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FY22 QUARTER #3 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 FY22 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):

FY21	General Fund	Other State Funds	Federal Funds	Other Transfers	TOTAL	FTE
200	1,467.9	-	987.6	1,300.0	3,755.5	48
300	99.8	-	441.1	-	540.9	
400	114.2	-	530.1	-	644.3	
TOTAL	1,681.9	-	1,958.8	1,300.0	4,940.7	

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	48
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	

Program Performance Measures Annual:

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.

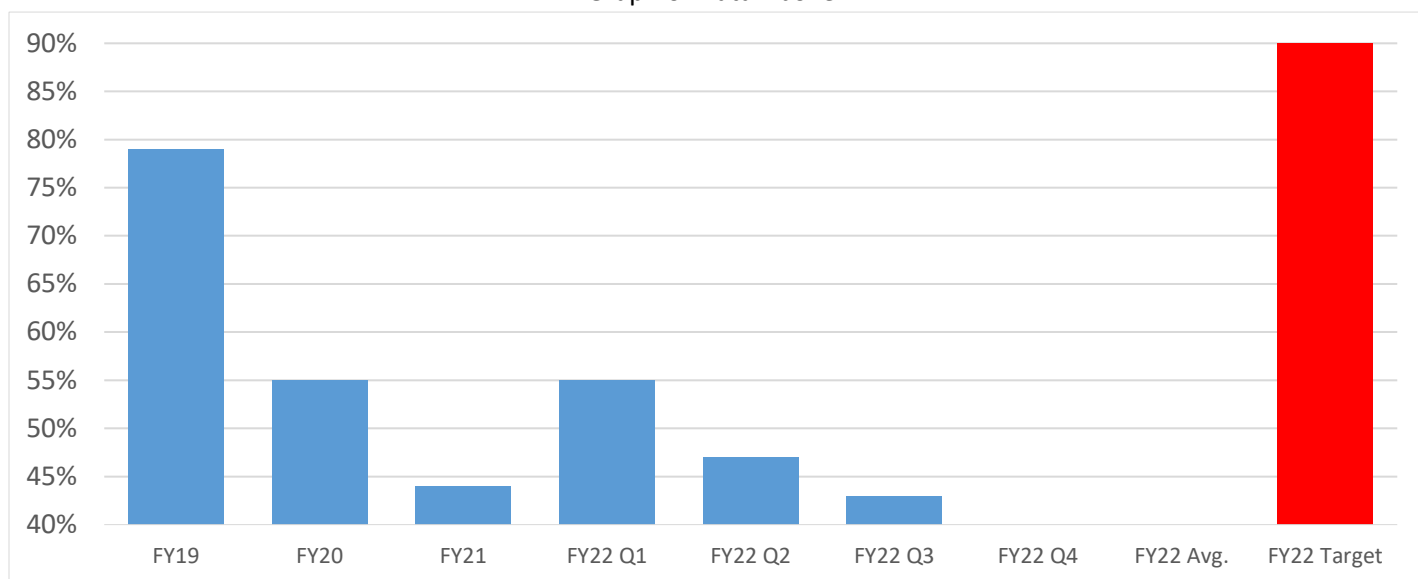
PERFORMANCE MEASURE #1

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

Results

FY19	FY20	FY21	FY22 Q1	FY22 Q2	FY22 Q3	FY22 Q4	FY22 Avg.	FY22 Target
79%	55%	44%	55%	47%	43%			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) data base. 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 third quarter, 43% of the calls to the ADRC were answered by a live operator. The ADRC received 8,481 calls (*an average of 141 calls per day*). Various factors played a role in the decline of calls answered by a live operator in the 3rd quarter. During this quarter, the ADRC worked with an average of 5 Options Counselors, which is half the amount staff, due to turnover. Currently, there are 5 vacant Option Counselor positions that need to be filled. Training new staff has also been a factor with answering calls. There was a Holiday, 3.5 days of office closures due to inclement weather, and staff shortages due to leave (sick, annual, administrative). During Inclement weather two Options Counselors were on live calls as they were teleworking during the time the office was closed. Staff has also been consistently assisting New Mexico Department of Health in both registering and scheduling appointments for the COVID-19 vaccinations and additional boosters.

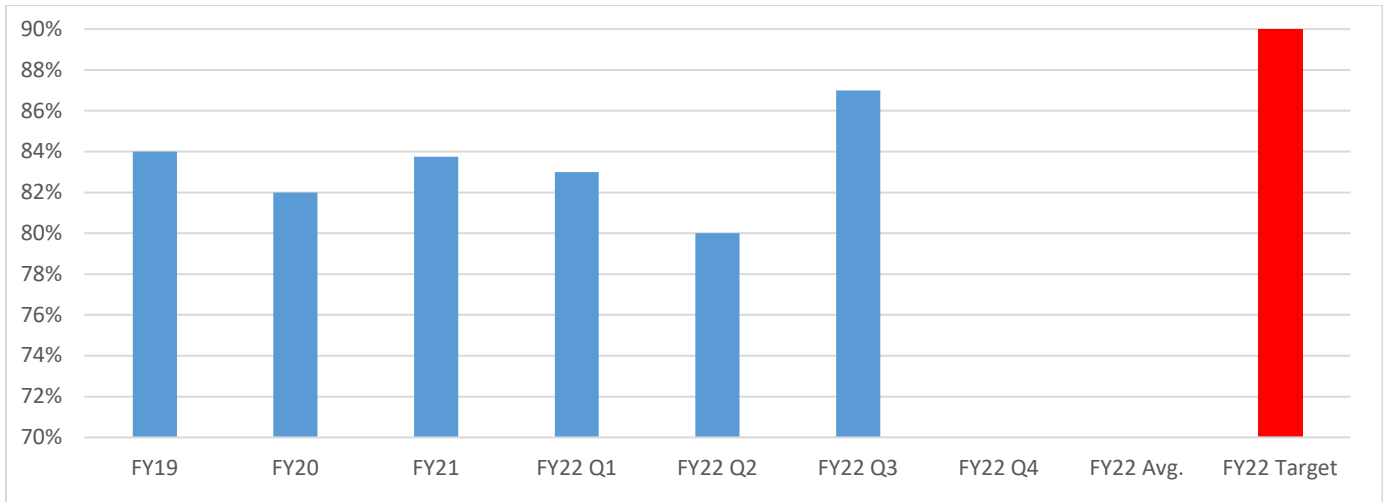
IMPROVEMENT ACTION PLAN: In the 4th Quarter, we are hoping to hire for the 5 vacant Options Counselor positions, so as to be closer to fully staffed. The ADRC hired 3 staff who then resigned. 1 was due to personal issues, 1 was due to the “cubicle atmosphere”, and 1 was due to family medical issues. Of these 3, 1 new hire only worked for 1 day and an hour on the 2nd day then resigned. We are also looking into upgrading our system, which would alleviate the issue of abandoned calls; instead of voicemails, it would allow immediate callbacks and the option of CHAT and robotchat, providing additional assistance to live calls.

PERFORMANCE MEASURE #2

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

FY19	FY20	FY21	FY22 Q1	FY22 Q2	FY22 Q3	FY22 Q4	FY22 Avg.	FY22 Target
84%	82%	83.75%	83%	80%	87%			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 Services (CTS) case managers. 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: Care Transition Unit (CTU) staff, attributes the improvement during the 3rd quarter, in part, to filling three vacancies within the CTU. This increase of employee coverage across the state of New Mexico, allowed the CTU to increase outreach and education to nursing facilities across the state. This outreach includes educating nursing facility staff and residents who would like to return home or to another residential setting in the community, about available options for long-term service and support. These engagement efforts contribute to an increase in identification of individuals interested in returning to the community, with proper services and supports put into place prior to discharge. This leads to a decrease the number of unsafe discharges across the state of New Mexico and re-admission rates.

