

ADULT PROTECTIVE SERVICES

ANNUAL REPORT FY23

Jen Paul Schroer, Cabinet Secretary

Sarah Jacobs, Deputy Secretary

Antoinette Vigil, Deputy Secretary

Esperanza Lucero, APS Director

NEW MEXICO
**AGING &
LONG-TERM
SERVICES**
DEPARTMENT

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MESSAGE FROM THE CABINET SECRETARY



This year marks another crucial milestone in our ongoing commitment to caring for the most vulnerable adults in our community. In Fiscal Year 2023, Adult Protective Services (APS) received a total of 12,560 reports of abuse, neglect, and exploitation. Additionally, this past summer APS Director Esperanza Lucero was recognized nationally for her contributions & implementation of a harm reduction model within APS.

We are entrusted with the responsibility of safeguarding those who are often some of the most vulnerable members of our communities: our elderly, disabled and at-risk adults. It is our duty to ensure their safety, well-being, and dignity.

This report not only serves as a reflection of our agency's accomplishments but also as a testament to this administration's dedication to serving every New Mexican.

In the coming year, some of APS's priorities include:

1. Ensuring clients have access to services and supports to meet their needs and remain in their communities of choice.
2. Successfully launching the New MexiCare program in 13 counties.
3. Hosting the National Adult Protectives Services Association (NAPSA) conference in September 2024, projected to be the largest in it's history.

This report is a testament to the hard work, compassion, and unwavering commitment of our team members, partners, and stakeholders, and I look forward to continuing the great work in the coming year.

Warm Regards,

A handwritten signature in blue ink, appearing to read "Jen Paul Schroer". The signature is fluid and cursive.

Jen Paul Schroer

APS VISION

Providing innovative interventions and supports to mitigate abuse, neglect, and exploitation.

APS MISSION

The New Mexico Adult Protective Services Division preserves and promotes the independence, dignity, autonomy, and safety of vulnerable adults throughout New Mexico.



APS SOUTHEAST REGION TEAM

INTRODUCTION

The Aging and Long-Term Services Department is the designated state agency for the protection of adults who are victims of abuse, neglect, or exploitation (ANE). The Adult Protective Services (APS) Division provides a statewide system of protective services for older adults and adults with disabilities over the age of eighteen. APS is one of six divisions within ALTSD and comprises over 50% of the Department's 250+ full-time employees.

New Mexico is a mandatory reporter state pursuant to the Adult Protective Services Act (Section 27-7-30 NMSA) which states that any adult or financial institution that suspects someone is being abused, neglected, or exploited, has the duty to report that information to APS. The APS Act also provides for assessment of a civil penalty against anyone who interferes with an investigation, the provision of protective services, or placement of an adult who consents to those services.



Investigations are conducted through a network of regions and field offices throughout the state. Caseworkers meet with alleged victims in their homes to investigate allegations, perform assessments, and address immediate safety needs. When necessary, APS provides short-term services, including emergency protective placement or caregivers; home care; adult day care; attendant care; or legal services (filing of guardianship petitions in district court).



STATUTORY AUTHORITY

Adult Protective Services (APS) is mandated by New Mexico law to provide a system of protective services to persons aged 18 and older who are unable to protect themselves from abuse, neglect, or exploitation.

The Adult Protective Services Act (Sections 27-7-15 through 27-7-30 NMSA 2007) is the civil statute upon which APS is based. The APS Act is implemented through four New Mexico Administrative Code rules:

- 8.11.3 APS Investigations
- 8.11.4 APS Services
- 8.11.5 APS Legal Services
- 8.11.6 Employee Abuse Registry

APS substantiates or unsubstantiates allegations based on the preponderance of the evidence and provides services to prevent future risk of abuse, neglect, or exploitation. APS is not authorized to conduct criminal investigations, file charges, or arrest perpetrators.

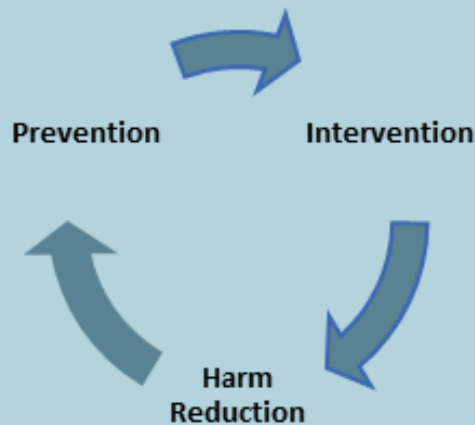
When an APS caseworker encounters evidence of a crime, the case is referred to law enforcement. Substantiated cases may also be referred to the Attorney General's Office, Department of Health Incident Management, the Ombudsman, the Employee Abuse Registry, or other state agencies as appropriate.



