

FY20	FY21	FY22	FY23 Q1	FY23 Q2	FY23 Q3	FY23 Q4	FY23 Total	FY23 Target
N/A	68,180	136,426	53,723	50,630	57,484	62,101	223,938	637,000

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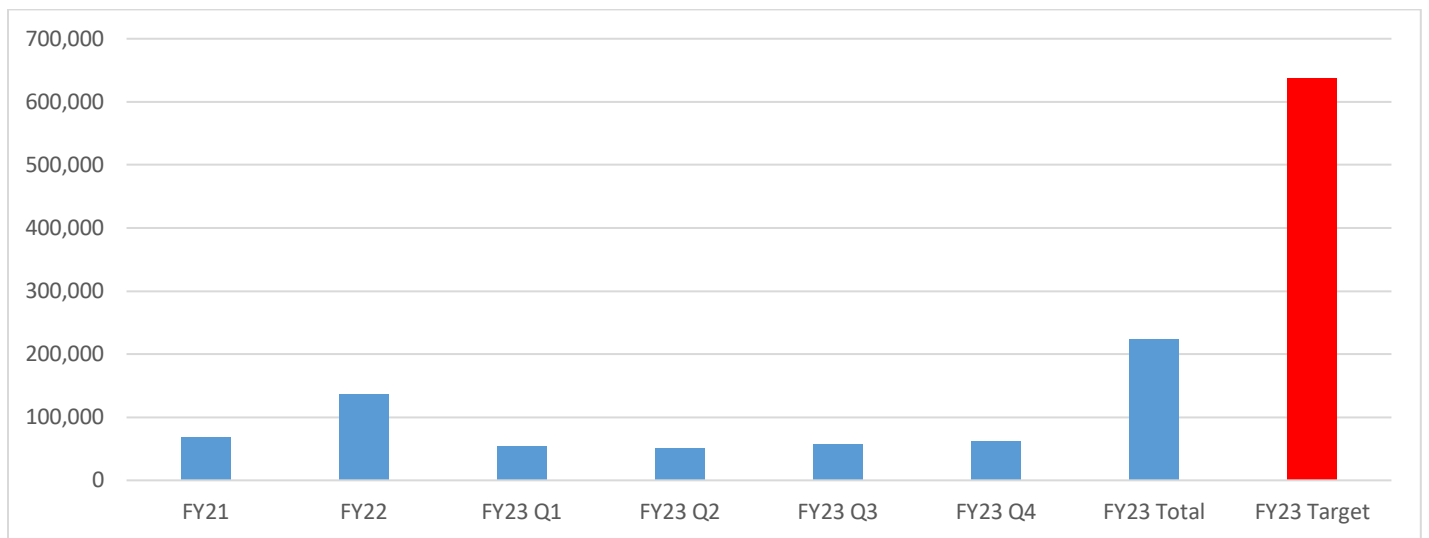
MEASURE DESCRIPTION: One unit of service provided to older adults and people with disabilities.

DATA SOURCE/METHODOLOGY: The WellSky Aging and Disability Database is the repository used by providers contracted through the AAAs to document services. All AAAs, except for the Navajo Area Agency on Aging (NAAA), use this database to capture monthly service and expense data from the senior centers and report it to ALTSD. The Aging Network Division and the Office of Indian Elder Affairs compile the data for quarterly and annual performance measure reporting.

STORY BEHIND THE DATA: Senior transportation services help seniors with limited mobility and access to other forms of public transportation (Examples include: to attend medical appointments, the bank, the post office, or purchase groceries, other essential tasks). As the need for older adult transportation services continually increases, programs explore creative ways to expand their transportation services in hope of serving even more of New Mexico's older adult population. Providers statewide continue to report staff shortage and limited capacity to meet all transportation needs. North Central Economic Development District has initiated a volunteer transportation pilot program in Taos County with plans to expand.

IMPROVEMENT ACTION PLAN:

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

PERFORMANCE MEASURE #6

Number of Hours of Caregiver Support

Results

FY20	FY21	FY22	FY23 Q1	FY23Q2	FY23 Q3	FY23 Q4	FY23 Total	FY23 Target
278,513	104,730.3	167,701.39	48,986.39	44,490.78	54,801.28	56,793.18	196,246.27	444,000

