



**Michelle Lujan Grisham**  
GOVERNOR

**Katrina Hotrum - Lopez**  
CABINET SECRETARY

# FY20 QUARTER #4 PERFORMANCE REPORT

Aging and Long Term Services Department



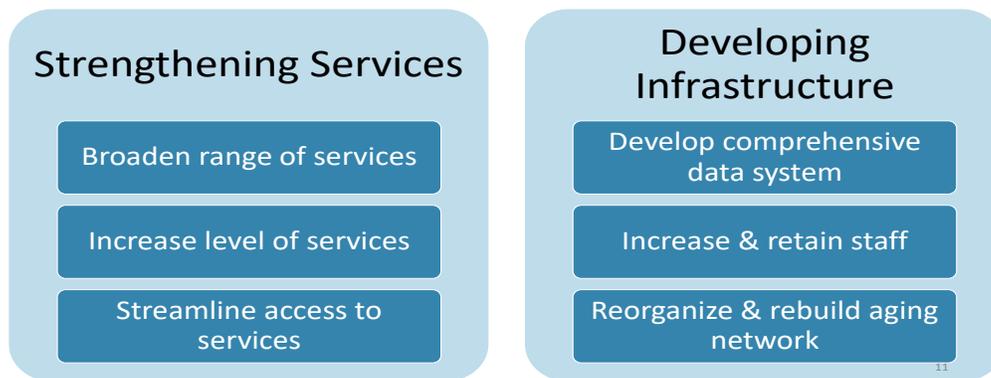
# Aging and Long Term Services Department

## **Agency Mission:**

The Mission of the Aging and Long Term Services Department is to provide 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.

## **Agency Goals/Objectives:**

The goal of Aging and Long-Term Services Department (ALTSD) is to build and maintain a sustainable service delivery system to meet the needs of the state’s rapidly growing population of older New Mexicans and adults living with disabilities. To accomplish the goal, ALTSD is focused on two primary issues—services and infrastructure.



## **Key Strategic Plan Initiatives:**

Build and maintain a sustainable service delivery system to meet the needs of the state’s rapidly growing population of older New Mexicans and adults living with disabilities.

- The Long-Term Care Ombudsman program will vastly grow its volunteer workforce to ensure long-term care residents receive consistent, high-quality advocacy services.
- The Aging and Disability Resource Center (ADRC) will enhance its services so that each customer concern is adequately addressed.
- Adult Protective Services (APS) will connect every client with opportunities to develop a long-term care plan that prevents re-entry into the APS system.

Work to increase the level of services by ensuring its current Aging Network programs provide a comprehensive array of services statewide, particularly in rural communities.

- Eliminating waitlists
- Maximizing or leveraging all available funding sources.

Broaden the range of services available to older New Mexicans

- Providing meaningful support and assistance to caregivers
- Researching and implementing innovative healthy aging programs
- Expanding legal services
- Improving the behavioral health network
- Attracting cutting-edge Alzheimer’s and dementia-related disease research to New Mexico

### Streamlining access to services

- Coordination across ALTSD programs
- Collaboration with the health departments and other state agencies
- Statewide community outreach

### Strengthen the Agency's infrastructure

- Develop a comprehensive data system
- Grow and retaining staff development
- Reorganizing the Aging Network
- Streamlining constituents' access to services
- Connect data system to the greater health data HHS 2020 project, in collaboration with the other health departments.

## AGENCY PROGRAMS

CONSUMER AND ELDER RIGHTS DIVISION AND THE LONG TERM CARE OMBUDSMAN PROGRAM	P592
ADULT PROTECTIVE SERVICES	P593
AGING NETWORK	P594

## 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):**

FY19	General Fund	Other State Funds	Federal Funds	Other Transfers	TOTAL	FTE
200	1,277.2	-	1,111.8	1,010.0	3,399.0	47.5
300	91.1	-	392.0	-	483.1	
400	194.6	-	523.2	-	717.8	
TOTAL	1,562.9	-	2,027.0	1,010.0	4,599.9	

FY20	General Fund	Other State Funds	Federal Funds	Other Transfers	TOTAL	FTE
200	1,621.6	-	995.0	1,200.0	3,816.6	50
300	24.8	-	591.1	-	615.9	
400	195.1	-	522.7	-	717.8	
TOTAL	1,841.5	-	2,108.8	1,200.0	5,150.3	