GUIDING PRINCIPLES & CORE VALUES

- 1 Providing high-quality services and support to APS clients and implementing preventative measures to reduce recidivism.
- 2 Mitigating abuse, neglect, and exploitation of incapacitated adults.
- 3 Ensuring the safety and well-being of incapacitated adults by establishing innovative care and support services.
- 4 Engaging in the least restrictive and person-centered interventions to reduce abuse, neglect, and exploitation and improve outcomes for vulnerable adults

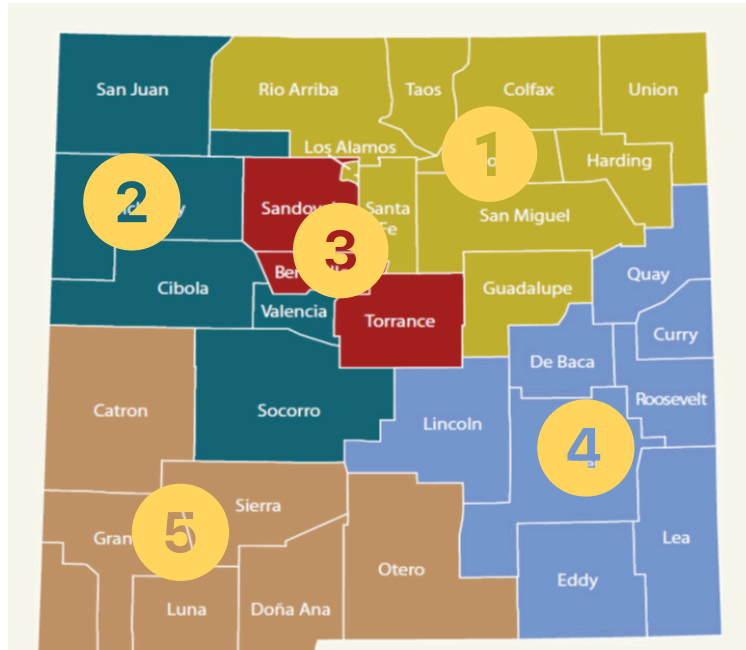
Focus on prevention helps adults to stay safely in their homes & communities before they become an APS client.



APS created 5 community health worker positions for each region to facilitate service identification and coordination

APS is establishing its case management unit to work with higher need clients that require more clinical intervention

APS REGIONS BY COUNTY



1

Northeast

Santa Fe,
Los Alamos
Rio Arriba
Taos
Colfax
Union
Mora
Harding
San Miguel
Guadalupe

2

Northwest

San Juan
McKinley
Cibola
Valencia
Socorro
Sandoval

3

Metro

Bernalillo
Torrance
Sandoval

4

Southeast

Lincoln
De Baca
Quay
Curry
Roosevelt
Chaves
Eddy
Lea

5

Southwest

Catron
Grant
Hidalgo
Sierra
Luna
Doña Ana
Otero

SCREENING

A report occurs when a member of the public informs APS of a suspected situation where an adult could be experiencing abuse, neglect or exploitation.

A report becomes a case if the report is accepted (screened-in) for an investigation.

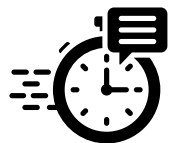
Reasons a Report May Not Be Accepted

- The report does not contain a specific allegation of abuse, neglect, or exploitation.
- There is insufficient information to locate the victim;
- No jurisdiction; for example: the alleged victim lives on Tribal land.
- The report duplicates a previously received report.
- The adult has capacity.
- The report is directed to a more appropriate agency (i.e., Dept. of Health, law enforcement, Tribal Social Services, etc.).

Screen-in vs. Screen-out



After a report arrives at APS, it is electronically sent to the APS supervisor nearest to the alleged victim. The supervisor generates additional information, if necessary, and either accepts the report for investigation or screens it out if it does not meet criteria.



Once a case is accepted, the supervisor establishes the response time and assigns an APS caseworker to the investigation.

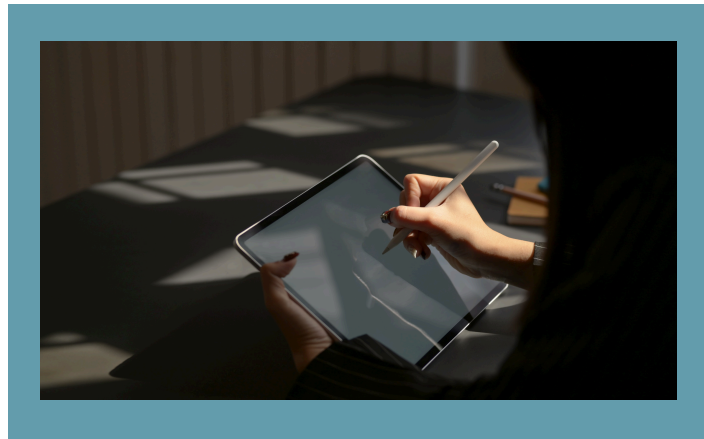
Emergency: within 3 hours

Priority 1: within 24 hours

Priority 2: within 2-5 calendar days

REPORTING

In FY23, 35,392 Critical Incident Reports (CIR's) were made to APS. In addition, to the 35,392 Critical Incident reports (CIR's) made in FY23, the public made 12,560 reports of adult abuse, neglect, or exploitation.



What is Critical Incident Reporting?

The Human Services Dept/Medical Assistance Division /Quality Bureau (HSD/MAD/QB) Incident Management System describes the statewide reporting requirements for all incidents involving recipients served under Centennial Care-funded Home and Community Based Service programs.