IMPROVEMENT ACTION PLAN: CTU staff and Managed care organizations (MCO) will continue to work closely together on referrals, problem-solving on cases and implementation of safe discharges back into a community setting. CTU has also begun a “single point of entry initiative” with facilities and its residents, providing them with outreach and education through a person-centered approach and face-to-face assistance, serving as a gateway to other community programs, services and supports.

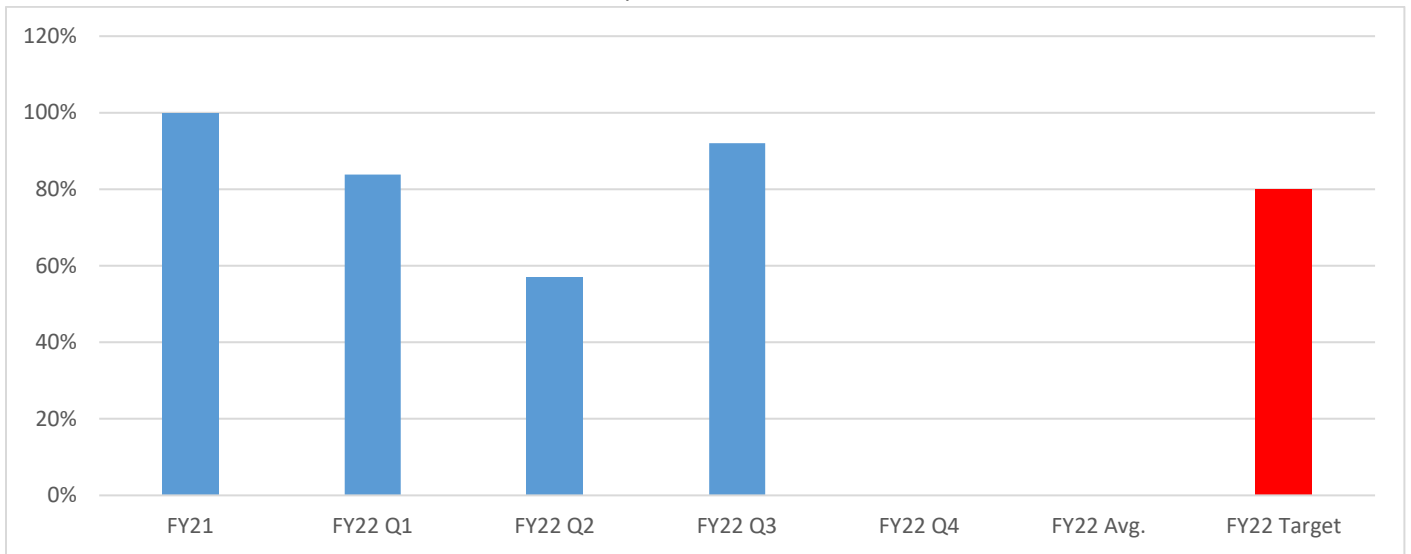
PERFORMANCE MEASURE #3

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

Results

FY19	FY20	FY21	FY22 Q1	FY22 Q2	FY22 Q3	FY22 Q4	FY22 Avg.	FY22 Target
N/A	N/A	98.75%	83.87%	57%	92%			80%

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:

The percentage of Individuals provided short-term assistance that accessed service within 30 days of a referral from options counseling increased to 92.3% from 57% in the previous quarter. Eleven of the STAs included submitting incredibly complicated applications for Medicaid Centennial Care and ensuring customers received in-home services in order to live independently in the community. Two of the referrals did not receive services within 30 days due to a delay in paperwork. One referral decided not to apply for the services.

IMPROVEMENT ACTION PLAN:

The program will continue to reach out to community partners to provide education about the services and encourage direct referrals from those partners. The program will also continue to reach out to partner organizations to inform them about short-term assistance and increase the number of referrals for constituent needs.

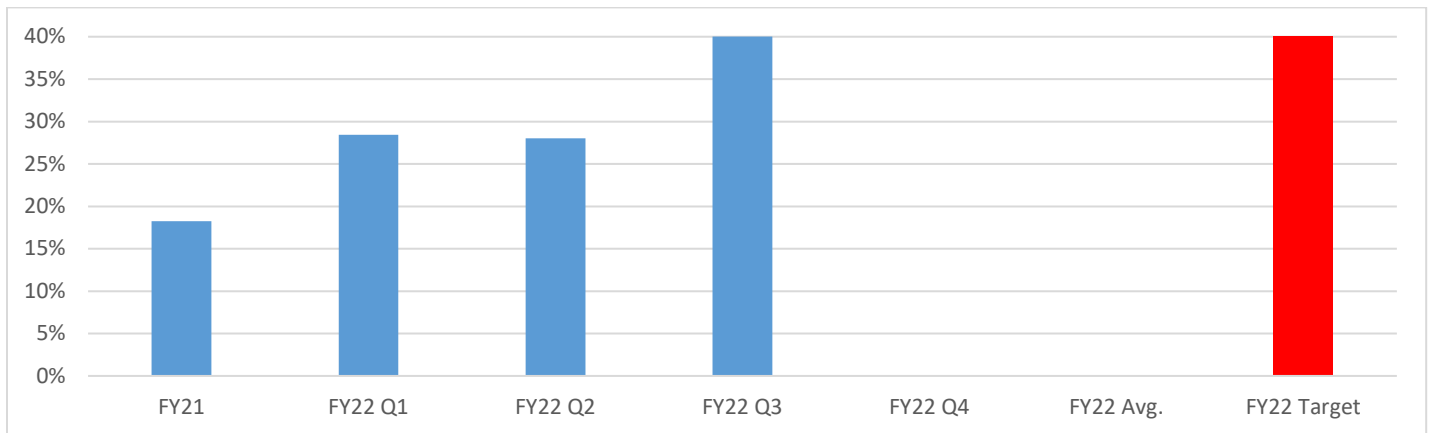
PERFORMANCE MEASURE #4

Percent of Facilities Visited Monthly

Results

FY19	FY20	FY21	FY22 Q1	FY22 Q2	FY22 Q3	FY22 Q4	FY22 Avg.	FY22 Target
N/A	N/A	18.25%	28.43%	28.02%	42%			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 Aging. 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:

The Ombudsman goal is to visit 100% of facilities each quarter. Monthly the goal would be to make an in-person visit for 33 1/3% of all facilities. This quarter the ombudsman program not only met their goal but surpassed it. This quarter included in person visits to the facility to investigate complaints, attend care plan meetings, conduct presentations for education purposes, and consult with staff on residents' rights.

IMPROVEMENT ACTION PLAN:

The Ombudsman will continue to meet the target of in person visits.

