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FY24 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 four primary goals for FY24 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
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 (CERD) assists older adults, adults with disabilities, and their caregivers through telephonic, web-based, and community-based point of entry systems. CERD staff help people understand their options, access information, maximize personal choice, navigate systems to improve their quality of life.

CERD is composed of the following program 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 (LTCOP) is federal- 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 LTCOP staff and many volunteers throughout the state regularly visit nursing homes and other long-term care facilities to ensure residents are properly treated.

Program Budget (in thousands):

FY23	General Fund	Other State Funds	Federal Funds	Other Transfers	TOTAL	FTE
200	1,830.70	-	1183.90	1,300.0	4,314.60	48
300	10.0	-	553.80	-	563.80	
400	244.6	-	614.50	-	859.10	
TOTAL	2,085.30	-	2,352.20	1,300.00	5,737.50	

FY24	General Fund	Other State Funds	Federal Funds	Other Transfers	TOTAL	FTE
200	1,647.20	-	1,032.70	1,300.00	3,979.90	48
300	10.0	-	442.80	-	452.80	
400	244.60	-	508.40	-	753.00	
TOTAL	1,901.80	-	1,983.90	1,300.00	5,185.70	

CERD Program Performance Measures:

1. Percent of calls to the Aging and Disability Resource Center, that are answered by a live operator.
2. Percentage of calls to the Aging and Disability Resource Center that are resolved in a single contact.
3. Percentage of customers satisfied with the outcome of their call to the Aging and Disability Resource Center.

4. Percent of residents who remained in the community six months following a nursing home care transition.
5. Percent of individuals provided short-term assistance that accessed services within 30 days of a referral from options counseling.
6. Percentage of facilities visited monthly.
7. Percent of ombudsman complaints resolved within sixty days.

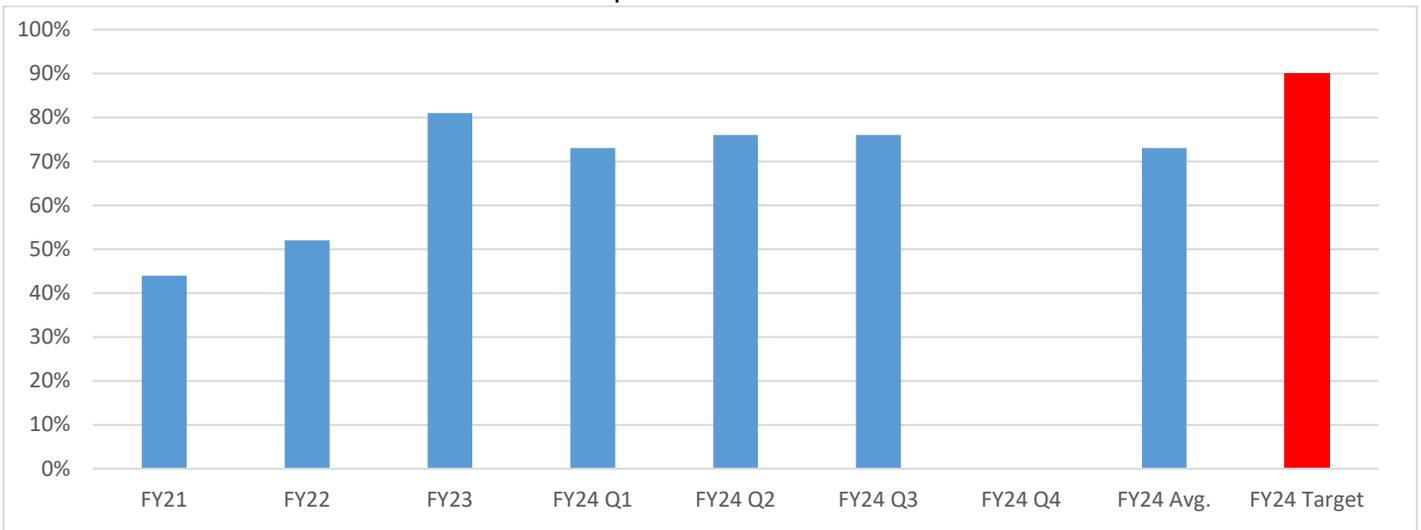
PERFORMANCE MEASURE #1

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

Results

FY21	FY22	FY23	FY24 Q1	FY24 Q2	FY24 Q3	FY24 Q4	FY24 Avg.	FY24 Target
57%	52%	81%	73%	76%	76%		73%	90%

Graph of Data Above



MEASURE DESCRIPTION: This measure reflects the adequacy of the Aging and Disability Resource Center (ADRC) responsiveness to customer needs.

DATA SOURCE/METHODOLOGY: WellSky Human Services Assistance Management Systems (SAMS), the services software required by the Federal Government’s Administration for Community Living (ACL) is an entry where staff track calls to obtain information, assistance, and referrals. The ADRC utilizes the CISCO call system database and the WellSky Human Services SAMS database. The percentage of calls answered by a live operator provides an indication of the demand for services and the relationship to customer service and ADRC staff resources.

STORY BEHIND THE DATA: During the third quarter FY24, 76% of the calls to the ADRC were answered by a live operator. The ADRC received 8,136 calls (average of 132 calls per day). The ADRC worked with an average of 9 Options Counselors. ADRC has 1 counselor dedicated to appointments, walk-ins, handled callbacks and overflow appointments. ADRC has 1 position vacant. Training new staff has also been a factor with answering calls. Also impacting this performance metric included 2 Holidays, 1 whole day and 3, 2-hour inclement weather days during the third quarter, and staff shortages due to leave (sick, annual, and administrative leave).

IMPROVEMENT ACTION PLAN: The ADRC is in the process of hiring for the vacant Options Counselor position, so so it is fully staffed. Additionally, the ADRC is upgrading our system, which would alleviate the issue of abandoned calls and instead there will be voicemail options, allowing immediate callbacks and the option of CHAT and robotchat, providing additional assistance to live calls. The system upgrade implementation is expected early FY25. The agency is also considering adding capacity through a contract vendor.

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 – 6,527 consumers
- Medicare – 1,245 consumers (benefit explanation, enrollment, counseling)
- Prescription Drug Assistance (PDA) – 38 consumers
- Disability - 14 consumers
- Social Security – 12 consumers