Community agencies providing Home and Community Based Services are required to report critical incidents to the State.

Home & Community Based Services include Personal Care services (PCO) and Self-Directed benefit services in addition to other services. All allegations of Abuse, Neglect, and Exploitation of a recipient must be reported, as well as any incidents involving Emergency Services, Hospitalization, the Death of a recipient, the involvement of Law Enforcement, any Environmental Hazards that compromise the health and safety of a recipient, and any Elopement or Missing recipient. *

*(<https://www.hsd.state.nm.us/providers/critical-incident-reporting/>, n.d.)

REPORTING TABLES

TABLE 1 provides a breakdown by region of the following information for FY23:

- Total number of reports made to APS.
- Number of reports screened-in and screened-out.
- Percentage of reports made to APS.
- Total number of Critical Incident Reports (CIR) reviewed.

Region	Total Reports	Screened In	Screened Out	Screen In %	Reports % of NM	*CIR's Reviewed
Metro	5315	2651	2664	50%	38.6%	22707
NE	1867	1030	837	55%	15.0%	3776
NW	1354	799	555	59%	11.6%	2496
SE	1352	680	672	50%	9.9%	2469
SW	2672	1703	969	64%	24.8%	3944
Grand Total	12560	6863	5697	55%	100.0%	35392

CIRs are now currently filtered by HSD/MCO to reflect more accurate reporting to APS.

TABLE 2 identifies the reporting methods used to make reports of abuse, neglect or exploitation in FY23.

*Reporting Methods	
Telephone	7679
Web Intake	1807
Fax	1488
Email	1226
No Response	158
Mail	151
Walk-In	49
Web	2
Grand Total	12560

Reporting methods facilitate secure, prompt APS concern submissions

TABLE 3 provides the type of each allegation and total in FY23.

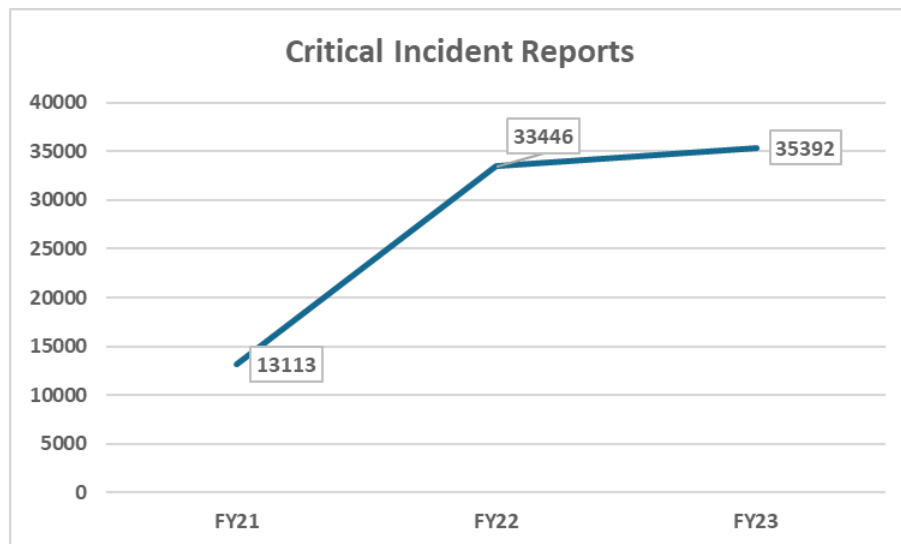
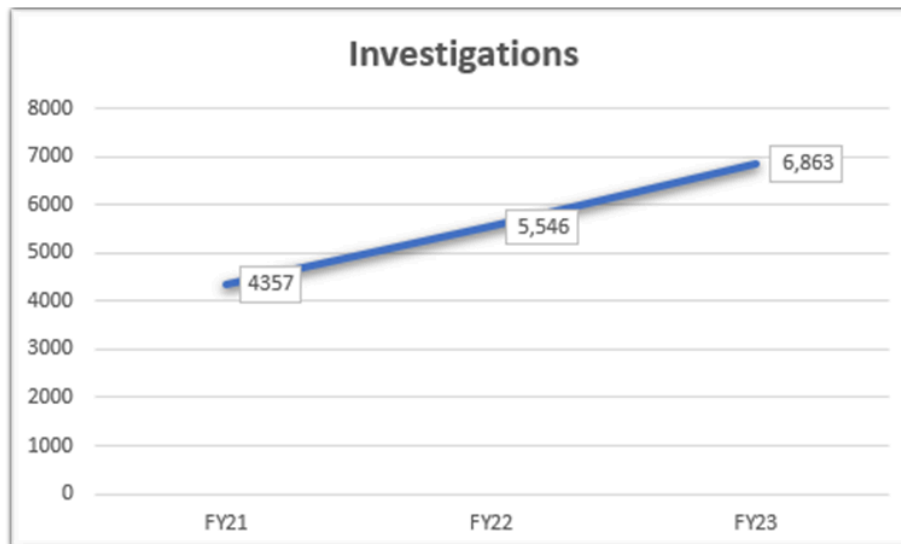
*Allegations - Total	
Neglect	2388
Self - Neglect	3776
Exploitation	2343
Abuse	1893
Other	21
Sexual Abuse	4
Total	10425

Cases can have more than one allegation.