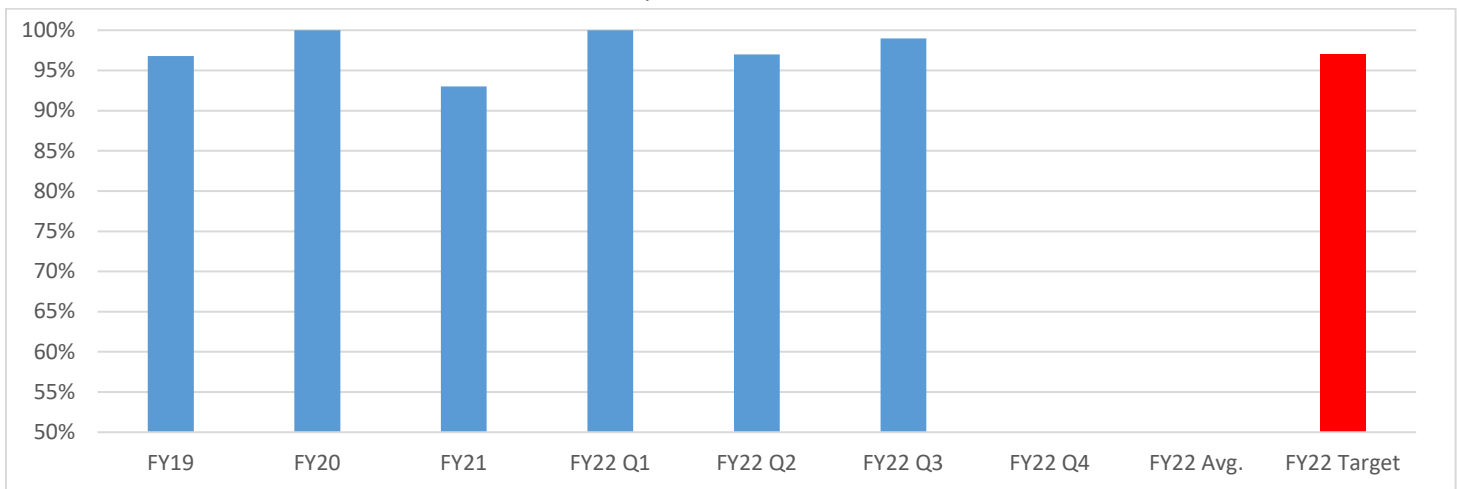
PERFORMANCE MEASURE #5

Percent of Ombudsman complaints resolved within sixty days.

Results

FY19	FY20	FY21	FY22 Q1	FY22 Q2	FY22 Q3	FY22 Q4	FY22 Avg.	FY22 Target
96.8%	100%	93%	100%	97%	99%			97%

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:

During the third quarter, the number of cases that were referred to the Ombudsman program were 80. Of those 80 cases, only 1 was not closed within 60 days. Although this case was not closed the program was still able to close out the quarter at the targeted goal of 99%. Most cases are closed out within three weeks.

IMPROVEMENT ACTION PLAN:

The Ombudsman program will continue to open and close cases within the specified time frame. The program hired a new State Ombudsman, a supervisor, and replaced an employee who retired. There are still two more positions that need to be filled and the program is working on filling those two positions withing the next 30 days. With all the positions in the program filled the Ombudsmanager software will be reviewed and monitored to ensure compliance in closing cases in a timely manner.

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):

FY21	General Fund	Other State Funds	Federal Funds	Other Transfers	TOTAL	FTE
200	9,793.8	-	-	0	9,793.8	127
300	1,399.1	-	-	2,164.4	3,563.5	
400	184.4	-	-	11.9	196.3	
TOTAL	11,377.3	-	-	2,176.3	13,553.6	

FY22	General Fund	Other State Funds	Federal Funds	Other Transfers	TOTAL	FTE
200	7,508.1	-	-	2,200.00	9,708.1	128
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	

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.

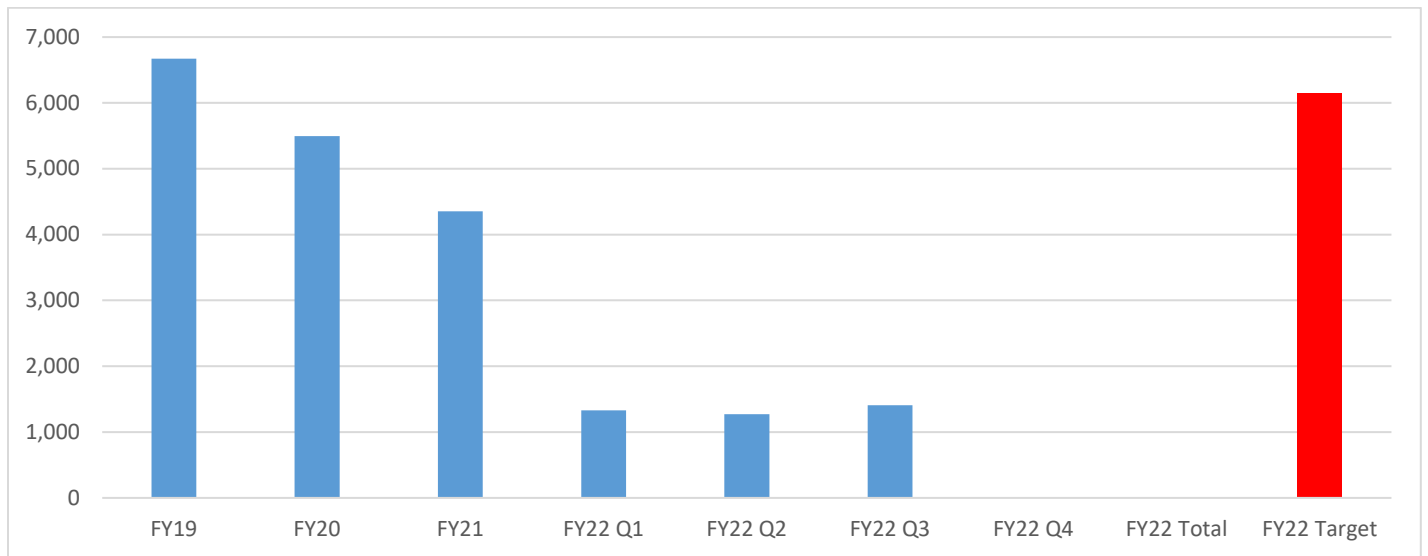
PERFORMANCE MEASURE #1

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

Results

FY19	FY20	FY21	FY22 Q1	FY22 Q2	FY22 Q3	FY22 Q4	FY22 Total	FY22 Target
6,671	5,494	4,355	1,332	1,273	1406			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 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: APS Division receives community-based referrals and agency referrals of abuse, neglect, and exploitation. During the 3rd quarter, APS received 1,406 intakes that met APS criteria for investigation, APS will continue to ensure appropriate referrals are submitted.

IMPROVEMENT ACTION PLAN: We will continue providing outreach and education on how to make a referral to APS. APS will also create more enhanced cross-reporting mechanisms, to ensure those that meet the investigation criteria, are receiving an investigation.