**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 ombudsman complaints resolved within sixty days.

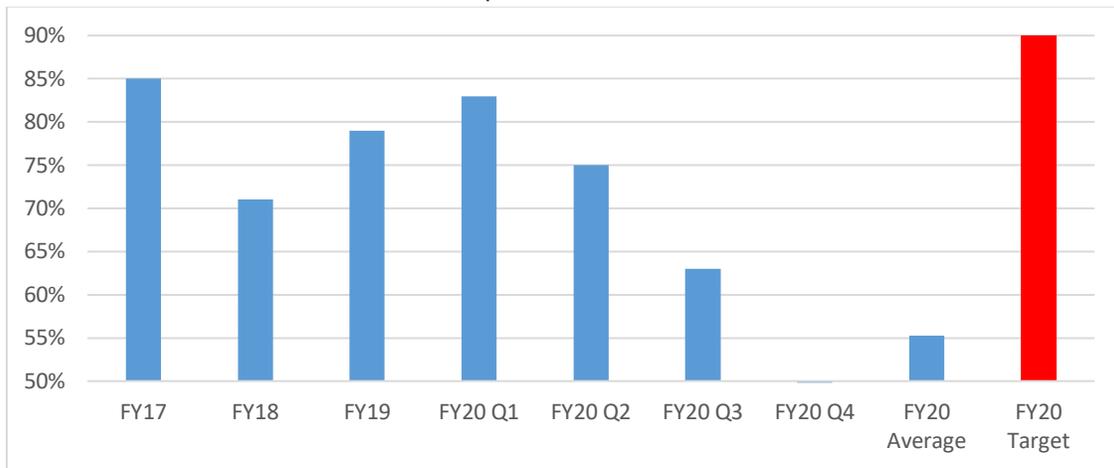
# PERFORMANCE MEASURE #1

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

## Results

FY17	FY18	FY19	FY20 Q1	FY20 Q2	FY20 Q3	FY20 Q4	FY20 Average	FY20 Target
85%	71%	79%	83%	75%	63%	0%	55%	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 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 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.

### STORY BEHIND THE DATA:

During the fourth quarter, the ADRC received 32,981 calls (average of 550 per day). Of the 32,981 calls received, all left a voice message and their calls were returned, during the 4th quarter. Although the ADRC did not meet its goal of answering calls by a live operator, the number of calls increased exponentially over the past months during the COVID-19 pandemic. In fact, for about a month and a half, our phone number was shared Nationwide, which presented additional hardship on the program, as calls were coming in from other states across the nation. Moreover, in order to work around the COVID 19 pandemic, the majority of personnel have been working remotely from home, and taking calls via voicemail and doing callbacks.

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 – 6,055 consumers
- Medicare – 2,746 consumers (benefit explanation, enrollment, and counseling).
- Senior Center Services – 308 consumers

- Prescription Drug Assistance – 269 consumers
- COVID-related topics – 1332 consumers

CERD had a full staff of 10 Options Counselors, and 2 Options Counselors in training, and had assistance from SHIP/SMP/PDA/UNM volunteers, with callbacks, during 4<sup>th</sup> Quarter.

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:

**IMPROVEMENT ACTION PLAN:**

- Ensure ADRC has adequate staff to meet daily calls;
- Management will monitor call queue activity and assist with peak call times;
- Evaluate ADRC calls to determine if the correct information was given to consumer and correct call topic was selected based on call review;
- Meet with counselors to review quality reviews;
- Review quality reviews findings and assess if additional training is needed;
- Continued training of counselors in options counseling and assessment tool to include documentation in internal database;
- Submit recruitment of vacant positions as positions become vacant.
- Covid-19 Marketing: aggressive marketing through radio, television or print;

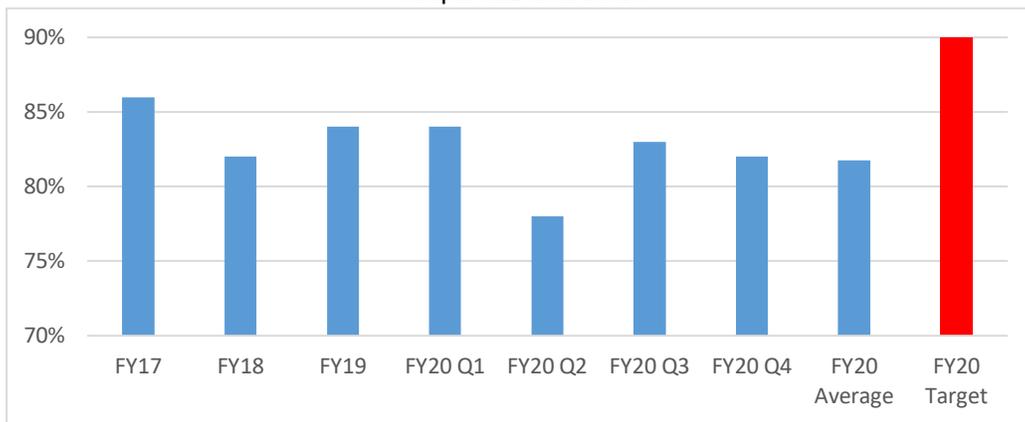
## PERFORMANCE MEASURE #2

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

### Results

FY17	FY18	FY19	FY20 Q1	FY20 Q2	FY20 Q3	FY20 Q4	FY20 Average	FY20 Target
86%	82%	84%	84%	78%	83%	82%	82%	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:** Source of Data: Social Assistance Management System (SAMS) database captures data entered into the system.

### STORY BEHIND THE DATA:

The Care Transition Bureau (CTB) residents requesting short-term transition assistance from a nursing facility who remained in the community during the six-month follow-up has decreased from our last reporting period from 83% to 82%. There were multiple factors that prevented CTB from meeting the 90% target. Some continued to be those of which we've dealt with in previous quarters, which included residents passing away, residents refusing services and residents who returned to a nursing facility.