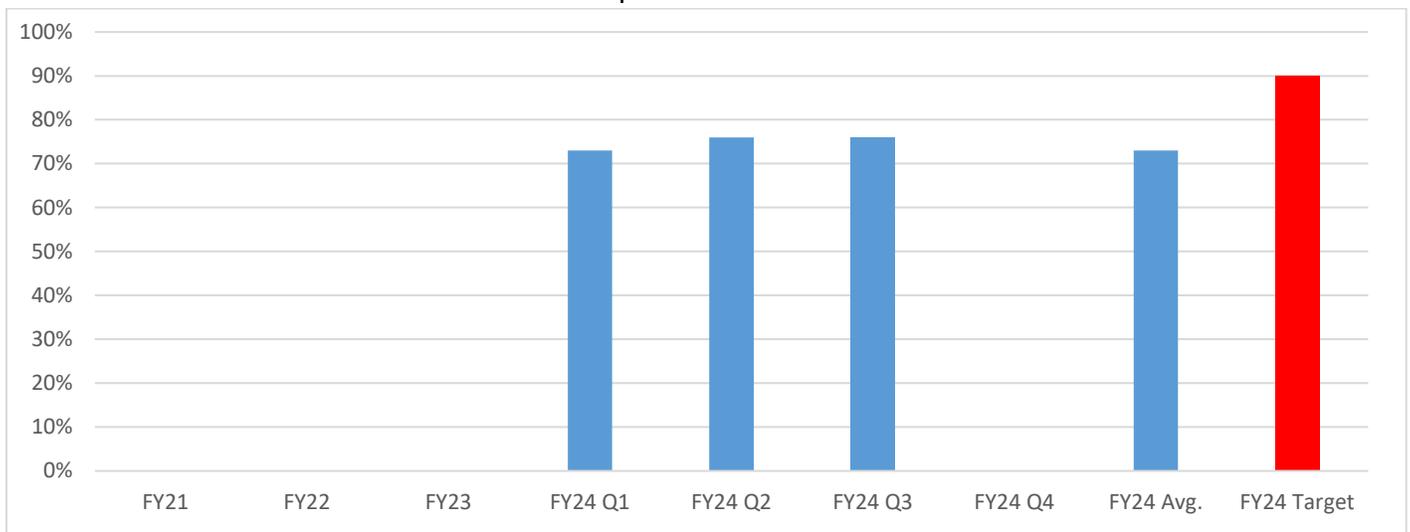
PERFORMANCE MEASURE #2

Percentage of calls to the Aging and Disability Resource Center that are resolved in a single contact.

Results

FY21	FY22	FY23	FY24 Q1	FY24 Q2	FY24 Q3	FY24 Q4	FY24 Avg.	FY24 Target
N/A	N/A	N/A	73%	76%	76%		73%	90%

Graph of Data Above



MEASURE DESCRIPTION: This new measure indicates the resolution of both simple and complex calls received by the Aging and Disability Resource Center. This measure also provides an indication of the demand for services and the relationship to customer services as well as ADRC staff resources.

DATA SOURCE/METHODOLOGY: The ADRC utilizes the CISCO call system database and CISCO Unified reporting database. Data are obtained from Contact Service Queue (CSQ) reports, specifically, by counting calls with a single contact resolution.

STORY BEHIND THE DATA: During the third quarter FY24, 76% of the 8,136 calls received in the ADRC were resolved in that single contact. This means that there were 6,183 first call or single contact resolutions.

IMPROVEMENT ACTION PLAN: The ADRC is in the process of hiring for the vacant Options Counselor position to be fully staffed. Additionally, the ADRC is upgrading its system, which would alleviate the issue of abandoned calls, offering a callback option instead of remaining on hold, adding the option of CHAT and robotchat, providing additional assistance to live calls. The system upgrade is expected to happen in early FY25.

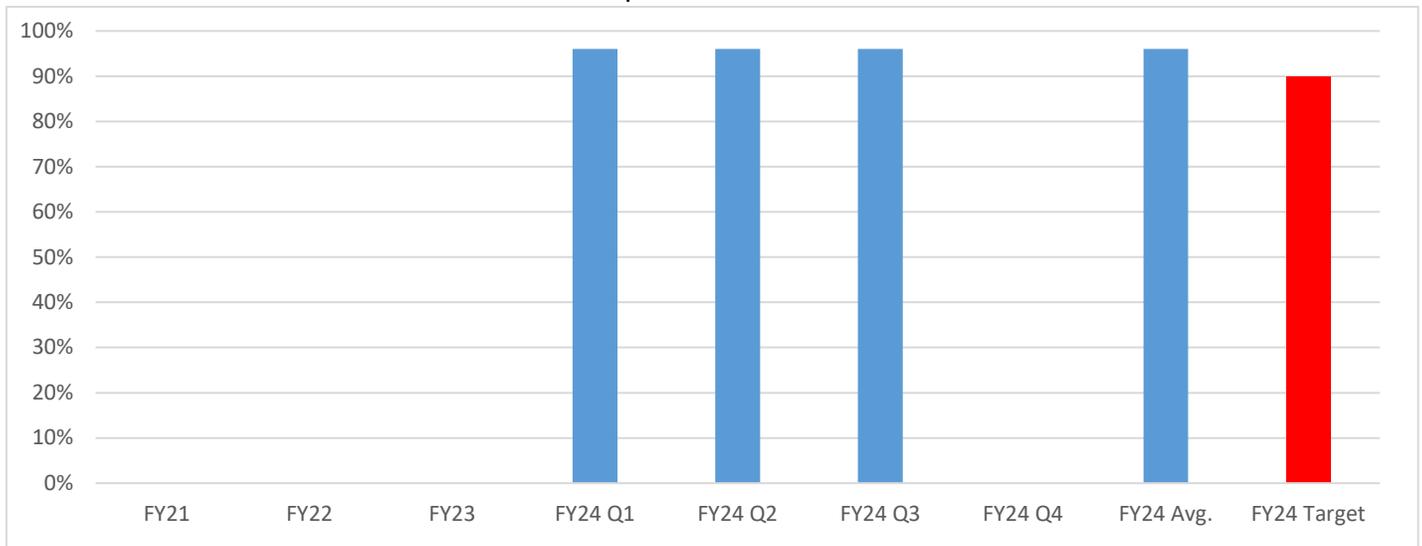
PERFORMANCE MEASURE #3

Percentage of customers satisfied with the outcome of their call to the aging and disability resource center.

Results

FY21	FY22	FY23	FY24 Q1	FY24 Q2	FY24 Q3	FY24 Q4	FY24 Avg.	FY24 Target
N/A	N/A	N/A	96%	96%	96%		96%	90%

Graph of Data Above



MEASURE DESCRIPTION: This new measure – the percentage of customers satisfied with the outcome of their call to the Aging and Disability Resource Center – quantifies the degree of satisfactory ADRC customer service.

DATA SOURCE/METHODOLOGY: The Aging and Disability Resource Center (ADRC) conducts a satisfaction survey to assess the effectiveness of their counseling services. The measure indicates caller satisfaction, as indicated by data collected from the Aging and Disability Resource Center’s customer service survey. At the conclusion of each telephone counseling session, all callers are asked to complete a customer satisfaction survey. Survey data is collected from clients who completed the survey.

STORY BEHIND THE DATA: During the third quarter FY24, 96% of customers were satisfied with the outcome of their call to the Aging and Disability Resource Center. The ADRC received 8,136 calls (average of 132 calls per day). Callers are asked to provide feedback regarding the extent to which their primary issue was addressed. The survey also gathers feedback on the caller’s overall experience.

IMPROVEMENT ACTION PLAN: The ADRC is in the process of upgrading its call system, and this upgrade would alleviate the issue of abandoned calls and voicemails. Specifically, this upgrade would allow immediate callbacks and the options of CHAT and RoboCHAT, providing additional assistance to potential consumers. The system upgrade is expected to occur in early FY25.