INVESTIGATION & CRITICAL INCIDENT REPORT INCREASES

Between FY21 and FY23, APS experienced a 59% increase in substantiated Investigations and a 170% increase in Critical Incident Reports.

The charts below identify the increases.



RESPONSE TIME

In general, cases requiring response within 24 hours are more acute and involve an adult's immediate safety. APS' commitment to ensuring the safety and well-being of vulnerable individuals is reflected in our continued efforts to ensure rapid response times.



Emergency

The percentage of emergency cases requiring face-to-face contact with the alleged victim no later than 3-hours after the case has been received by a screening supervisor, was at 98% in FY23 and FY22.



Priority One

The percentage of priority one investigations requiring a face-to-face contact with the alleged victim within 24 hours of the assignment of the case was at 99.13% in FY23 and 99% in FY22.

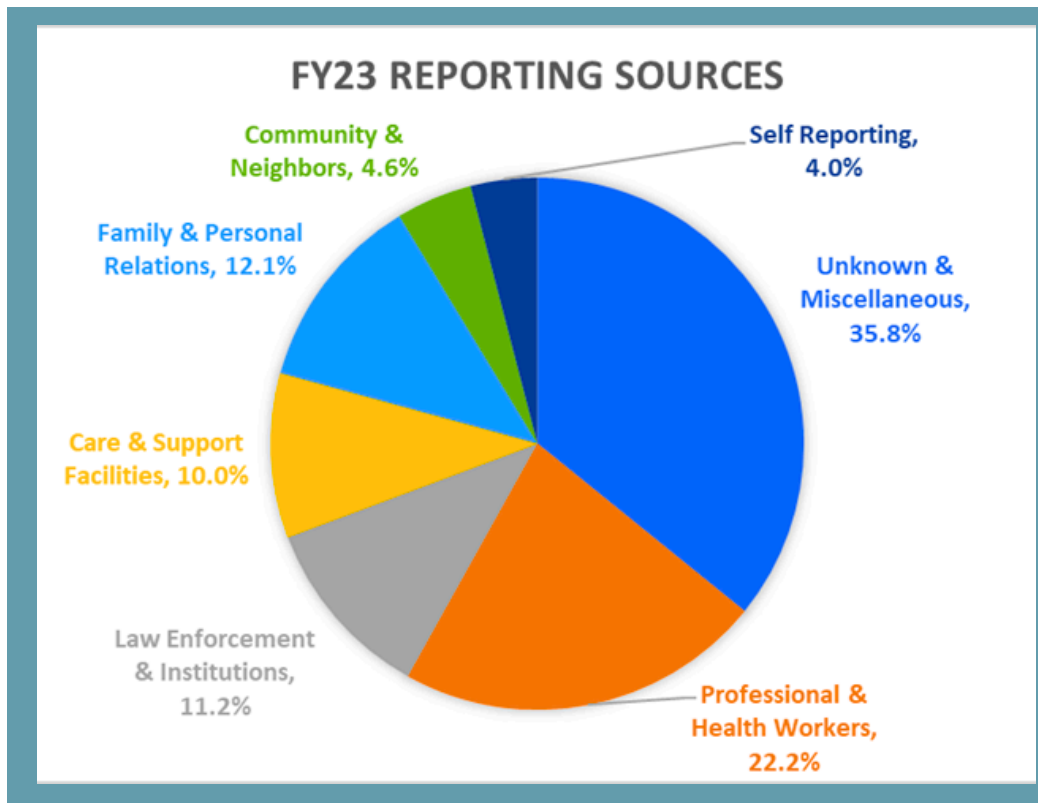


Priority Two

The percentage of priority two investigations requiring a case worker to make initial face to face contact with the alleged victim within than 5 calendar days after being received by the screening supervisor, was at 99% in FY23, up 1% from FY22.

REPORTING SOURCES

The most frequent reports are often professionals and facility staff in hospitals and residential care settings. Licensed facilities and group homes serving vulnerable adults, are required to submit incident reports of potential abuse, neglect, or exploitation to both the New Mexico Department of Health and APS.