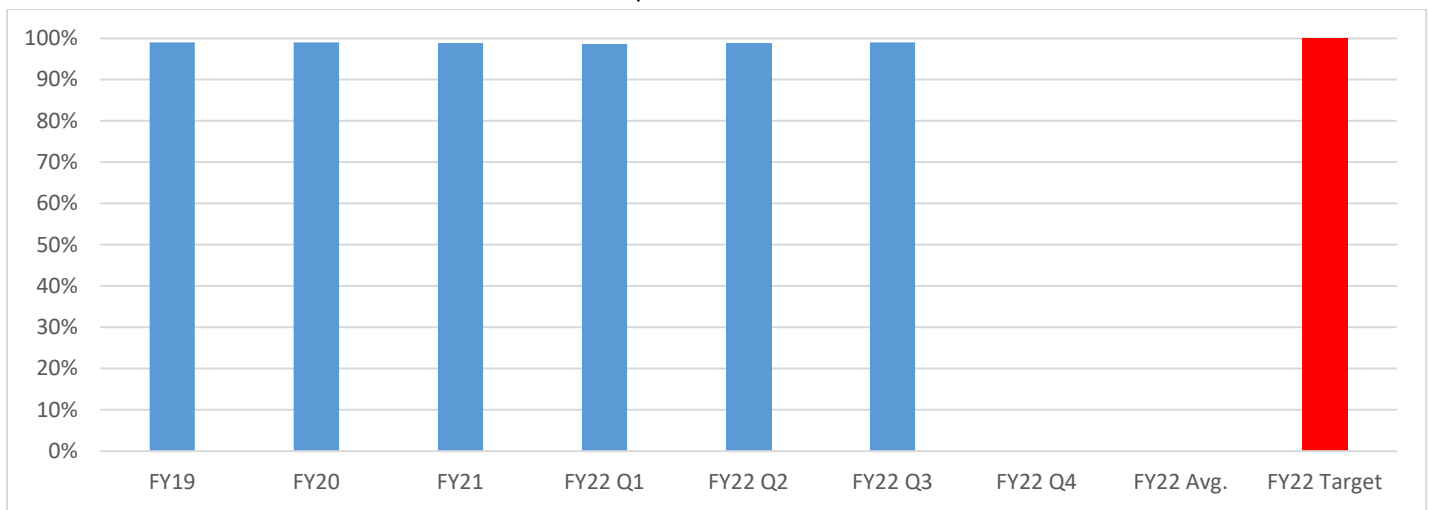
PERFORMANCE MEASURE #2

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

FY19	FY20	FY21	FY22 Q1	FY22 Q2	FY22 Q3	FY22 Q4	FY22 Avg.	FY22 Target
99%	99%	98.86%	98.67%	98.7%	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. 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: APS continues to investigate allegations of abuse, neglect, and exploitation. The investigative caseworkers are still conducting in-person investigations on time, while ensuring PPE use when entering homes to safeguard the clients and employees. Priority one referrals require a visit within 24-hours, and caseworkers are equipped with appropriate PPE, cleaning supplies, and screening methodology when making face-to-face contact. Additionally, the investigative caseworkers are required to submit monthly COVID-19 testing to ensure client safety. While COVID concerns were largely alleviated this quarter, clients were more willing to see and allow caseworkers into the homes to conduct and initiate investigations, at a slightly higher rate.

IMPROVEMENT ACTION PLAN: ALTSD is working to secure vaccinations for APS staff and clients to maintain mission-critical supports to this vulnerable population. Supervisors are working to devise alternate strategies in working with caseworkers to have 100% compliant in initiations.

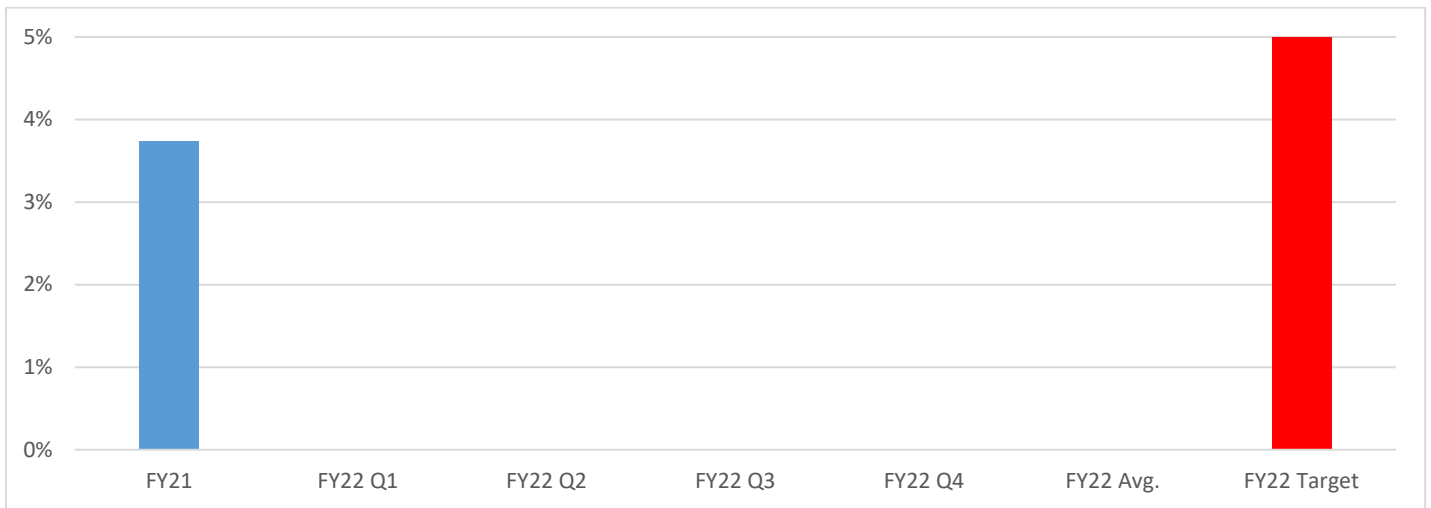
PERFORMANCE MEASURE #3

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

Results

FY19	FY20	FY21	FY22 Q1	FY22 Q2	FY22 Q3	FY22 Q4	FY22 Avg.	FY22 Target
N/A	N/A	3.74%	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 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: APS has been keeping cases opened slightly longer in an effort to build rapport and provide more services and supports, in order to reduce recidivism. Additionally, APS will be creating a case management unit to work with clients that requires more engagement, services, and supports. Case recidivism has been zero for repeated maltreatment cases within a 6-month period. This is due to the active and diligent work caseworkers and supervisors have been doing to ensure victims are not maltreated in any 6-month period.

IMPROVEMENT ACTION PLAN: APS will continue to address the issues of abuse, neglect, or exploitation and do its due diligence in preventing repeat cases through public outreach and research behind the cases, to validate whether the increase was in fact due to pandemic-related concerns. APS will be providing in-depth training to all APS field and intake staff that will enhance the quality of services and supports we offer to all clients. APS also has a review process by which substantiated cases are internally reviewed by management and provided with recommendations for improvement.

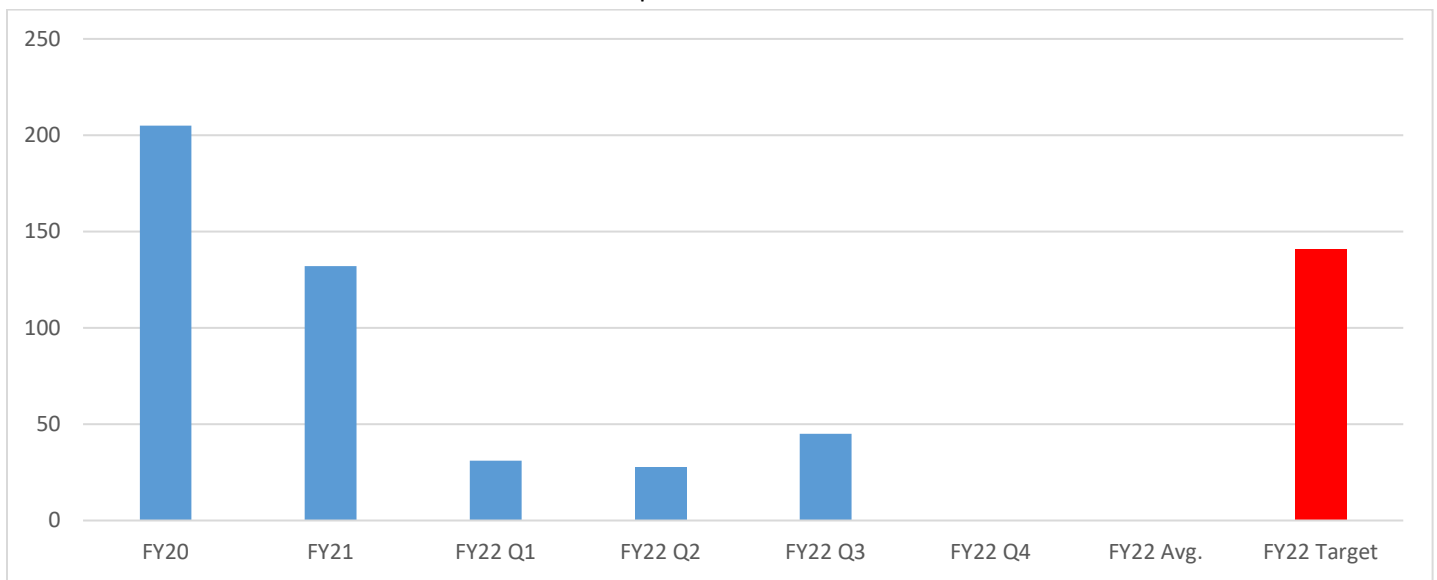
PERFORMANCE MEASURE #4

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

Results

FY19	FY20	FY21	FY22 Q1	FY22 Q2	FY22 Q3	FY22 Q4	FY22 Total	FY22 Target
N/A	205	132	21	29	45			141