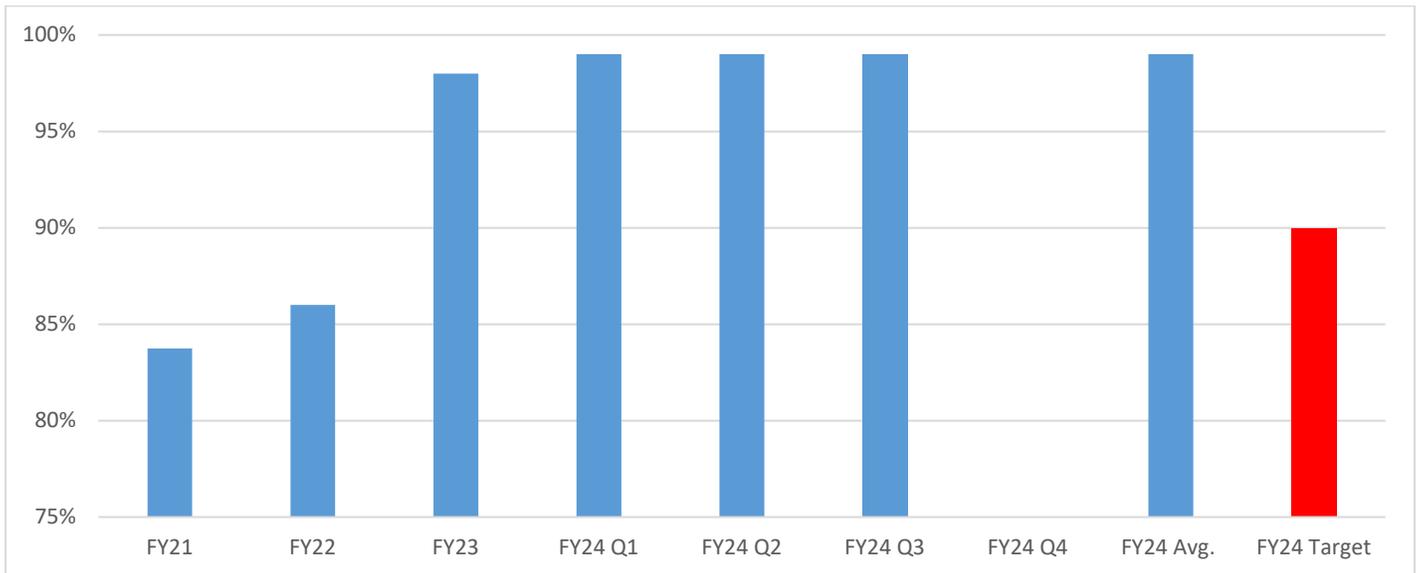
PERFORMANCE MEASURE #4

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

Results

FY21	FY22	FY23	FY24 Q1	FY24 Q2	FY24 Q3	FY24 Q4	FY24 Avg.	FY24 Target
84%	86%	98%	99%	99%	99%		99%	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 their transition.

DATA SOURCE/METHODOLOGY: Data is obtained through WellSky Human Services Software and SAMS databases as well as from the Care Transition Specialists (CTS). This percentage data is quantified using the number of people served by LTCOP CTS staff and the subsequent wellbeing check provided six months following community re-entry or transfer.

STORY BEHIND THE DATA: During the 3rd quarter of FY24, 99% of residents remain in the community for six months following a nursing facility transition. CTU continues to utilize an individualized process to develop a plan for the individual’s transition to engage with clients, families, nursing and assisted living facilities and other agencies. This process guides CTU’s advocacy for the rights and wishes of those wanting to move to a less restrictive environment. As a result of engagement efforts with individuals, CTU has seen a decrease in readmissions to a hospital setting and overall, better care of these clients in any type of setting. Additionally, CTU maintains a working rapport with Managed Care

Organizations (MCO), nursing facility staff and many other state agencies, providing education about community resources and Medicaid. These ongoing efforts position the program to have success in its advocacy for all clients on the continuum of least restrictive environments-community-based settings to long-term care settings.

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

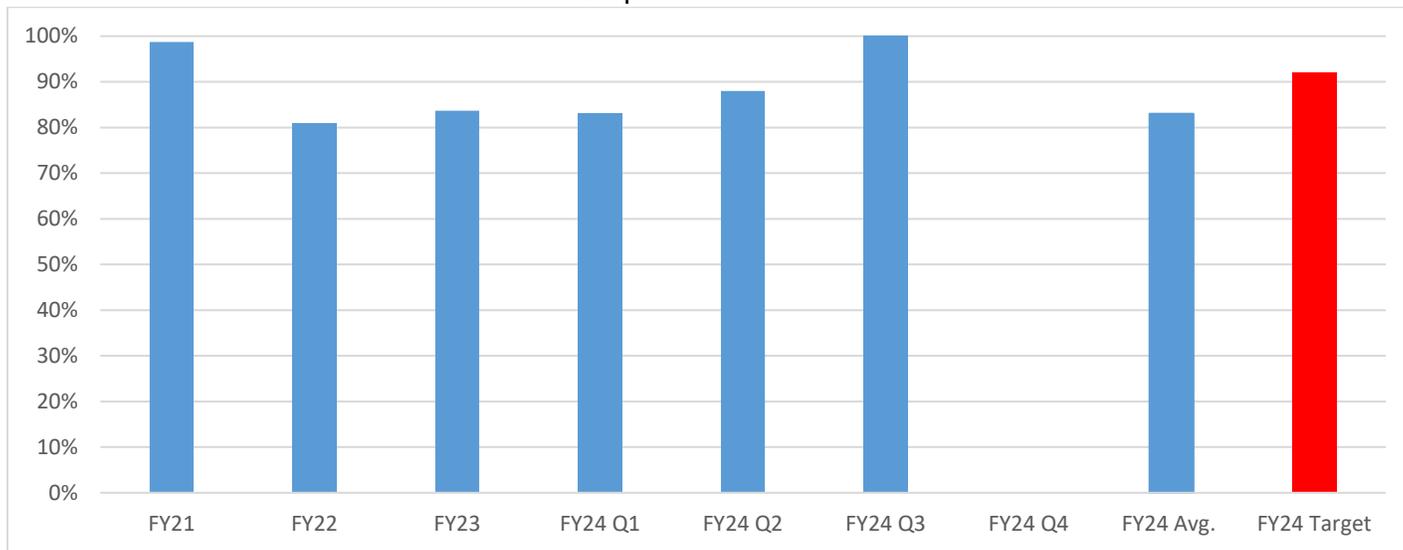
PERFORMANCE MEASURE #5

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

Results

FY21	FY22	FY23	FY24 Q1	FY24 Q2	FY24 Q3	FY24 Q4	FY24 Avg.	FY24 Target
99%	81%	84%	83%	88%	100%		83%	92%

Graph of Data Above



MEASURE DESCRIPTION: This measure quantifies the proportion of individuals who accessed services because of an effective referral process.

DATA SOURCE/METHODOLOGY: Data are collected from WellSky Human Services Software, Sharepoint and ALTSD's Short-Term Assistance (STA) program. Reports are pulled from each system to obtain the necessary data for reporting.

STORY BEHIND THE DATA: In Q3 of 2024, the Short-Term Assistance measure of constituents who accessed services within 30 days improved to 100%. The Short-Term Assistance Program utilizes State Health Insurance Assistance Program (SHIP) Regional Coordinators to assist consumers in obtaining services such as Medicaid, Medicare, home modifications, meals, and more that allow them to remain in the community. The program, when fully staffed, has five coordinators throughout the State. During Q3 of 2024, the program had three fully trained coordinators and also utilized two Senior Medicare Patrol (SMP) staff. All staff received extensive training on Short-Term assistance during this quarter as well as close supervision and monitoring of the data.

IMPROVEMENT ACTION PLAN: A new SHIP Coordinator has been hired and hiring is in process to fill the final vacancy. The ADRC will continue to train staff and review data regularly to maintain this high level of service.