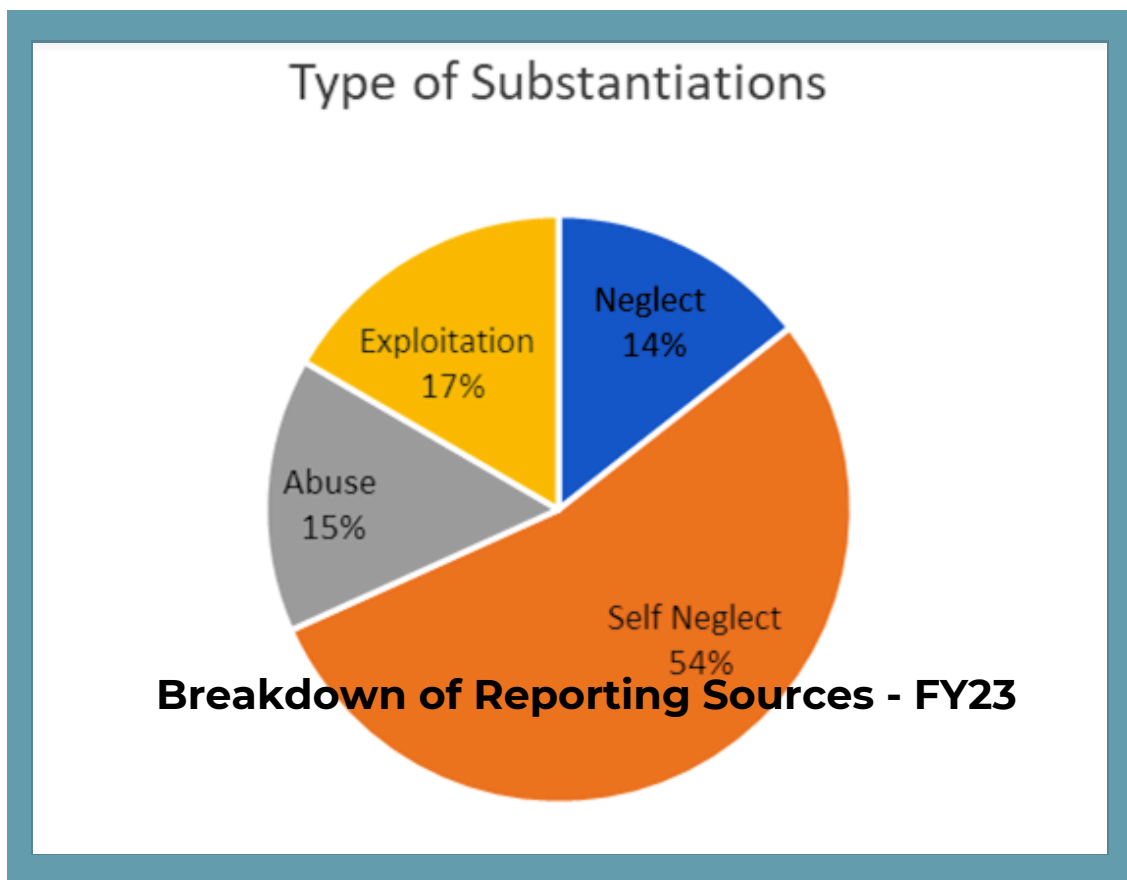
Breakdown of Reporting Sources - FY23

- **35.8%** of reporters were unwilling or refused to disclose their capacity in relation to the victim(s).
- Professional & healthcare workers were the second highest group at **22.2%** of reports.
- Law enforcement and institutions made **11.2%** and care facilities came to **10%**.
- Family and friends represented **12%** of reporters, and the broader community represented **8.7%**.
- Only **4%** of victims requested assistance for themselves.

SUBSTANTIATED ALLEGATIONS

In FY23, the most frequently reported and substantiated allegations APS addressed were, self-neglect and exploitation, followed by abuse and neglect.

Self-neglect occurs when an incapacitated adult acts or fails to act in a way that results in deprivation of essential services or supports necessary to maintain their minimal mental, emotional or physical health or safety.