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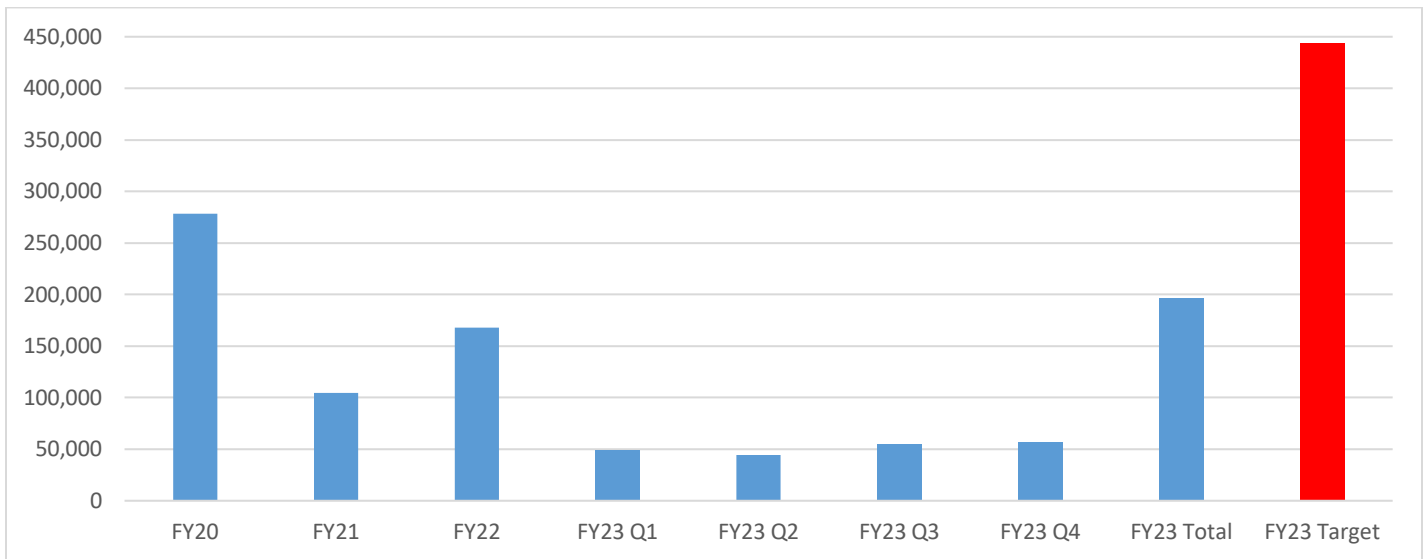
MEASURE DESCRIPTION: Caregiver support is a strategic priority for ALTSD. Services reported under this measure include home care, adult day care, respite care, and other support services. The measure expanded last year to include training, counseling, and support groups, to reflect the wide array of support services more comprehensively being provided to New Mexico caregivers. The training data reported includes evidence-based caregiver training, such as that provided through the Savvy Caregiver training program. In addition to the services provided by area agency contract providers, this measure includes services provided by the Alzheimer's Association, New Mexico Chapter.

DATA SOURCE/METHODOLOGY: The WellSky Aging and Disability Database is the repository used by providers contracted through the AAAs and caregiver entities to document services provided by caregivers. All AAAs, except for the Navajo Area Agency on Aging (NAAA), use this database to capture monthly service data and report it to ALTSD. The Aging Network Division, Consumer and Elder Rights Division (CERD), Office of Alzheimer's and Dementia Care, and the Office of Indian Elder Affairs compile the data for quarterly and annual performance measure reporting. **The Alzheimer's Association, due to staff turnover, was not able to submit Adult Day Care data for the fourth quarter or annual performance measures. If requested by the LFC and/or DFA, data can be submitted at a later date.**

Service	SFY 2023 Quarter 4	SFY 2023
Respite Care	21,450.93	71,386.13
Adult Day Care	18,176.50	72,944.25
Homemaker	13,663.25	39,608.88
Other Support Services	3,502.50	12,307.01
Total	56,793.18	196,246.27

STORY BEHIND THE DATA: The goal is to assist family and informal caregivers care for their loved ones at home for as long as possible, thereby avoiding or delaying the need for costly institutional care.

Caregiver Support Services include:

- Access Assistance Services provided contacts to caregivers, helping them to locate services from a variety of private and voluntary agencies.
- Counseling and Training Services provided caregivers with counseling, peer support groups, and training to help them cope with the stresses of caregiving.
- Respite Care Services provided temporary relief from caregiving responsibilities—at home or in an adult day care or institutional setting.

Data from ACL's most recent national survey of caregivers of older adult clients shows that:

- Older Americans Act (OAA) services, including those provided through the NFCSP, are effective in helping caregivers keep their loved ones at home.
- Nearly 42 percent of caregivers report they have been providing care for 2–5 years while approximately 27 percent of family caregivers have been providing care for 5–10 years.
- 74 percent of caregivers of program clients report that services enabled them to provide care longer than would have been possible otherwise.
- 88 percent of caregivers reported that services helped them to be a better caregiver; and
- Nearly 62 percent of caregivers indicated that without the services they received, the care recipient would be living in a nursing home.

IMPROVEMENT ACTION PLAN:

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