Additionally, with the COVID-19 public health pandemic, which has presented many challenges, we've had to significantly change the way CTB operates and the care services that are available within the community. The disruption of support networks caused by the temporary shutdowns of businesses and senior centers and imposition of COVID precautions across the state have increased the isolation and vulnerability of our clients. In addition, residents have not wanted to transition due to COVID-19 and visitation restrictions in facilities mean CTB cannot access facilities and conduct in-person meetings with residents. However, CTB has been resourceful in the utilization of telephone and video calls to assess the needs of the residents wanting to leave a facility and return home. CTB remains proactive in reaching out to facilities and making sure residents continue to have access to the services and benefits they are entitled to receiving.

Although the CTB did not reach its annual goal of 90%, the CTB continues to increase advocacy to New Mexico residents in long-term care facilities and adjust outreach practices to reach its annual target goal of 90%.

Moreover, CTB continues to ensure the needs of the population we serve is met by utilizing our expertise and resources where needed. That said, throughout FY20 the CTB:

- Assisted the NM Ombudsman Regional Coordinators by reaching out to Nursing and Assisted Living Facilities statewide to provide guidance on their precautions and visitor limitations amid the nationwide pandemic, COVID-19. The purpose of our outreach was to request information of how facilities would provide access to residents in communicating with their loved ones in the community. We also requested that facilities ensure residents have access to an Ombudsman, even as facilities took greater COVID-19 precautions. The facilities were provided with resources from NM Department of Health and Centers for Medicare/Medicaid.
- Assisted the NM Aging and Disability Resource Center in returning calls to NM constituents due to high call volumes during the COVID-19 pandemic for food and cleaning supplies, as well as advocacy if they were without personal care services.
- Assisted New Mexico residents with completion of allocation paperwork and other Medicaid applications and provided public program information and assistance to NM constituents.
- Participated in the Aging and Long-Term Services Department's Senior Day Breakfast and Luncheon. This was held for individuals going to the NM Legislature for senior Day. During this event, program brochures, pens and pamphlets were distributed. CTS also answered questions about our program.
- Participated in open enrollment for Medicare Part D from October 15-December 7, to ensure New Mexicans were received benefit information. The benefit information was for both Medicare as well as Medicaid benefits.
- Assisted the ADRC with call overflow. The call volume was high and included calls from Medicare beneficiaries as well as all incoming calls to the ADRC. The team assisted beneficiaries with completing applications for Medicaid, Supplemental Nutrition Assistance Program (SNAP), Low Income Subsidy (LIS) and Medigap plan comparisons. In addition, applications for Medicare advantage plans were completed.
- Provided Short Term Assistance (STA) outreach events across the state of New Mexico. Providing information on Medicare Savings Program (MSP) and the Low Income Subsidy (LIS) program. In addition, providing participants with information of the application process and eligibility criteria, and assisted individuals with completing Medicaid applications.
- Assisted with the facilitation of presentations across New Mexico on Medicare and Medicaid, at community Senior Centers. CTB assisted with educating individuals on the coverage for personalized Medicare providers, fraud prevention as well as information on the MSP, Medicaid programs and their eligibility.
- Participated in community partnership meetings held across the state of New Mexico. Participants included Income Support, Department of Workforce Solutions, Worker's Compensation, Homecare (home health and personal care services), Aging and Long-Term Services, local Hospitals, and social workers from community agencies specific to regional locations.
- Assisted an additional 892 New Mexico residents by providing Short-Term Assistance, which included past clients who requested assistance with food and assistance with Centennial Care registration and followed through with allocation paperwork completion and general community resource questions.

In addition, throughout the COVID-19 pandemic, CTB has continued to raise awareness about the program through remote trainings for facilities and MCO's. In fact, when the first COVID-19 case appeared in New Mexico, CTB immediately collaborated with the Long-Term Care Ombudsmen to reach out to nursing and assisted living facilities statewide to pass on guidance about COVID-19 precautions and visitor limitations, as well as request information on how facilities would help residents to communicate with their loved ones. CTB responded when food access became a concern, by taking calls from seniors in the community and connecting them to ALTSD's meals and food box programs. CTB flagged several issues related to the public health crisis – delayed transitions, decrease in available goods and services necessary for transitions, and lack of sufficient personal care services for individuals with high needs in the community. CTB raised these issues with HSD, which resulted in the creation of a Transitions Workgroup, bringing together HSD, MCO's, and CTB to address systemic issues.

During FY20, CTB increasingly outreached to Social Service Directors, Administrators and Managed Care Organizations, in order to provide on-going training and program education. This approach will continue to increase the number of residents serviced by CTB. The Bureau continues to receive direct referrals from these Social Services Directors, Administrators and Managed Care Organizations, while continuing to work with the Aging and Disability Resource Center on additional referral submissions.