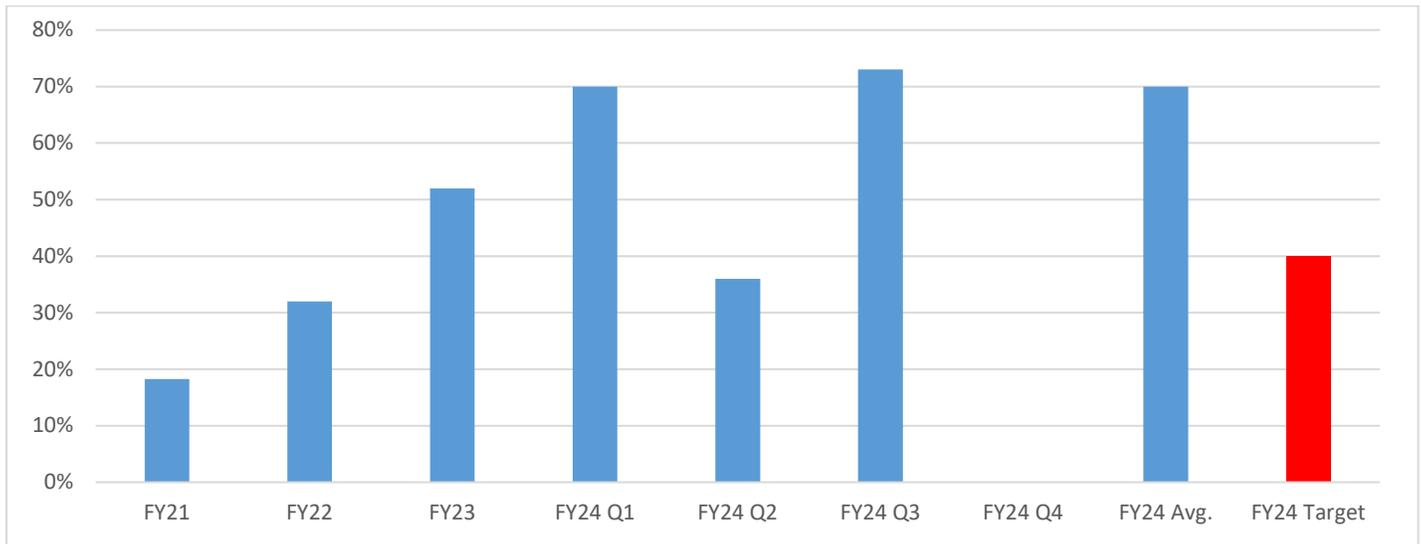
PERFORMANCE MEASURE #6

Percent of Facilities Visited Monthly

Results

FY21	FY22	FY23	FY24 Q1	FY24 Q2	FY24 Q3	FY24 Q4	FY24 Avg.	FY24 Target
18%	32%	52%	70%	36%	73%		70%	40%

Graph of Data Above



MEASURE DESCRIPTION: This measure quantifies the percentage of long-term care facilities visited in-person by Ombudsman staff and volunteers each month (averaged across months within each state fiscal year and quarter).

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 data collection for the National Ombudsman Reporting Systems (NORS). All complaint automated reports and statistics are aggregated automatically into the format required by the federal Administration on Community Living (ACL). Ombudsmanager is the industry standard for long-term care facilities complaint data management and is used by 34 State Long-Term Care Ombudsman Program offices throughout the U.S.

STORY BEHIND THE DATA: During FY24 Q3, the Long-Term Care State Ombudsman Program (LTCOP) staff (e.g., LTCOP Regional Coordinators) and LTCOP volunteers visited 73% of long-term care (LTC) facilities, exceeding the 40% target. LTCOP Regional Coordinator and LTCOP Supervisor continued to make visits. The hiring of two LTC staff in Q2 contributed to the increase in visits. In addition to the two LTCOP positions recently filled, the LTCOP has been approved by the State Personnel Office to fill 10 additional FTE positions located across the state. The increase in LTCOP staff will allow us to increase visits to LTC facilities to investigate complaints; attend care plan meetings; provide educational presentations and consult with LTC staff on residents’ rights. LTCOP continues to increase the number of visits.

IMPROVEMENT ACTION PLAN: The LTCOP recognizes the importance of access to residents’ rights advocacy provided by LTCOP Regional Coordinators and Ombudsman volunteers. The most effective advocacy occurs *via* in-person visits to LTC facilities by a LTCOP representative. Therefore, the LTCOP continues to hire qualified staff and actively recruits and trains ombudsman volunteers. With the addition of 10 FTE positions, the LTCOP aims to exceed the monthly target.

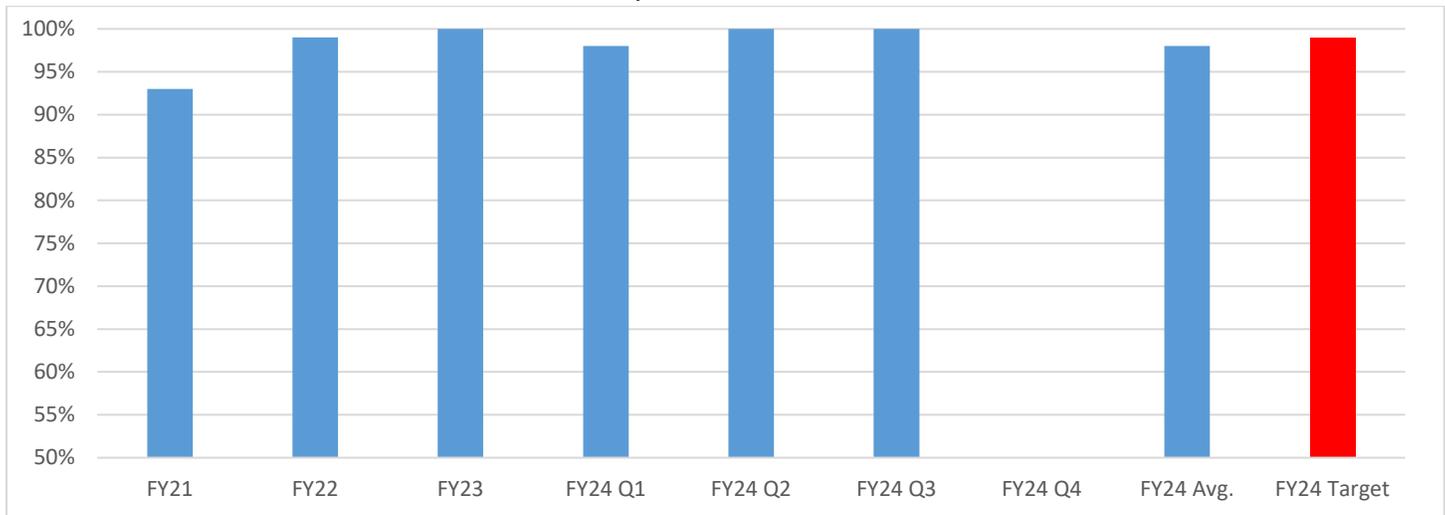
PERFORMANCE MEASURE #7

Percent of Ombudsman complaints resolved within sixty days.