Graph of Data Above



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

DATA SOURCE/METHODOLOGY: Adult Protective Services uses the WellSky Human Services system to maintain a data base 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 pivoted and changed how it historically conducted outreach and education. We now require adaptation of these presentations to virtual means and methods. APS is increasing the outreach provided to the public and is creatively bringing new ways to engage. As concerns for COVID subside with the growing vaccination of the general population, APS has increased its outreach efforts more this quarter due to the community having a more open ability to invite outsiders into facilities and locally owned business, including state and city government centers.

IMPROVEMENT ACTION PLAN: We will continue to explore other avenues to provide outreach to elders in need of services and to ensure knowledge of services available.

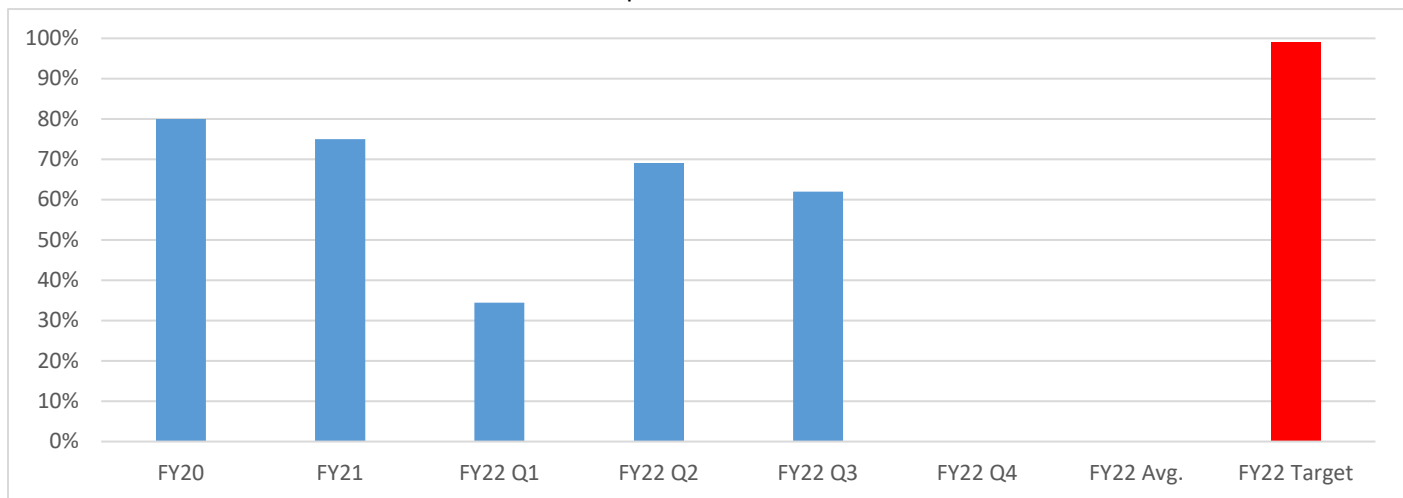
PERFORMANCE MEASURE #5

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

Results

FY19	FY20	FY21	FY22 Q1	FY21 Q2	FY21 Q3	FY21 Q4	FY22 Avg.	FY22 Target
N/A	80%	64.19%	34.41%	69%	62%			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 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: The pandemic has created numerous challenges for APS, and appropriately assessing clients for services was one of these challenges. When a referral is made, the adult services contractors must contact the client and conduct their assessment. The pandemic caused fear in many people, particularly older adults who we know are most vulnerable. Many APS clients were hesitant to allow the contractors in their homes to provide a proper assessment of needed services, (for example, some clients would only want to talk to the contractor from the door and at least 6 feet apart, which wouldn't allow them to enter the home and assess additional needs such as laundry and housekeeping needs). This was ultimately not a barrier to providing the services, but a delay in determining appropriate needs. Lastly, there is a high need across the state for qualified caregivers. Many contracted home care contractors have significant staff shortages, which has caused implementing services more difficult. Again, as concerns for COVID reduce, caregivers are being hired more frequently and agency vendors are ramping up their own ability to provide timely services.

IMPROVEMENT ACTION PLAN: APS will diligently work with contractors to implement services as fast as possible. There continues to be some barriers in the vendors ability meet 100% goals, but as a response, APS also continues its ongoing meetings with those providers either monthly or quarterly to address staffing and other logistical barriers.

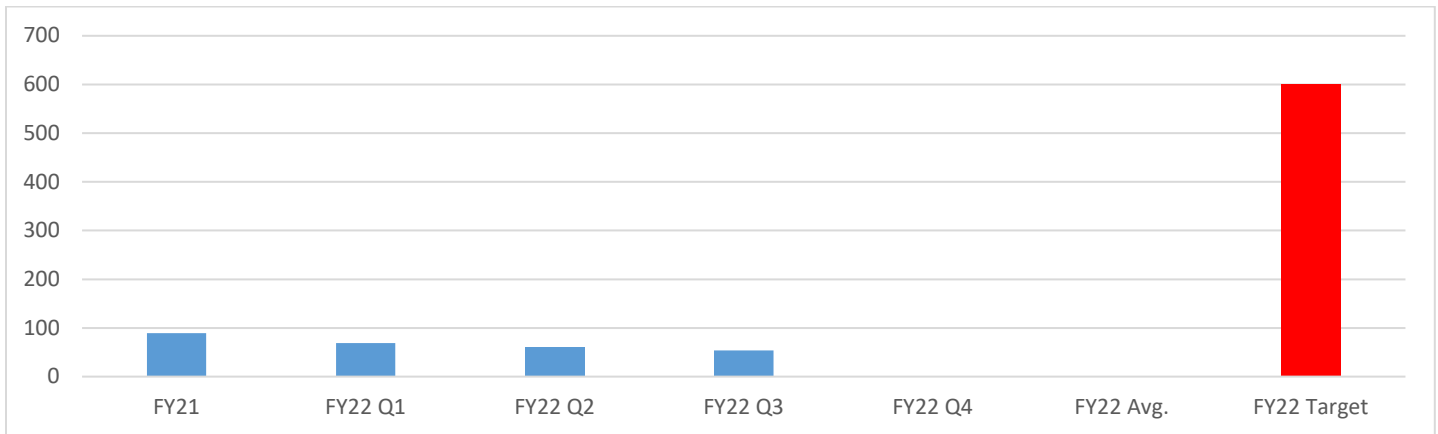
PERFORMANCE MEASURE #6

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

FY19	FY20	FY21	FY21 Q1	FY21 Q2	FY21 Q3	FY21 Q4	FY22 Total	FY22 Target
N/A	N/A	89	69	60	54			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 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: During the 3rd quarter, there were 54 referrals and enrollments into home care and adult day services due to an APS investigation into abuse, neglect, or exploitation. Due to limitations and closures, referrals to providers have been limited. APS completes the community services waiver applications for all home and daycare referred clients. This added measure has contributed to an added factor to the decreased number of referrals. APS investigators can link Medicaid-funded services to APS clients before making a referral for APS-funded services. APS contracts with home care providers to ensure clients that do not qualify for home and community-based services, still have support. The home care providers continue to have difficulty recruiting caregivers. Caregiver shortages have had a significant impact when referring clients to APS funded services.