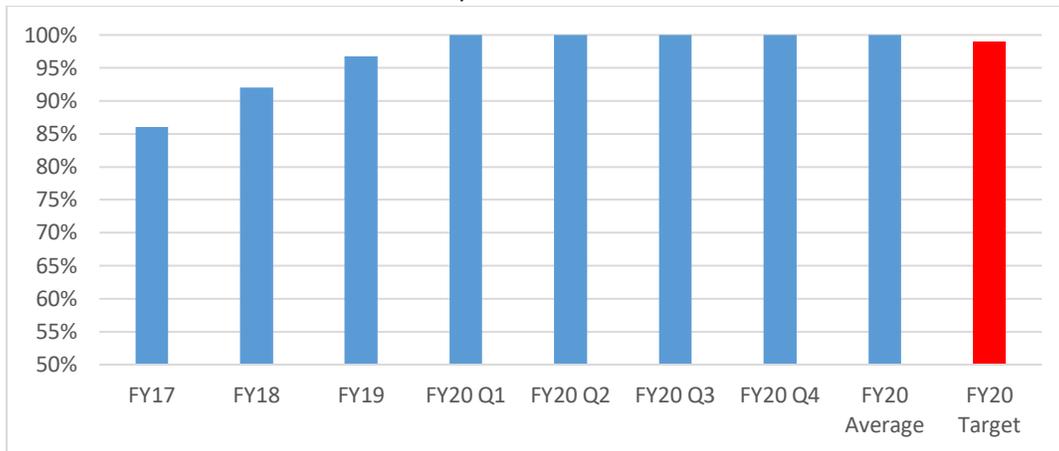
## PERFORMANCE MEASURE #3

*Percent of Ombudsman complaints resolved within sixty days.*

### Results

FY17	FY18	FY19	FY20 Q1	FY20 Q2	FY20 Q3	FY20 Q4	FY20 Average	FY20 Target
86%	92%	96.80%	100%	100%	100%	100%	100%	99%

Graph of Data Above



**MEASURE DESCRIPTION:** The percent 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 platform provided by WellSky. 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:** The COVID-19 pandemic dominated the fourth quarter of FY20. When the first COVID-19 cases were diagnosed in residents in long-term care facilities, the Ombudsman Program immediately reached out to residents and families so we could hear their concerns and advocate for them. We continue to respond swiftly when a positive case is identified in a facility. As the restrictions on visitation in facilities have continued, and residents are failing to thrive due to social isolation, we advocated for solutions. We worked with HSD’s Behavioral Health Division to launch a virtual counseling program for residents in long-term care facilities. We gathered ideas for activities and shared them with facilities throughout the state. We participated in the Medical Advisory Team’s workgroup on long-term care to advocate for visitation and activities to relieve the symptoms of failure to thrive. We continue to advocate for the rights of individual residents and for policy changes that address not only the threat of COVID-19, but also the life threatening consequences of isolation, loneliness, and boredom.

In the fourth quarter of FY20, the Ombudsman Program responded to and resolved 241 complaints on behalf of residents in nursing and assisted living facilities. We resolved 58 more complaints than the previous quarter. All 241 complaints were resolved in less than 60 days, with 75% of complaints resolved in 5 days or less. Additionally, we provided 6,964

consultations to residents, facility staff, and community members. We provided 1,103 more consultations than the previous quarter.

Discharges and evictions continue to be a common problem the Ombudsman Program encounters in nursing and assisted living facilities, which is why we track our advocacy around inappropriate facility-initiated discharges. In the fourth quarter of FY20, in 88% of the complaints where residents requested assistance with a facility-initiated discharge, Ombudsmen successfully advocated for the resident to remain in the facility.

The types of complaints in nursing and assisted living facilities are varied. Some of the types of complaints received are related to admission and discharge, autonomy and choice, care, food, living environment, activities, and social services. In the fourth quarter of FY20, the five most common complaint categories were: (1) Autonomy, Choice, Rights; (2) Care; (3) Discharges and evictions, (4) Administrative oversight at facilities; (5) Personal property. Complaints related to these categories represent 71% of the complaints received in the fourth quarter. Ombudsmen also received a high number of complaints related to Abuse, Gross Neglect, Exploitation, and Dietary concerns.

**IMPROVEMENT ACTION PLAN:** We started the fourth quarter fully staffed with dedicated Ombudsmen for each region of the State – Metro, Southwest, Northwest, Southeast, and Northeast. As our two recently hired Ombudsmen gain more experience in their jobs, we anticipate that our complaints and consultations numbers will continue to increase. We are beginning FY21 during the COVID-19 public health crisis, and we will continue to explore new ways to provide community education and recruit volunteers in a virtual environment.

## 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):**

FY19	General Fund	Other State Funds	Federal Funds	Other Transfers	TOTAL	FTE
200	8,197.0	-	-	-	8,197.0	132
300	1,285.2	-	-	2,498.6	3,783.8	
400	1,381.8	-	-	-	1,381.8	
TOTAL	10,864.0	-	-	2,498.6	13,362.6	

FY20	General Fund	Other State Funds	Federal Funds	Other Transfers	TOTAL	FTE
200	8,907.6	-	-	-	8,907.6	130
300	1,285.3	-	-	2,164.4	3,449.7	
400	1,460.4	-	-	11.9	1,472.3	
TOTAL	11,653.3	-	-	2,176.3	13,829.6	

**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. Number of active clients who receive home care or adult day care services as a result of an investigation of abuse, neglect or exploitation.