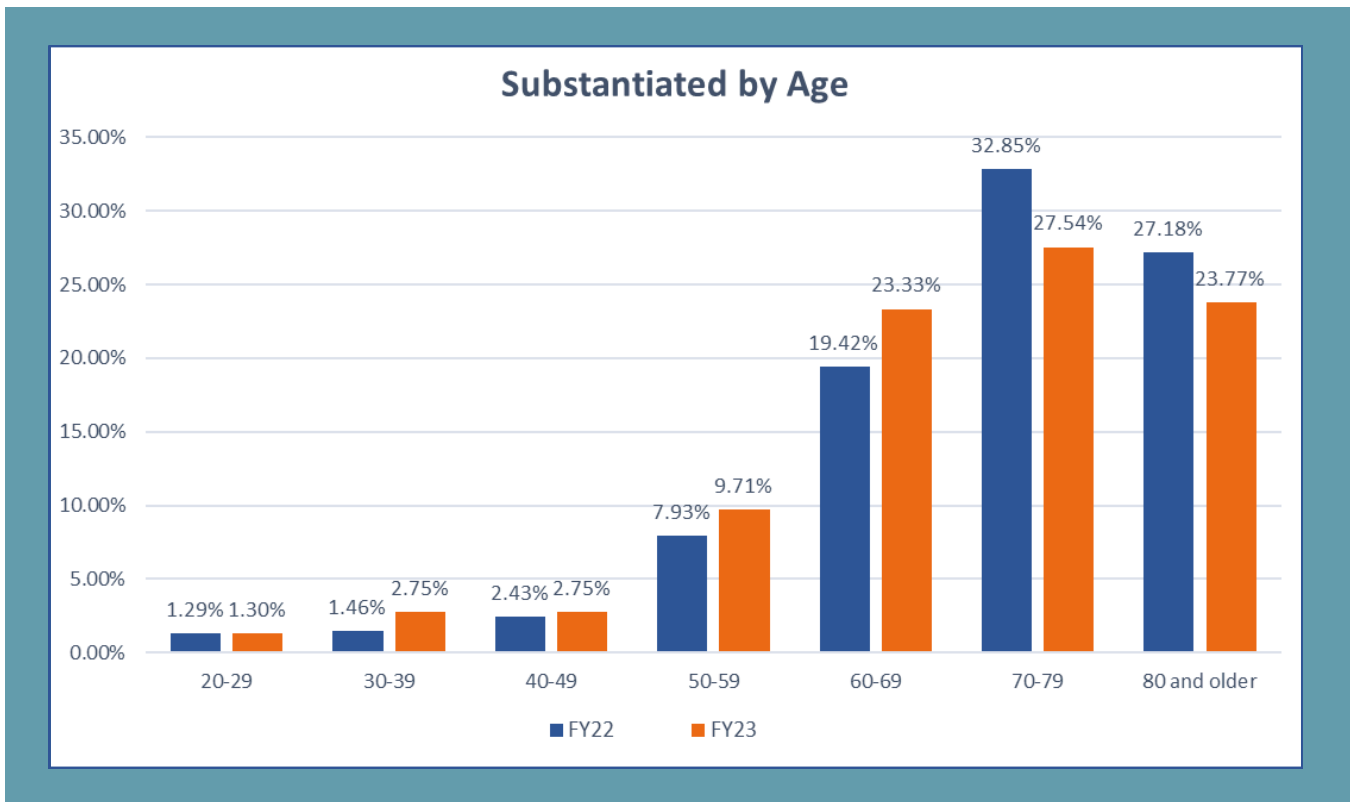


It is not uncommon for abuse and neglect to be alleged in the same case. In FY23, there was an average of 1.53 allegations per case.

VICTIM DEMOGRAPHICS

Reported Age of Victims

In FY23, the majority of victims were aged 70-79. We recorded an overall increase in victims between the ages of 20-69. The most significant increase was seen in adults aged 60-69 at 3.91%.



Reported Gender & Allegations

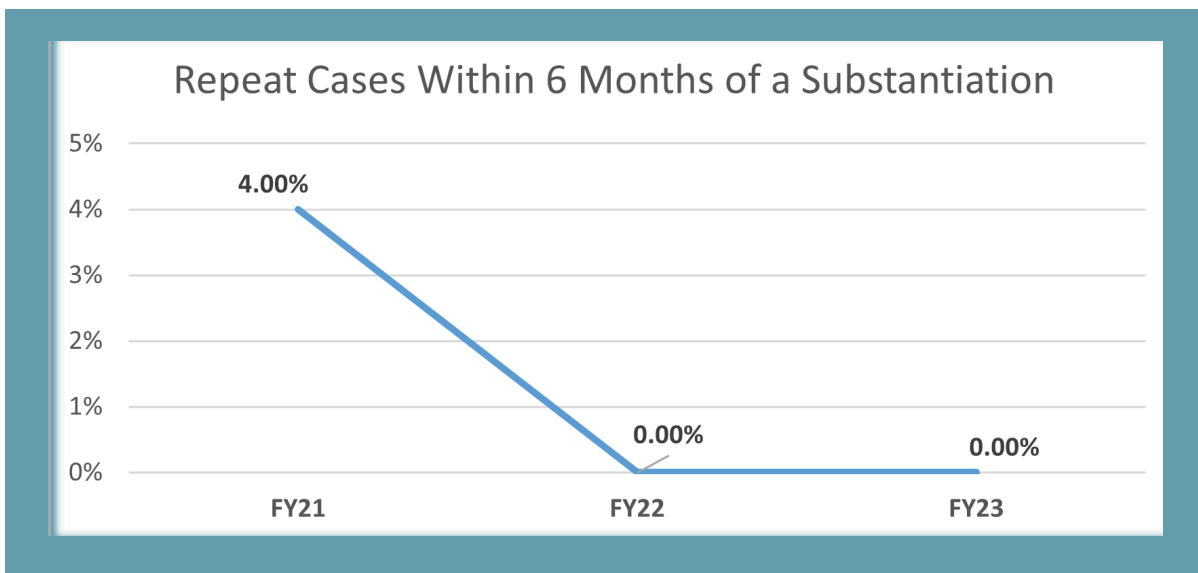
Women consistently outnumber men as victims in abuse, neglect, and exploitation cases, accounting for **54%** of substantiated cases in FY23, compared to 51% in FY22.

PIHR MODEL IMPLEMENTATION

The implementation of the nationally recognized Prevention, Intervention, and Harm Reduction (PIHR) model has been instrumental in APS' overall progress in identifying issues up front and working to stop situations before they get worse. By implementing this framework, there should be fewer repeat occurrences of maltreatment and better supports to prevent abuse, neglect, and exploitation.

Repeat Cases within Six Months

In FY23, there were no repeat abuse, neglect, or exploitation cases within six months of a substantiation of an investigation. APS has been working to ensure that work is done to proactively address any potential concerns of future maltreatment. This approach assists victims of abuse, neglect, and exploitation, enabling them to remain in their homes rather than transitioning to assisted living or nursing facilities.



SERVICES & STRATEGIES

In most investigations with substantiations, the adult victim(s) received a service to meet their needs using our person-centered least restrictive model.