IMPROVEMENT ACTION PLAN: APS will continue to identify when referrals are necessary and enroll clients on an as-needed basis. Additionally, referrals to providers will also continue as reopening across the state continues. APS anticipates with the reopening of adult day care providers across the state, the number of referrals will increase. There has been a steady decrease of referrals over the last two quarters; however, APS supervisors have been staffing with caseworkers to determinate appropriate referral practices on each investigation in the upcoming quarter and future. This in turn should prompt caseworkers to refer more cases to home/day care vendors across the state.

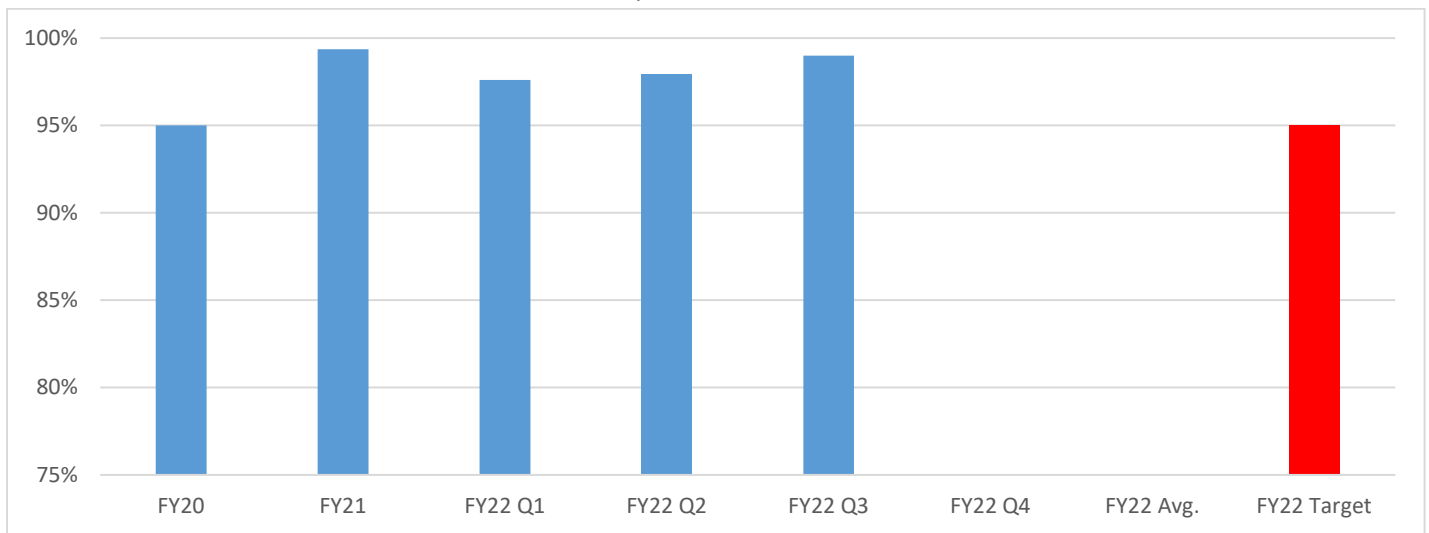
PERFORMANCE MEASURE #7

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

FY19	FY20	FY21	FY22 Q1	FY22 Q2	FY22 Q3	FY22 Q4	FY22 Avg.	FY22 Target
N/A	95%	99.36%	97.6%	97.9%	99%			95%

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 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: APS was able to meet priority two investigation time frames in a timelier fashion, due to the additional time allotted for these investigations. It provided caseworkers an opportunity to interview the alleged victim and coordinate in a safe manner, to conduct face-to-face visits; versus a priority one referral, which requires a face to face within 24 hours, which is slightly more difficult to navigate during the pandemic.

IMPROVEMENT ACTION PLAN: APS will continue to diligently pursue these investigations within the timeframe as these referrals are made. APS is actively hiring across the state for multiple positions; this will assist in increasing the percentage of timely initiation of cases. In addition, APS conducts monthly reviews of initiations to capture incorrect or late entries into the Wellsky system. APS caseworkers are reminded during regular staffing with supervisors to ensure that timely initiations are always met.

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 supports 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):

FY21	General Fund	Other State Funds	Federal Funds	Other Transfers	TOTAL	FTE
200	462.0	34.9	555.3	-	1,052.2	14
300	1,237.2	10.0	0	-	1,247.2	
400	28,751.4	70.9	11,142.5	-	39,964.8	
TOTAL	30,450.6	115.8	11,697.8	-	42,264.2	

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	

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.

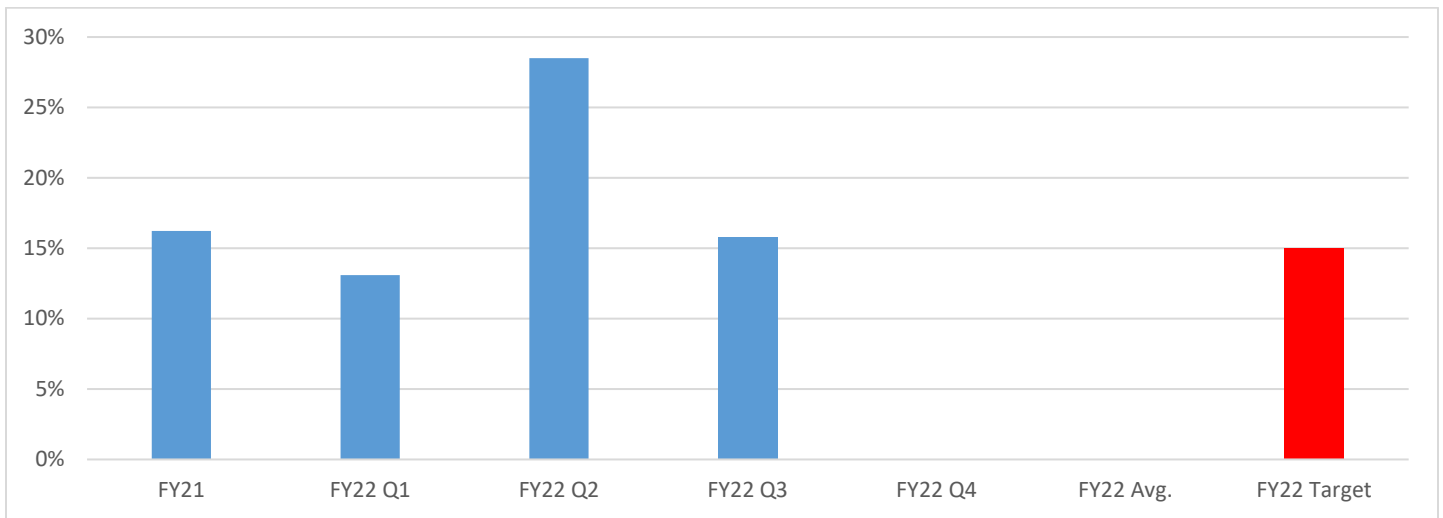
PERFORMANCE MEASURE #1

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

Results

FY19	FY20	FY21	FY22 Q1	FY22 Q2	FY22 Q3	FY22 Q4	FY22 Avg.	FY22 Target
N/A	N/A	16.22%	13.10%	17.69%	15.80%			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. The quarter one total for this measure only reflects PSAs 1–4, and PSA 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: COVID exposure closures impacted senior center congregate services during 3rd quarter in FY22, resulting in program providers having to revert to grab-n-go meals for periods of up to a two-week period. On average we see two program providers per week reporting COVID exposures and/or closures.