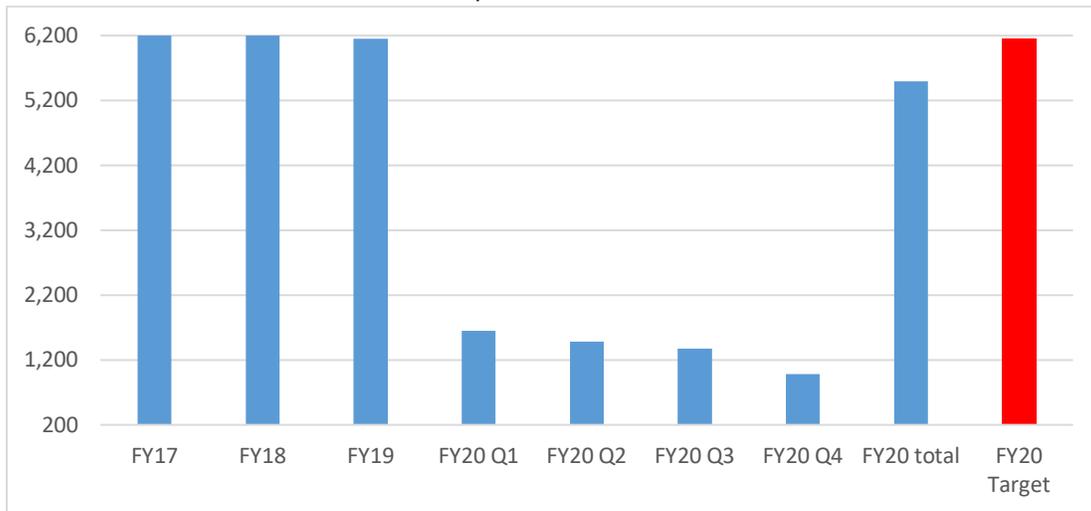
# PERFORMANCE MEASURE #1

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

## Results

FY17	FY18	FY19	FY20 Q1	FY20 Q2	FY20 Q3	FY20 Q4	FY20 Total	FY20 Target
6,233	6,671	6,150	1,651	1,480	1,378	985	5,494	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:**

During the fourth quarter, Adult Protective Services completed 985 investigations. This decline from previous quarters was a result of the restrictions and decreased in-person interactions that the COVID-19 pandemic presented. In the past, interactions with potentially abused, neglected or exploited adults by a caregiver or family member in a public setting like a doctor's office, or a bank, would initiate a call to APS for an investigation. However, with COVID-19, the way the public interacts and doctors interact with patients, has presented challenges in identifying abuse, neglect or exploitation of an adult. This has resulted in less investigations overall during the fourth quarter.

### **IMPROVEMENT ACTION PLAN:**

Adult Protective Services will continue to complete community outreach events to insure understanding of the services we provide. As we expand our technical abilities, the ability to provide virtual community outreach events will continue to increase and allow for further education about our services.

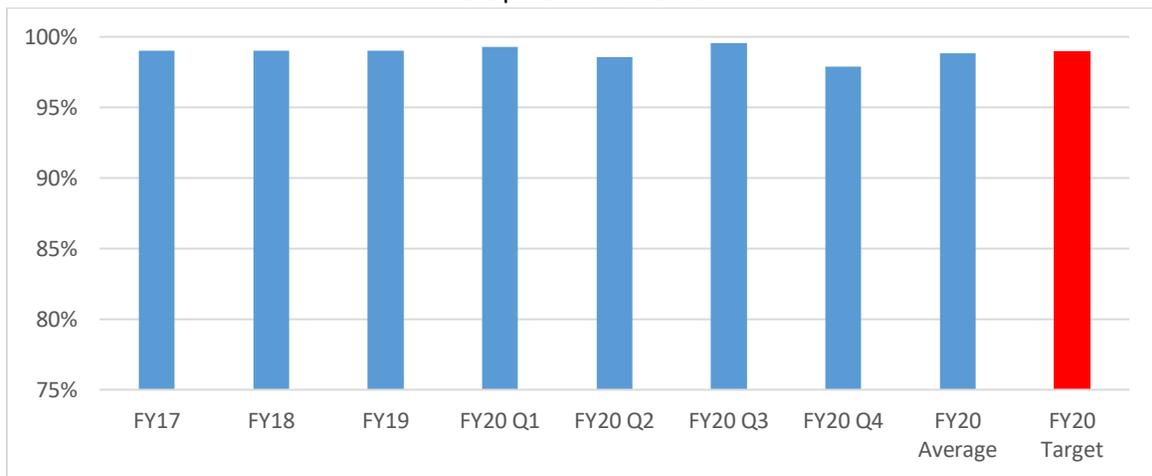
## PERFORMANCE MEASURE #2

*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

FY17	FY18	FY19	FY20 Q1	FY20 Q2	FY20 Q3	FY20 Q4	FY20 Average	FY20 Target
99%	99%	99%	99.27%	98.58%	99.56%	97.9%	99%	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 data base 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:**

Adult Protective Services strives to make face-to-face contact with clients in emergency situations as quickly as possible to provide much needed support services. During this quarter, Adult Protective Services continued to work in the COVID-19 pandemic and were at times unable to make contact with alleged victims within required time frames due to restrictions.