Results

FY21	FY22	FY23	FY24 Q1	FY24 Q2	FY24 Q3	FY24 Q4	FY24 Avg.	FY24 Target
93%	99%	100%	98%	100%	100%		98%	99%

Graph of Data Above



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

DATA SOURCE/METHODOLOGY: The Long-Term Care Ombudsman Program (LTCOP) defines a complaint as a concern relating to the health, safety, welfare, or rights of one or more residents in a nursing home or assisted living facility which requires an LTCOP representative to conduct an investigation or take another action on behalf of the resident. Complaints and the associated the investigation findings and the dates when the complaints cases are opened and closed are tracked in Ombudsmanager, a database platform provided by WellSky Human Services Software. Data from this system of record is used to calculate the number of days necessary to resolve each complaint, and subsequently the percentage of complaints resolved in 60 days or less.

STORY BEHIND THE DATA: The LTCOP closed out FY24 Q3 at 100% complaints resolved within 60 days. During this quarter, 142 cases were referred to the Ombudsman program. The LTCOP always prioritizes timeliness in resolving complaints prior to 60 days and has implemented strategies to ensure timeliness of data entry.

IMPROVEMENT ACTION PLAN: The LTCOP will continue to resolve cases within 60 days. As this quarter's performance for this measure is attributed in part to timeliness of reporting, the LTCOP will continue to focus during supervision on staff training and oversight of staff documentation. Training and oversight are applicable for existing staff through automated prompts in Ombudsmanager and will be a priority in training relatively new Regional Coordinators and Ombudsman volunteers. Additionally, the LTCOP has hired an experienced Program Coordinator to assist in quality assurance activities such as prompt complaint resolution.

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.

ALTSD's Adult Protective Services (APS) program is mandated by New Mexico 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 and who do not have the ability to self-care or self-protect. APS staff respond to situations in which functionally incapacitated adults are being harmed, are in danger of mistreatment, are unable to protect themselves, and/or have no one else to assist them. There are five APS geographic regions serving all 33 counties of New Mexico.

Program Budget (in thousands):

FY23	General Fund	Other State Funds	Federal Funds	Other Transfers	TOTAL	FTE
200	8,068.80	-	-	2,200.00	10,268.80	128
300	1,242.30	-	-	2,176.30	3,418.60	
400	721.40	-	-	-	721.40	
TOTAL	10,032.50	-	-	4,376.30	14,408.80	

FY24	General Fund	Other State Funds	Federal Funds	Other Transfers	TOTAL	FTE
200	8,421.40	-	2,400.00	-	10,821.40	133
300	6,242.30	-	2,176.30	-	8,418.60	
400	721.40	-	-	-	721.40	
TOTAL	15,385.10	-	4,576.30	-	19,961.40	

APS 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 resulting from 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.
8. The percent of consumers for whom referrals were made, that accessed services and remained in a community setting for six or more months.

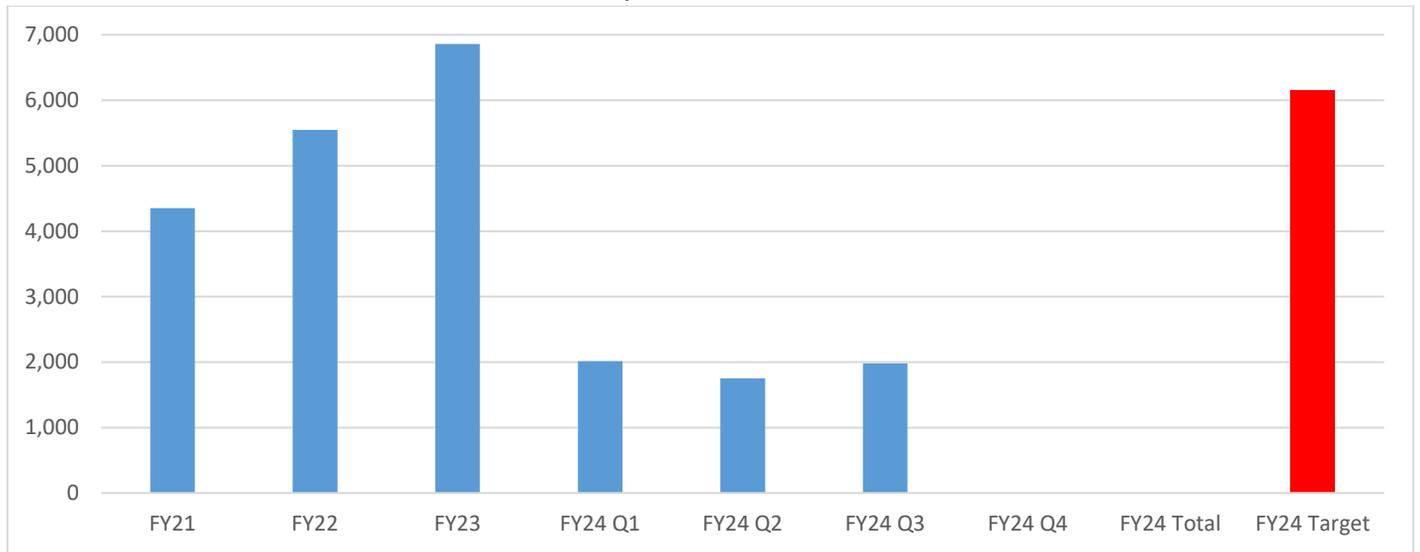
PERFORMANCE MEASURE #1

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

Results

FY21	FY22	FY23	FY24 Q1	FY24 Q2	FY24 Q3	FY24 Q4	FY24 Total	FY24 Target
4,355	5,550	6,863	2,013	1,752	1,982			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 each time period (e.g., quarterly and/or annually).

DATA SOURCE/METHODOLOGY: Adult Protective Services staff utilize the WellSky Human Services Software system to maintain a database of investigation details. To gather information for this performance metric, APS relies on a report integrated within the WellSky Human Services Software system. The agency is currently upgrading its software to 8.8.2, the latest version for the Wellsky database.

STORY BEHIND THE DATA: In Q3, APS saw a notable increase in reports compared to the previous quarter, receiving a total of 1,982 intake investigations meeting the criteria for a formal investigation. This marks a positive increase from the 1,752 intakes reported in Q2, a growth of 13%.

The increase in reports this quarter suggests a slight increasing trend for APS, indicating heightened awareness and a proactive approach toward addressing issues of abuse, neglect, and exploitation in the community, for which the agency uses a harm reduction model. This increase may come from several factors, including enhanced community outreach efforts, improved reporting mechanisms, and a growing recognition of the importance of safeguarding vulnerable populations within our communities across New Mexico.

Overall, the increase in reports this quarter reflects positively on APS's mission and its effectiveness in responding to the needs of the community. This upward trend demonstrates a growing trust in APS's services and reinforces the organization's vital role in ensuring the safety and well-being of vulnerable adults.

IMPROVEMENT ACTION PLAN: To increase community engagement, APS is dedicated to educating the public on various referral methods through outreach programs conducted by regional supervisors across New Mexico. This includes sharing information on the most effective ways to report concerns. Additionally, APS is refining cross-reporting mechanisms to ensure thorough attention to all cases meeting investigation criteria by supervisors statewide.

Our 24-hour telephone system remains operational, allowing anyone to report at any time. During business hours, APS operators promptly process reports, with an additional team available after hours and on weekends. This round-the-clock service not only ensures immediate receipt of reports but also underscores our commitment to swift and effective community response.