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

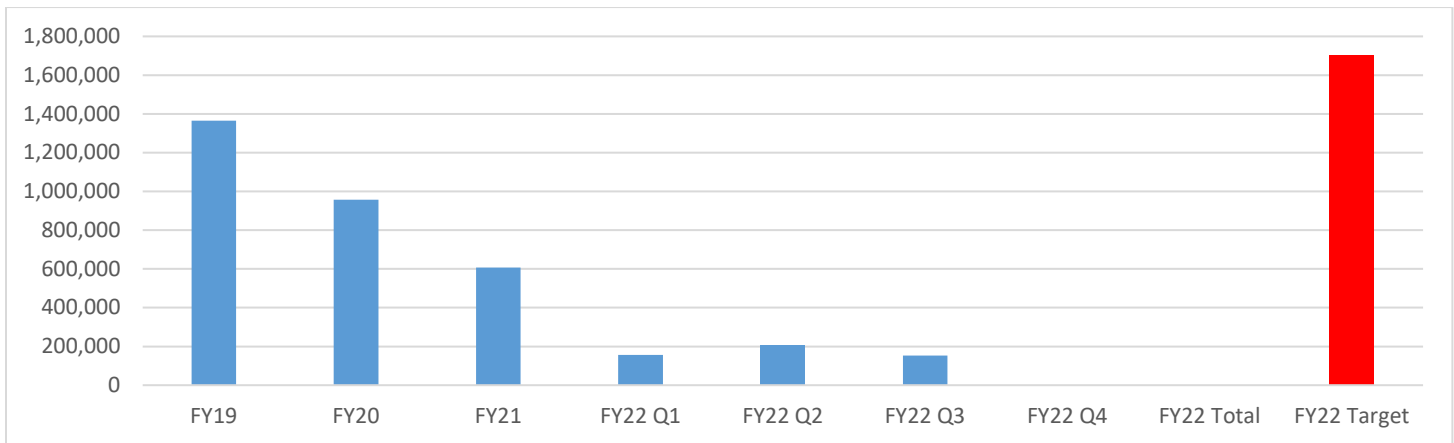
PERFORMANCE MEASURE #2

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

Results

FY19	FY20	FY21	FY22 Q1	FY22 Q2	FY22 Q3	FY22 Q4	FY22 Total	FY22 Target
1,365,268	957,031.06	607,258	156,235	204,734	152,862			1,700,000

Graph of Data Above



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 RSVP.

DATA SOURCE/METHODOLOGY: The statewide contractors for the AmeriCorps Seniors: FGP, SCP, and RSVP submit quarterly data to the Senior Services Bureau which is then compiled, verified, and reported for this performance measure.

STORY BEHIND THE DATA:

During the 3rd quarter, senior volunteers provided 152,862 hours of service, statewide. 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.
 1. Tribes and Pueblos have remained closed.
 2. Raw food costs have increased creating the necessity for menu and meal revision while maintaining Required Dietary Intake (RDI).
 3. 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 for 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

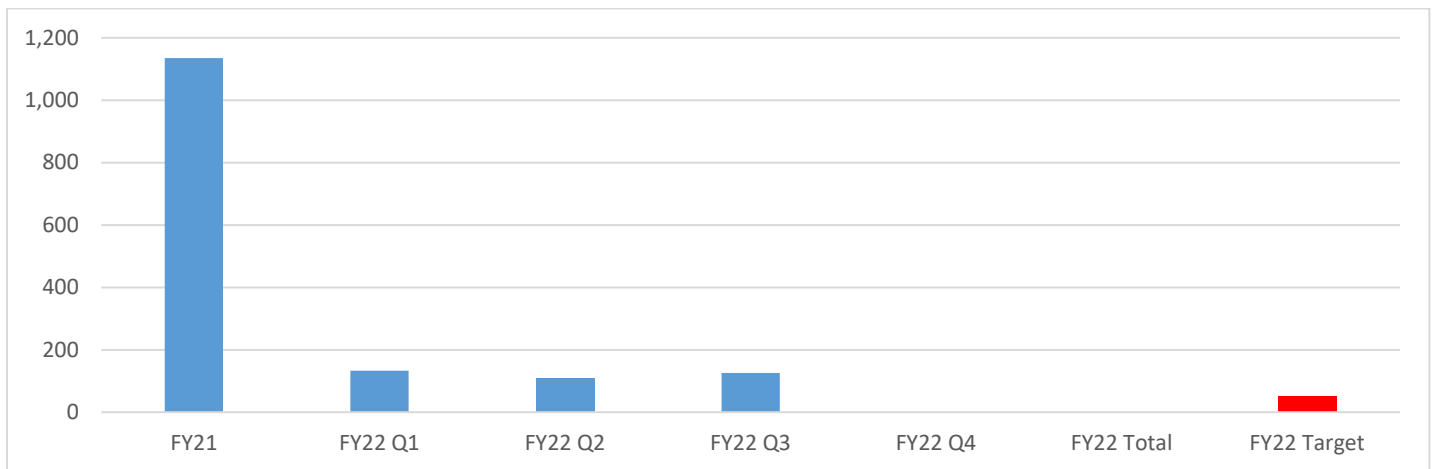
PERFORMANCE MEASURE #3

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

FY19	FY20	FY21	FY22 Q1	FY22 Q2	FY22 Q3	FY22 Q4	FY22 Total	FY22 Target
N/A	N/A	1,135	133	110	126			50

Graph of Data Above



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: During the 3rd quarter of FY22 AND conducted 52 outreach events (including provider volunteer outreach events), CERD conducted 25 outreach events and OMB conducted 49 outreach events, for a total of 126 events showcasing the availability of services within the Aging Network, which is higher than our goal. However, because of the COVID-19 pandemic, there was a significant data change after Governor, Michelle Lujan - Grisham declared a state of emergency on March 11, 2020. The state of New Mexico was granted a major disaster declaration by the Federal Government in March 2020. After this date, provisions of services were altered to comply with the public order and isolation guidance. FY 22 Quarter 3 has been affected by the pandemic, in that agency outreach events have been modified by using virtual collaboration. The remaining outreach events are affected by the facilities that continue to be closed due to employer, city, and county restrictions.