**IMPROVEMENT ACTION PLAN:**

Adult Protective Services has developed procedures to allow for more flexibility for case workers to make contact with alleged victims while still following best practices for COVID-19. Supervisors will continue to review employees face-to-face contact data on a monthly basis to ensure compliance with timeframes.

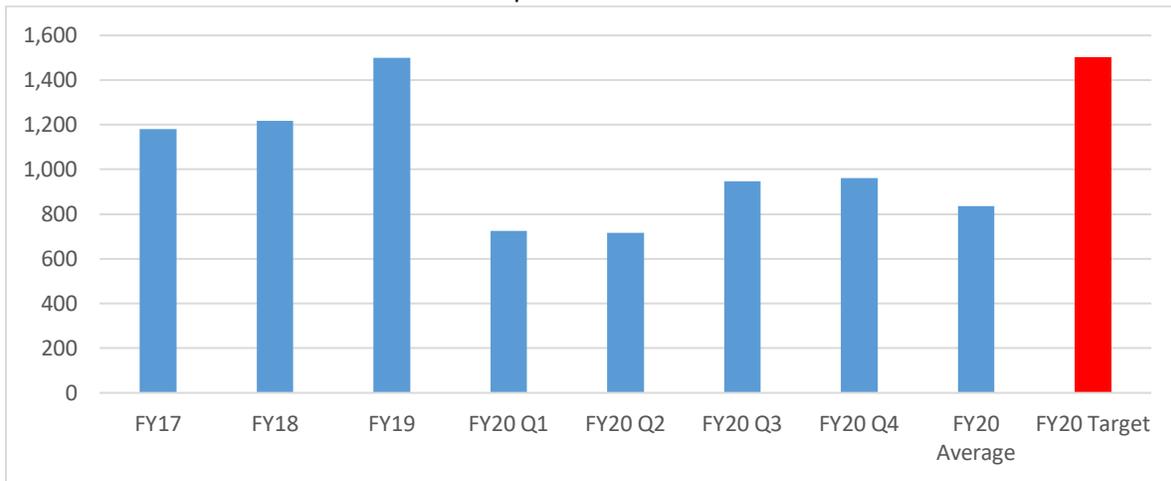
## PERFORMANCE MEASURE #3

*Number of active clients who receive home care or adult daycare services as a result of an investigation of abuse, neglect or exploitation.*

### Results

FY17	FY18	FY19	FY20 Q1	FY20 Q2	FY20 Q3	FY20 Q4	FY20 Average	FY20 Target
1,181	1,217	1,500	725	717	946	960	837	1,500

Graph of Data Above



**MEASURE DESCRIPTION:** Adult Protective Services provides home care services or day care services to clients to stay in their communities and mitigate ongoing abuse, neglect or exploitation.

**DATA SOURCE/METHODOLOGY:** Home care and day care contractors provide quarterly reports that includes the number of clients.

**STORY BEHIND THE DATA:**

Adult Protective Services provides home care or day care services to provide supportive services for victims of abuse, neglect and/or exploitation. Previous year’s data was counted on a cumulative basis. The current data is the number of clients (on average) served monthly and provides a more accurate measurement of clients served during the quarter. The average number of clients served for the quarters is indicated as the total clients served this year.

**IMPROVEMENT ACTION PLAN:**

Adult Protective Services will continue to provide home care and day care services to clients.

## Aging Network

**Program Description, Purpose and Objectives:** The Aging Network Division (AND) is comprised of the Senior Services Bureau (SSB) and Senior Employment Program Bureau (SEP) and houses the budgets for the Office of Alzheimer’s and Dementia Care, and the Pueblos, Tribes and Navajo Nation.

The purpose of the Aging Network is to provide supportive social and nutritional services for older individuals and persons with disabilities, so they can remain independent and involved in their communities. In addition, provide training, education and work experience to older individuals, so they can enter or re-enter the workforce and receive appropriate income and benefits. Some of the services supported include congregate and home delivered meals, transportation, social services and health promotion, senior employment, and volunteer programs.

AND serves older adults through cooperative arrangements with New Mexico Area Agencies on Aging (AAA's), for the provision of supportive services, such as congregate and home-delivered meals. The AAA's contract with local and tribal governments and private organizations, to deliver services throughout New Mexico.

**Program Budget (in thousands):**

FY19	General Fund	Other State Funds	Federal Funds	Other Transfers	TOTAL	FTE
200	1,122.6	34.9	266.9	-	1,424.4	16
300	621.2	10.0	-	-	631.2	
400	24,248.9	70.9	10,506.6	-	34,826.4	
TOTAL	25,992.7	115.8	10,773.5	-	36,882.0	

FY20	General Fund	Other State Funds	Federal Funds	Other Transfers	TOTAL	FTE
200	608.3	34.9	555.3	-	1,198.5	13
300	622.2	10.0	-	-	632.2	
400	27,787.0	70.9	10,506.6	-	38,364.5	
TOTAL	29,017.5	115.8	11,061.9	-	40,195.2	

**Program Performance Measures:**

1. Percent of older New Mexicans whose food insecurity is alleviated by meals received throughout the Aging Network.
2. Number of hours of caregiver support provided.