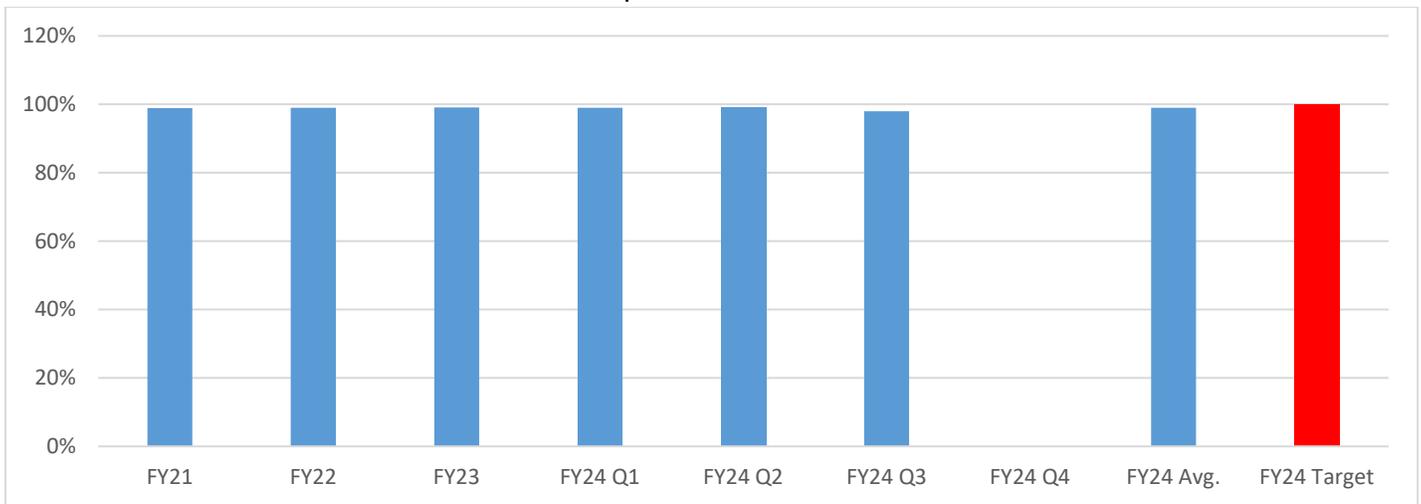
PERFORMANCE MEASURE #2

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

FY21	FY22	FY23	FY24 Q1	FY24 Q2	FY24 Q3	FY24 Q4	FY24 Avg.	FY24 Target
99%	99%	99%	99%	99%	98%			100%

Graph of Data Above



MEASURE DESCRIPTION: This performance measure quantifies APS responsiveness to cases’ prompt needs. Reports to APS are first assessed to determine priority. Cases assigned to “emergency priority” occur when there is an alleged victim in a situation of serious harm or danger of death from abuse or neglect. Cases assigned to “emergency priority” require an APS caseworker who conducts face-to-face contact with the alleged victim within three (3) hours of case assignment. Cases assigned a “priority one” status require an APS caseworker to make face-to-face contact within 24 hours of case assignment.

DATA SOURCE/METHODOLOGY: Adult Protective Services relies on the WellSky Human Services Software system to manage investigation data. To gather data for this metric, APS utilizes a report within the software.

The calculation for this measure involves averaging the emergency investigations responded to within three hours and priority one investigations within 24 hours, per specified timeframes (quarterly and annually).

STORY BEHIND THE DATA: Despite higher caseloads, our face-to-face meetings achieved a 98% success rate this quarter. Our automated monthly reminders continue to reach field staff, supervisors, and regional managers, ensuring compliance with meeting goals, demonstrating our staff's dedication throughout our state. Although some case workers may not hit the 100% mark immediately, they consistently meet this goal within a few days, making repeated trips back to their client's homes to check on them. APS staff are diligently working towards meeting critical objectives, utilizing automated reminders to ensure timely entries into the WellSky system and flagging late face-to-face meetings for supervision.

Our commitment to promptly investigate abuse, neglect, exploitation, and self-neglect allegations remains strong within APS. The regional investigative team conducts in-person assessments promptly, with emergency reports requiring initial contact within three hours. Priority one referrals demand an in-person visit within 24 hours, ensuring swift intervention for potential victims. This rapid response not only ensures immediate safety checks but also facilitates quick assessments of their well-being and the need for protective services. APS's use of this response framework highlights our dedication to safeguarding the most vulnerable members of our communities within our great state of New Mexico.

IMPROVEMENT ACTION PLAN: Maintaining and improving the timely response to potential victims remains an ongoing priority for APS caseworkers and management. This commitment extends beyond punctual meetings to include thorough investigations and the provision of necessary services post-investigation.

Regional managers, in collaboration with their supervisory teams, employ proactive strategies to emphasize the importance of meeting caseworker response deadlines. Regular face-to-face reminders and email notifications serve as continual reminders, aligning staff with the agency's expectations.

Periodic email updates on monthly and quarterly response times are shared with ALTSD staff and management, serving as performance metrics, and highlighting APS's dedication to its mission of ensuring the safety and well-being of potential victims. The agency acknowledges that consistent communication and transparent performance monitoring are essential elements in maintaining an efficient and responsive system.

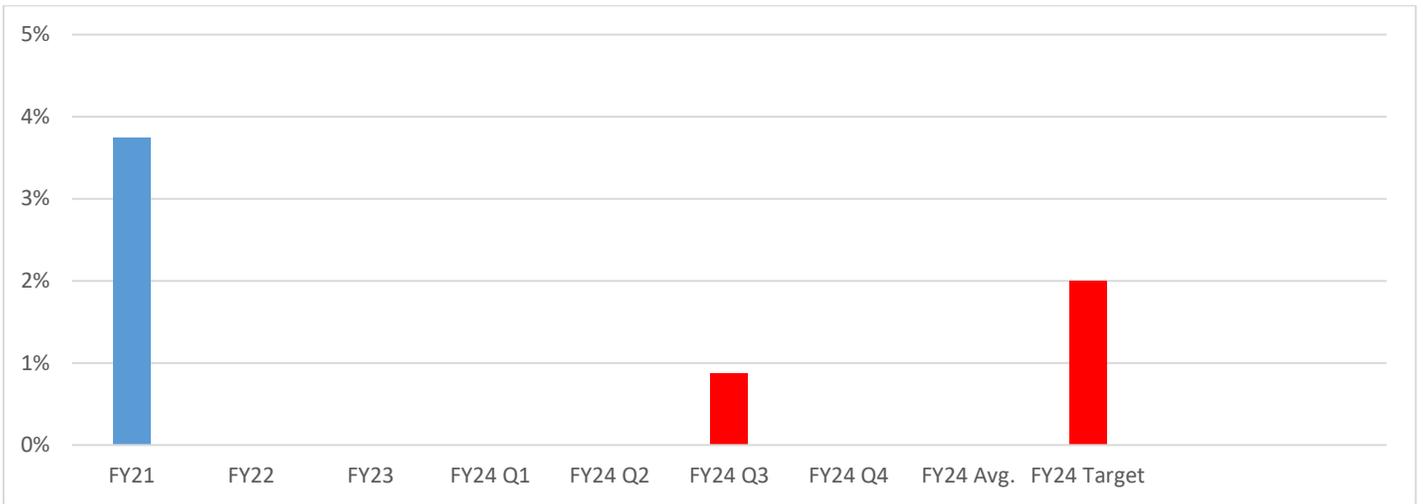
PERFORMANCE MEASURE #3

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

Results

FY21	FY22	FY23	FY24 Q1	FY24 Q2	FY24 Q3	FY24 Q4	FY24 Avg.	FY24 Target
4%	0%	0%	0%	0%	.877%			2%

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 relies on the WellSky Human Services Software system to manage its investigation data. To gather data for this performance metric, APS utilizes a report within the WellSky Human Services Software system.