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

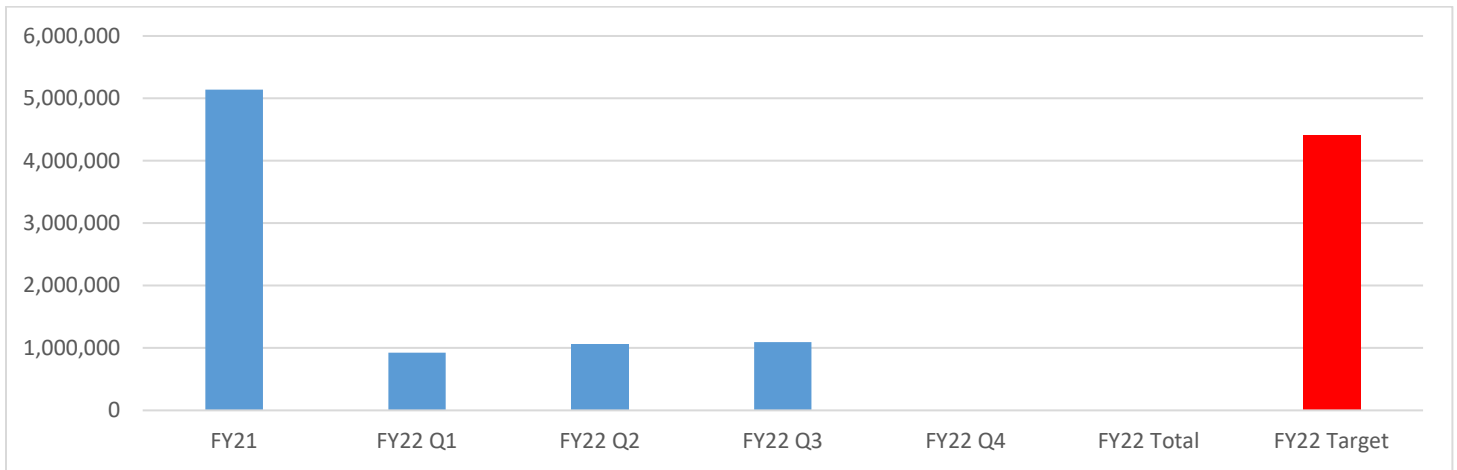
PERFORMANCE MEASURE #4

Number of Meals served in congregate, and home delivered meal settings.

Results

FY19	FY20	FY21	FY22 Q1	FY22 Q2	FY22 Q3	FY22 Q4	FY22 Total	FY22 Target
N/A	N/A	5,141,387	922,422	1,068,797	1,093,974			4,410,000

Graph of Data Above



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.

STORY BEHIND THE DATA:

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.

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

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- Increasing client registration
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- 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

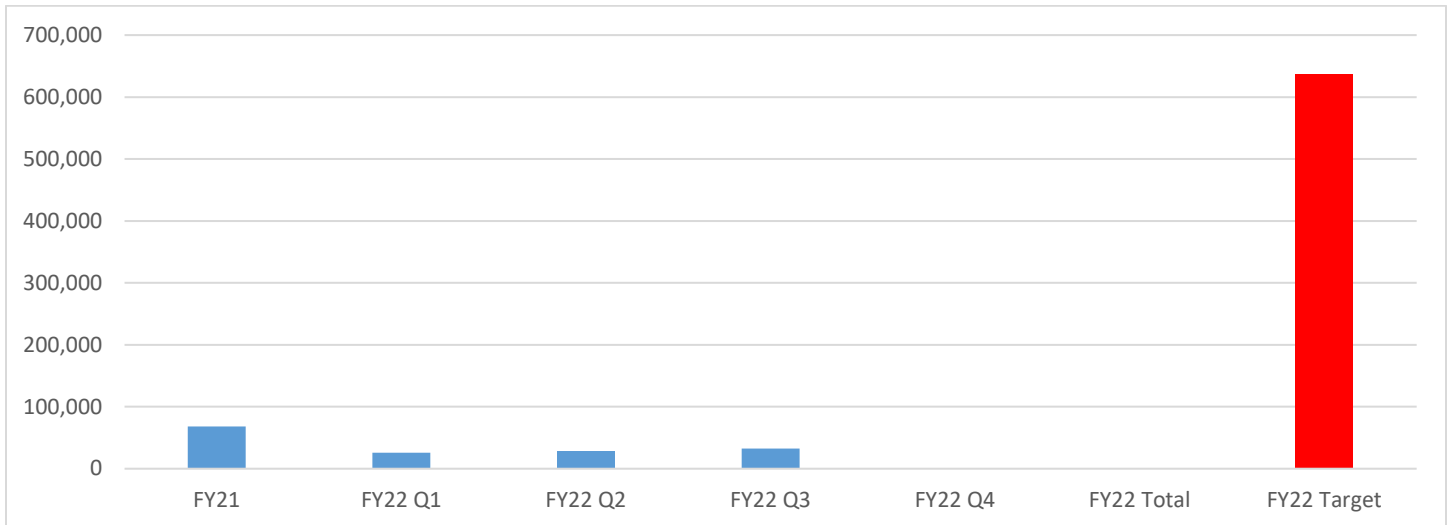
PERFORMANCE MEASURE #5

Number of Transportation Units Provided

Results

FY19	FY20	FY21	FY22 Q1	FY22 Q2	FY22 Q3	FY22 Q4	FY22 Total	FY22 Target
N/A	N/A	68,180	25,582	32,017	32,671			637,000

Graph of Data Above



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:

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.

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Under reporting for non-registered consumers since services were altered during the COVID pandemic.

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- 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

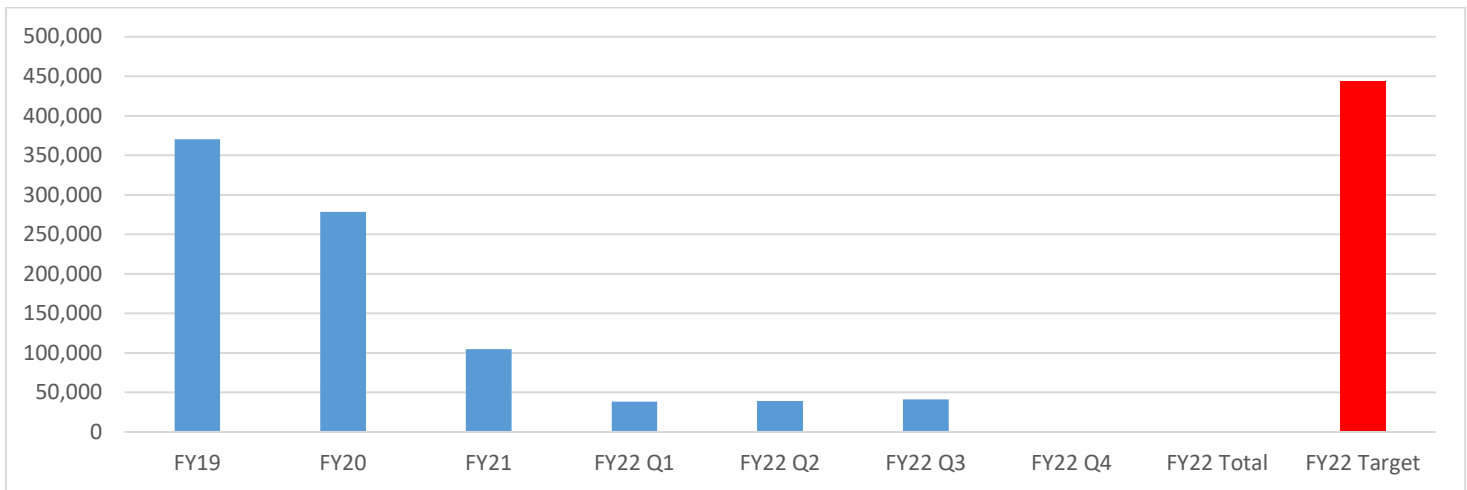
PERFORMANCE MEASURE #6

Number of hours of caregiver support

Results

FY19	FY20	FY21	FY22 Q1	FY22Q2	FY22 Q3	FY22 Q4	FY22 Total	FY22 Target
370,538	278,513	104,730.35	38,244.21	38,079.61	41,198.62			444,000

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, 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.

STORY BEHIND THE DATA:

- During the 3rd quarter of FY22, the number of hours of caregiver support were as follows: *Respite Care* = 15,576.87
- *Adult Day Care* = 8,708.00
- *Homemaker* = 13,095.00
- *Other Support Services* = 3,818.75
- ***Total Units of Service* = 41,198.52**

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.

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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