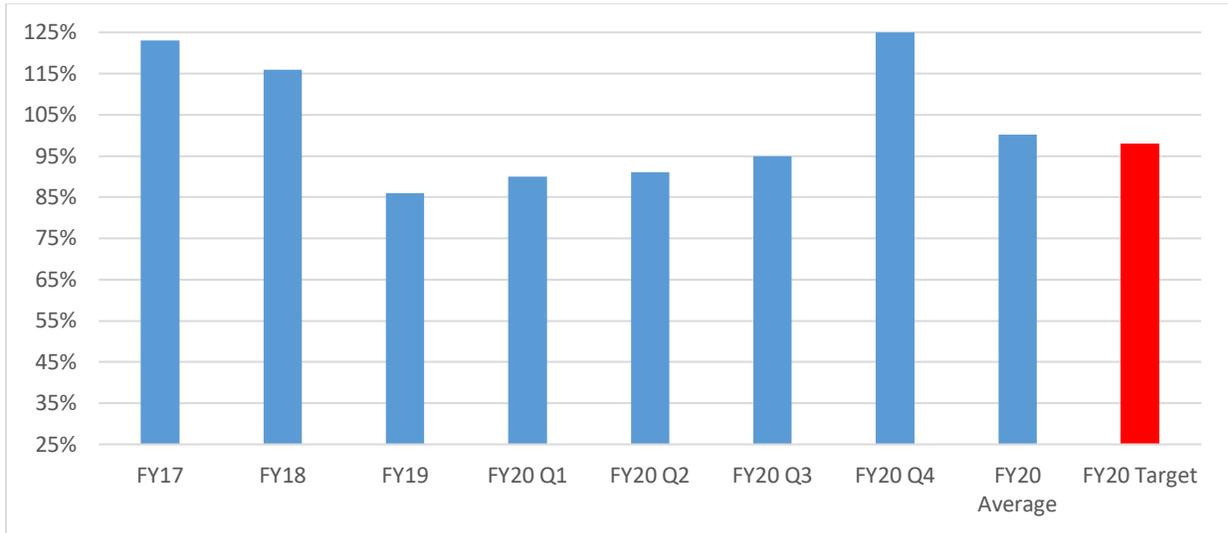
# PERFORMANCE MEASURE #1

*Percent of older New Mexicans whose food insecurity is alleviated by meals received throughout the Aging Network.*

## Results

FY17	FY18	FY19	FY20 Q1	FY20 Q2	FY20 Q3	FY20 Q4	FY20 Average	FY20 Target
123%	116%	86%	90%	91%	95%	125%	100%	98%

Graph of Data Above



**MEASURE DESCRIPTION:** This performance measure indicates the extent to which congregate and home-delivered meals are alleviating food insecurity amongst 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

**DATA SOURCE/METHODOLOGY:** Source of Data: Area Agencies on Aging and service providers. Aging Network meal providers serve congregate and home-delivered meals to consumers throughout the state, including in rural and tribal communities. The providers report numbers of meals and consumers served to the area agencies, which, in turn, report them to the ALTSD utilizing a WellSky database.

**STORY BEHIND THE DATA:** AND serves older adults through cooperative arrangements with New Mexico Area Agencies on Aging (AAA's), for the provision of supportive services, such as congregate and home-delivered meals. The AAA's contract with local and tribal governments and private organizations, to deliver services throughout New Mexico. Home Delivered Meals reduce food insecurity throughout New Mexico. During the 4<sup>th</sup> quarter: 1,276,931 home delivered meals were provided to 43,727 New Mexicans and 2,032 Congregate Meals were provided. A total of 123 unduplicated consumers were served congregate meals. Throughout FY20, 107,862 unduplicated consumers were served 4,120,654 meals.

The COVID-19 pandemic resulted in a significant data change after Governor Michelle Lujan Grisham declared a state of emergency on March 11, 2020. After this date, senior centers were closed and congregate meals were no longer served. In place of congregate meals, COVID-19 meals designated, [Home Delivered Meals—non-home bound congregate consumers now receive home delivered, grab and go, and pick-up meals and children’s meals. (This includes new consumers who have not been assessed.)]. Food Box Delivery—delivering food and groceries boxes to the homes of consumers—was an additional service provided by meal sites, senior centers, and ALTSD. IAAA and NAAA services vary by Pueblo, Nation and Tribe. Some sovereign nations are closed and others have reduced hours only distributing Home Delivered Meals.