Depending on the need and circumstance, clients may receive contracted home care or chore services (may include major cleaning and/or pest control).

These services are funded in part by state general funds, Title 20 funding and ARPA grant funding for APS programs.

In FY23:



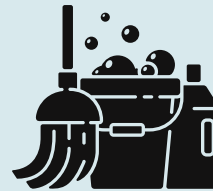
470

individuals supported through home & daycare programs



60, 633

hours of home care



15, 629

hours of chore services



1, 170

hours of daycare services

84% of these participants remained engaged with APS' services for longer than a month, showcasing the consistent value and trust in our care.

APS also links clients to Medicaid-funded services and will serve as a stopgap until home and community-based services are approved. This contributes to a percentage of adults being transitioned off of APS-funded services.

This focused approach helps many remain comfortable in their homes and communities, promoting independence and quality of life, and reducing the need for assisted living or nursing homes placements.

PROVIDING SUPPORT

APS proactively engages community engagement specialists to support caseworkers, particularly for post-investigation cases deemed to require ongoing services. Typically, such cases are directed to home care services. APS requires staff to link adults to services and interventions and ensure they are effective prior to closing the case.

For the FY24, Key Performance Measurements, APS has implemented a measurement to quantify the percentage of consumers who successfully engage with the recommended services and remain in a community setting for at least six months.

Initial findings indicate a success rate of **95%** for participants who remained in their homes and communities for six months after APS in-home contracted services were implemented.



The PIHR model has played a pivotal role in achieving this high percentage of successful engagement, since it allows for APS caseworkers to proactively employ various interventions and strategies to ensure adults can remain safely in their homes.

Conversely, the remaining 5% were transitioned to various long-term care facilities, suggesting a need for them to move from their homes to a higher level of care.

NEW MEXICARE

Program Overview

The 2023 Legislative Session invested \$5 million to the State General Fund, for ALTSD to provide services and support to older adults and disabled individuals who are not Medicaid eligible.

The New MexiCare program is a caregiver health model designed to provide financial assistance and training to caregivers who are assisting loved ones with daily activities due to physical or cognitive limitations.

Program participants are provided with an allotment of up to \$12,000 per year for services such as home, respite, or day care, transportation, and home health and safety monitoring.

Program Goals

The program is designed to provide support services to participants and their caregivers by

- keeping older adults in their homes and communities of choice and out of nursing homes.
- preventing abuse, neglect and exploitation
- reducing emergency room visits
- reducing involvement with law enforcement
- supporting and educating caregivers to prevent burnout by providing online and in-person trainings.



Are you a senior receiving care?
Are you the family caregiver?

New MexiCare

is providing service and support for participants and caretakers.
Serving Catron, De Baca, Harding, Lincoln, McKinley, Otero, Rio Arriba, San Juan, San Miguel, Santa Fe, Sierra, Taos, and Valencia counties.

Receive up to \$1,000 per month in benefits

Applicant Eligibility Requirements:
Must be age 60+
Have cognitive or physical limitations requiring assistance
Cannot be eligible for Medicaid

Maximum Gross Income Level:
\$3,300/Mo for Individuals
\$6,600/Mo for Couples

Maximum Financial Holdings:
\$19,800/Mo for Individuals
\$39,600/Mo for Couples

Scan to Apply

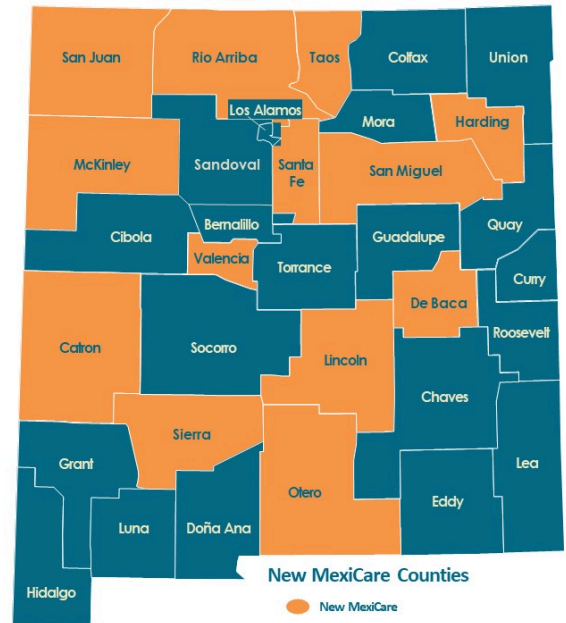
Learn more and register:

NEW MEXICO AGING & LONG-TERM SERVICES DEPARTMENT
1-866-654-3219, opt. 4
NewMexiCare.org

NEW MEXICARE

New MexiCare is in the following counties, in addition to referrals from APS:

- Harding, Rio Arriba, Santa Fe, San Miguel, Taos
- San Juan, Mckinley, Valencia
- Lincoln, De Baca
- Catron, Otero, Sierra



New MexiCare Process Flowchart



AMERICAN RESCUE PLAN ACT (ARPA) GRANTS

On September 3, 2021, the US Department of Health and Human Services (HHS) Administration for Community Living (ACL) awarded roughly \$85.4 million authorized by the American Rescue Plan Act (ARPA) of 2021 to 55 state and territorial APS programs.