Currently, we are in the process of upgrading the software to the latest version offered by the vendor. This upgrade will provide APS with access to the most recent technology and software updates available.

STORY BEHIND THE DATA: In the past 6 months, we had a 0.877% rate of repeat maltreatment, including instances of self-neglect, with no cases of abuse, neglect, or financial exploitation repeating. This demonstrates APS's exceptional ability to identify and thoroughly address concerns of traditional abuse and neglect through comprehensive investigations.

Self-neglect cases are particularly challenging due to the delicate balance of victims maintaining their self-determination while ensuring their safety. APS regional managers receive notifications of reported self-neglect cases, working closely with supervisors to ensure these victims receive proper attention.

Agency records from state fiscal years 2022 and 2023, along with the first two quarters of fiscal year 2024, show a commendable 0.0% repeat occurrence rate of abuse, neglect, or exploitation within six months of an investigation. APS investigators proactively handle initial concerns, using data mining for monitoring and

manager notifications. The nationally recognized Prevention, Intervention, Harm Reduction model greatly contributes to APS's success.

IMPROVEMENT ACTION PLAN: APS is dedicated to enhancing community safety through a strategic improvement plan. This plan focuses on preventing case recurrence with immediate interventions and long-term strategies, including public outreach. Our goal is to build an informed, vigilant, and proactive community protecting its vulnerable members.

We're intensifying efforts to understand the root causes of case recurrence through analysis of recent cases. This will shape our future approaches and interventions.

We're also prioritizing the development of our team's skills. APS will provide comprehensive training to ensure our staff is equipped to deliver exceptional support and services to all individuals under our care.

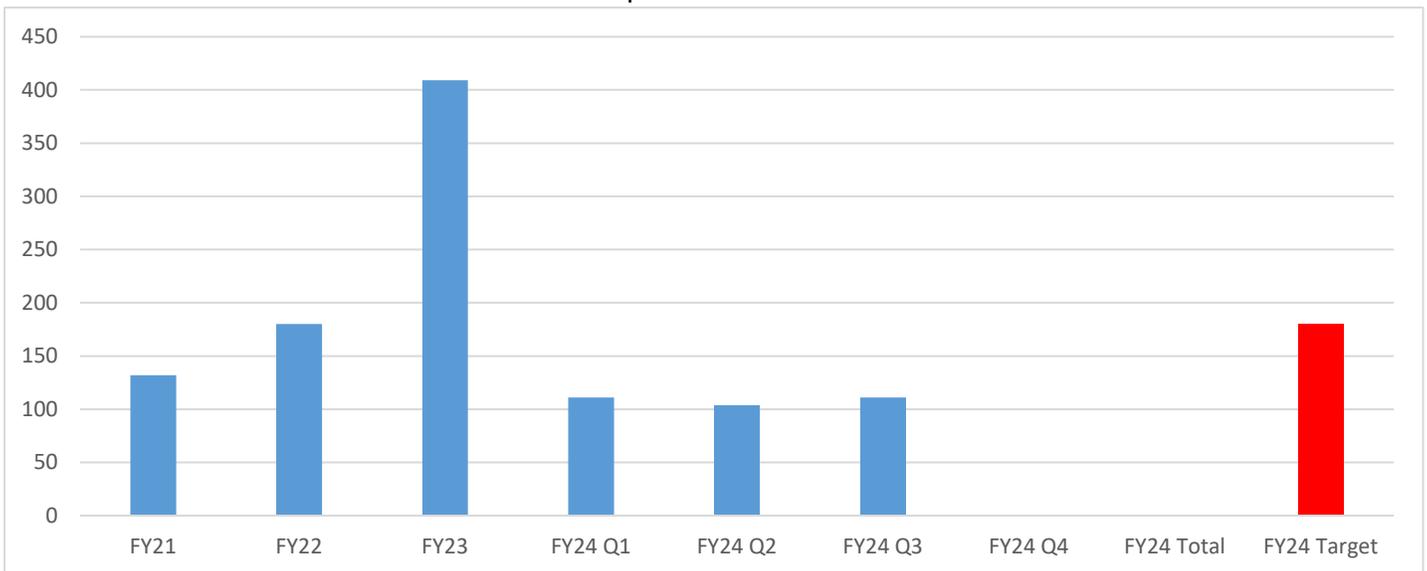
PERFORMANCE MEASURE #4

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

Results

FY21	FY22	FY23	FY24 Q1	FY24 Q2	FY24 Q3	FY24 Q4	FY24 Total	FY24 Target
132	180	409	111	103	111			180

Graph of Data Above



MEASURE DESCRIPTION: The number of outreach presentations conducted by APS staff in communities that align with APS jurisdiction.

DATA SOURCE/METHODOLOGY: Adult Protective Services relies on the WellSky Human Services Software system to manage its investigative data. To gather data for this performance measure, APS utilizes a report

within the WellSky Human Services Software system. Additionally, staff reports are used to quantify community outreach presentations.

STORY BEHIND THE DATA: In Q3, we conducted 111 outreach presentations, marking an increase attributed to the growing willingness of community members to engage, particularly as warmer weather approaches. APS has adapted its outreach approach to the changing times, embracing virtual platforms and techniques for presentations.

In addition to expanding outreach, APS is innovating with engaging strategies to amplify our reach and enhance public awareness of abuse, neglect, and exploitation issues faced by vulnerable populations. We collaborate with public entities such as fire departments, police, and essential service providers, raising our ability to gather reports and ensure the well-being of at-risk adults. This reflects our commitment to community engagement and protection.

APS supervisors are readily available to provide presentations to any agency or community partner interested in learning about the intake process or APS's mission and activities.

IMPROVEMENT ACTION PLAN: In our ongoing commitment to support older adults and vulnerable individuals, APS is enhancing its improvement plan by strengthening community outreach. By implementing new initiatives and the harm reduction model, APS aims to expand efforts in raising public awareness about its services. This increased exposure will make it easier for the community to connect with APS to report suspected abuse or neglect of vulnerable adults. We'll use diverse outreach methods, including technology, partnerships, and local events, to reach more people. Feedback sessions with past beneficiaries and stronger collaborations with service providers will create a more informed and connected community. Ongoing team training ensures our staff is prepared to serve effectively. Through these streamlined efforts, APS aims to enhance support for older adults and vulnerable individuals.