As soon as COVID cases were confirmed in New Mexico, Governor Michelle Lujan Grisham directed her departments to rally resources in order to bolster support for our state’s most vulnerable. The Aging and Long-Term Services Department created an entire food boxing and distribution operation, from the ground up, in order to address food insecurities for the vulnerable population of homebound, low-income seniors and adults with disabilities. For months, the department coordinated bulk food buys from Roadrunner Food Bank, Shamrock Distributors, Ben E. Keith Distributors, and the Church of Jesus Christ Latter-Day Saints. Collectively, more than 700,000 pounds of food, in the form of pallets were unpacked, placed in a socially distanced assembly line, and then repacked into meal boxes with 14 days’ worth of food items. From staples like pancake mix and oatmeal to beef stew and canned vegetables, all the non-perishable contents were re-boxed and distributed to hubs across the state. Once delivered to the hub sites, the food boxes were then available for pick-up by the individuals who had requested a box, or they were hand delivered by staff from the State’s Aging Network to the requestors’ homes.

The total distribution included 509,866 Meals Delivered—\$750,000 Worth of Food Purchased—710,896 Pounds of Food Boxed—2,040 Volunteers by the State Aging and Long-Term Services Department food boxing and distribution operation that provided more than half a million meals to homebound, low-income seniors and adults with disabilities across the state of New Mexico.

The number of new seniors accessing meal services (grab and go and home delivered) has increased by 49%.

**IMPROVEMENT ACTION PLAN:**

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

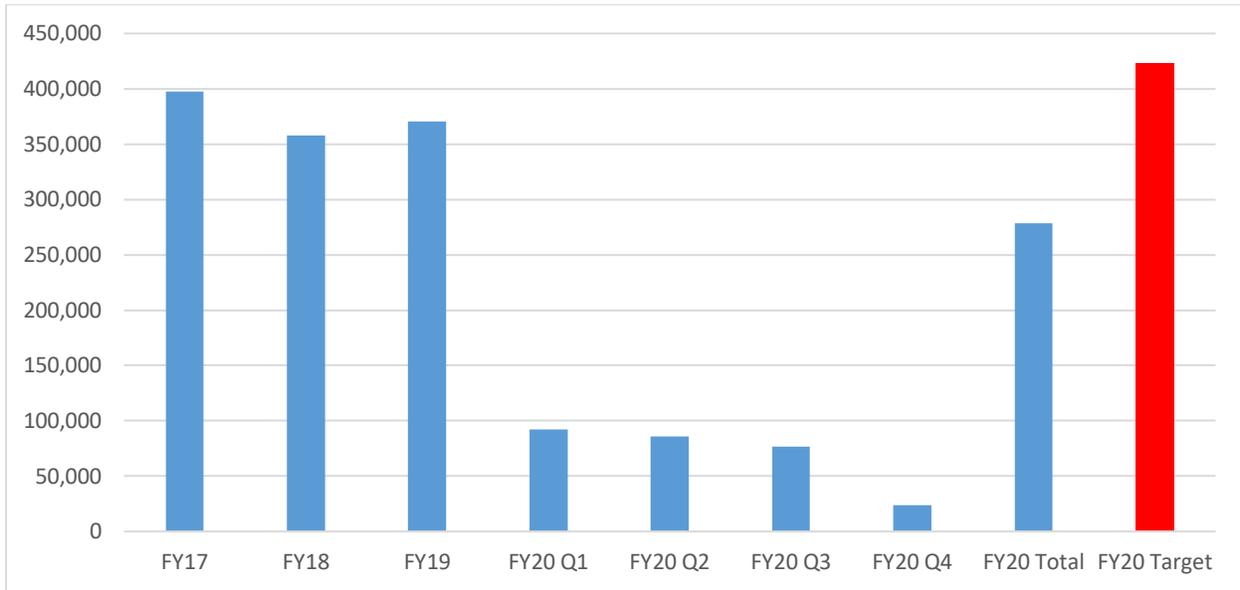
## PERFORMANCE MEASURE #2

### *Number of hours of caregiver support*

#### Results

FY17	FY18	FY19	FY20 Q1	FY20 Q2	FY20 Q3	FY20 Q4	FY20 Total	FY20 Target
397,598	357,721	370,538	92,167	86,122	76,724	23,500	278,513	423,000

Graph of Data Above



**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, in order to more comprehensively reflect the wide array of support services 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 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 contracted area agency providers, this measure includes services provided by the Alzheimer’s Association, New Mexico Chapter.

**STORY BEHIND THE DATA:** The purpose of the Aging Network is to provide supportive social and nutritional services for older individuals and persons with disabilities, so they can remain independent and involved in their communities. During the 4<sup>th</sup> quarter of FY20, the number of hours of caregiver support were—Respite Care=17,123; Adult Day Care=517; Homemaker=2,793; and, Other Support Services=3,067.

The COVID-19 pandemic resulted in a significant data change after Governor; Michelle Lujan Grisham declared a state of emergency on March 11, 2020. After this date, provision of services were altered to comply with the public order and

isolation guidance. FY 20 Quarter 4 has been affected by the pandemic. Adult Day Care Centers are closed. The remaining services are affected by the stay at home and social distancing orders.

**IMPROVEMENT ACTION PLAN:**

<b>Action</b>	<b>Responsibility</b>	<b>Timeline</b>
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