Along with \$93 million provided by the Coronavirus Response and Relief Supplemental Appropriations Act, New Mexico's APS was awarded funding for two ARPA grants in the amount of \$1,995,000.

ARPA Grants

- 1 August 2021 - September 2023
\$645,450
- 2 August 2022 - September 2024
\$704,100 + \$56,450 = \$1,349,550

Goals for Program Improvement

- 1 Customer Service & Outreach
- 2 Home & Community-Based Supports
- 3 Increase capacity & maintain a highly effective, cost-efficient and highly trained program.

ARPA PROJECTS

ARPA Grant 1

Project 1: Wrap-Around Services

Need for wrap-around services such as elder shelter, home modifications, hotel vouchers, food vouchers, transportation assistance, and other emergency housing.

Project 2: Staff

APS program is understaffed.

Project 3: Training & Support

Need for additional training around leadership, supervision, and community health worker training.

Project 4: Outreach Program & Homebound Companion Program

Improve community understanding of APS and referrals.

ARPA Grant 2

Project 1: Wrap-Around Services

Need for wrap-around services such as elder shelter, home modifications, hotel vouchers, food vouchers, transportation assistance, and other emergency housing.

Project 2: Staff

APS program is understaffed.

Project 3: Training & Support

Need for additional training.

Project 4: Technology Upgrade

Upgrades to existing technology systems

Project 5: Outreach

Improve community understanding of APS and referrals

ACCOMPLISHMENTS BY THE NUMBERS



1%

APS staff turnover rate in FY23



1

time APS was featured in the NAPSA podcast



3

presentations by APS staff at national conferences



100%

of the \$704,100 CCRSA funding received during the pandemic was spent by APS



\$104,000

additional funding awarded to be used for a Care Transition & Hospital Discharge Coordinator position



410

outreach presentations conducted by APS staff



31

guardianships pursued using the APS person-centered model



484

food boxes delivered to APS clients



627

referrals to outside communities



201

Clients who received APS-funded homecare services



24

Emergency placements pursued, using the APS person-centered model

PHOTO HIGHLIGHTS



**THANKSGIVING BASKET RECIPIENT
NE REGION**



**THANKSGIVING BASKET DELIVERY
SE REGION**



**RUSSELL CAIN AWARD RECIPIENT
SHIRLEY MEDINA**



**NAPSA PRESIDENT'S AWARD
PRESENTED TO ESPERANZA LUCERO**



APS NORTHWEST REGION

RECOMMENDATIONS

1

Staff

Add a registered nurse to provide clinical recommendations and technical assistance, regarding complex medical conditions or medical records.

Agreements & Contracts

Update the existing Intergovernmental Agreements (IGAs) with the Department of Health (DOH), in order to strengthen investigations in long-term care facilities and for individuals receiving developmental disability support services.

2

Contract with a forensic accountant to bolster exploitation cases.

Establish an agreement between the Development Disability Supports Division and APS. This agreement should include a referral and triage process for incapacitated DD-qualified adults and establishing consultation and presumptive eligibility to quickly identify and get approval for waiver services.

3

Programmatic

Advocate for permanent federal funding for APS, to assist the ongoing programmatic objectives at the conclusion of the existing federal funding in 2024.

SUMMARY

Throughout FY23, Adult Protective Services received 12,560 reports of adult abuse, neglect, or exploitation, with approximately 55% of those reports accepted, making this the highest percentage of accepted reports over the last 4 fiscal years. By the end of FY23, APS conducted 6,925 investigations. In addition, there were 35,392 Critical Incident reports reviewed

The broader society is progressively recognizing the unique challenges confronting our elderly population and adults with disabilities. This awareness suggests that the number of reports to APS will likely grow in the coming years. Of the cases investigated in FY23, 10% were found to be verified, with self-neglect cases prominently leading the substantiated counts. Subsequent to these findings, APS swiftly initiated remedial actions. A majority of the affected individuals were promptly connected with services aimed at thwarting future instances of abuse, neglect, or exploitation. Our focused interventions, particularly the provision of in-home services, have played a crucial role in elevating the safety levels for these individuals. Such measures have also reduced premature shifts to institutionalized care and minimized the risk of recurrent maltreatment in high-risk settings.

APS was awarded over \$1.9 million in grant funds under ARPA, which helped to provide wrap-around services, upgrade fleet, provide for more outreach opportunities, and a better-trained workforce and \$5 million to New Mexicare to provide support services to participants and their caregivers. APS staff continues to make positive impacts in the communities served, as evidenced by our accomplishments. At APS, our enduring pledge is to educate, inform, and empower those in our communities.



APS METRO REGION TEAM

CONTACT US

Adult Protective Services Division

nm.aps2@altsd.nm.gov

If you suspect an adult is being abused, neglected, or exploited, call Adult Protective Services Statewide Intake at **1-866-654-3219**

Aging & Long-Term Services Department

2550 Cerillos Road

Santa Fe, NM 87502

aging.nm.gov

[@NewMexicoAging](https://www.instagram.com/NewMexicoAging)



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