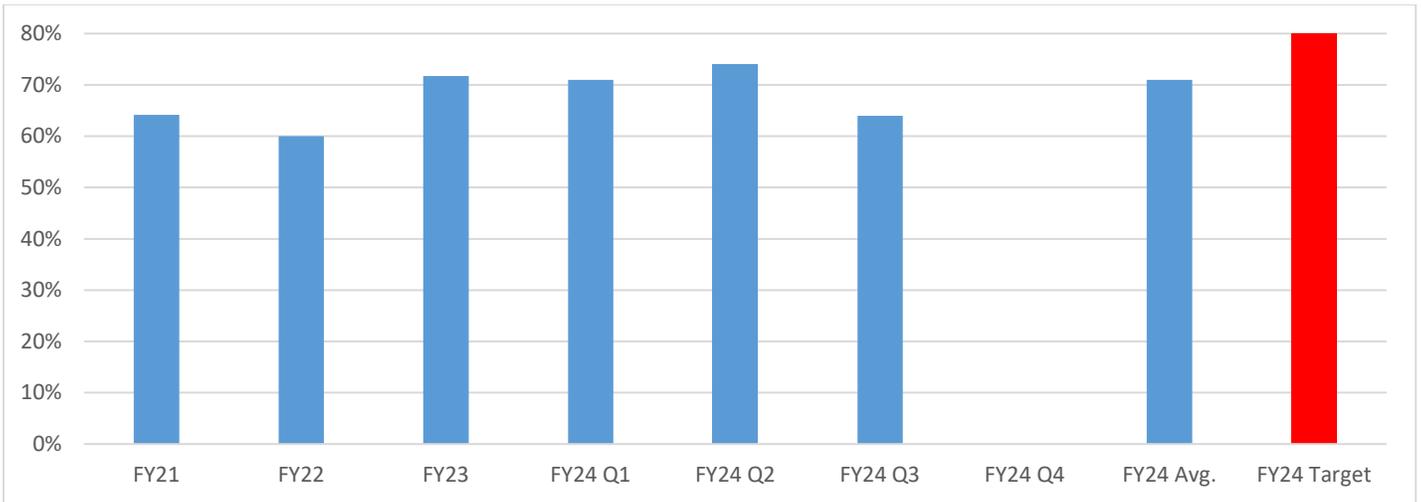
PERFORMANCE MEASURE #5

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

Results

FY21	FY22	FY23	FY24 Q1	FY24 Q2	FY24 Q3	FY24 Q4	FY24 Avg.	FY24 Target
64%	60%	72%	71%	74%	64%			80%

Graph of Data Above



MEASURE DESCRIPTION: This measure is quantified using the number of contractor referrals in which services were implemented (numerator) within two weeks divided by the total number of referrals (denominator).

DATA SOURCE/METHODOLOGY: Regional managers receive reports from field Community Engagement Specialists (CES) that detail the ongoing progress of Title XX initiatives. These reports include updates on the referrals sent to vendors in their respective regional areas within the state, providing a comprehensive overview of the program's effectiveness and reach.

STORY BEHIND THE DATA: This quarter, there was a drop in initiated Title XX cases, down to 64%. Regional managers attribute this decline to vendors' delayed responses in initiating referred cases. However, this doesn't necessarily indicate unmet victim needs, but rather administrative issues with vendors. Some vendors are experiencing hiring challenges in different parts of the state, leading to delays in case initiation.

Challenges in assessing clients, particularly with elderly clients preferring remote communication, have been a historical issue impacting comprehensive assessments. Additionally, vendor responsiveness has been affected by staffing shortages beyond APS's control, potentially delaying the identification of client needs.

IMPROVEMENT ACTION PLAN: APS is enhancing its improvement plan to strengthen collaboration with contractors and expedite service implementation. Recognizing challenges with delays and responsiveness, the focus is on fostering clear communication and understanding, particularly given clients' hesitance.

Regional managers have hired more Community Engagement Specialists (CES) to facilitate better communication with vendors and address areas of improvement in Title XX initiations. These CES staff, being regional, provide a more personalized and intimate approach for vendors working within APS's growing needs in this area.

The proactive plan emphasizes prompt and local solutions to challenges within respective regions. Safety remains a top priority, integrating sound policies to protect both clients and contractors. Streamlining communication channels will enhance service delivery efficiency, ensuring vulnerable populations receive timely and secure support.

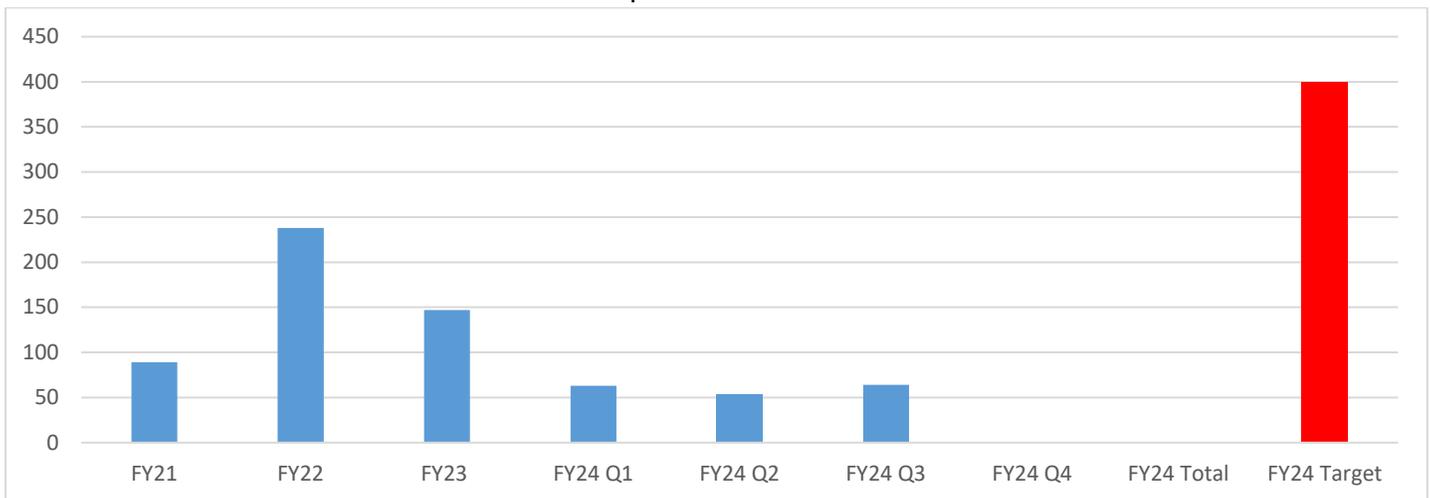
PERFORMANCE MEASURE #6

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

FY21	FY22	FY23	FY24 Q1	FY24 Q2	FY24 Q3	FY24 Q4	FY24 Total	FY24 Target
89	238	147	63	53	64			400

Graph of Data Above



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

DATA SOURCE/METHODOLOGY: Regional managers work closely with field staff to gather referrals from investigators, assessing the need for services to uphold self-determination. They maintain spreadsheets to track referrals received from staff. This data is also documented in the WellSky system, which records services and referrals to vendors. However, direct tracking of these referrals within the system is limited, relying on narrative entries and completion of active date fields during investigations. As a result, managers rely on spreadsheets for more detailed tracking.

STORY BEHIND THE DATA: APS experienced a 3% increase in Q3 Title XX home care service referrals, indicating its continued efforts to expand services, especially in the Southwest region and less populated areas.

To achieve this, APS is enhancing its strategy by focusing on initial referrals to HCBS and New Mexicare, a strategy that includes initiatives like the New Mexico-Care program, case worker-initiated referrals to ADRC, and the Title XX referral process.

In Q3, APS recorded 64 new referrals to home care contractors, reflecting the evolving needs of vulnerable New Mexicans. This adjustment aligns with APS's harm reduction model, prioritizing individual well-being and minimizing negative consequences.

Despite challenges like staff recruitment and caregiver shortages, APS investigators remain dedicated to providing services within the harm reduction model. This commitment ensures immediate needs are addressed and promotes safer practices for eligible victims of abuse, neglect, and exploitation.

IMPROVEMENT ACTION PLAN: APS is committed to enhancing homecare services across all state regions, addressing initial hesitancy, particularly among the elderly, due to COVID-19 concerns. With a new leadership transition and improved investigative follow-up, APS anticipates a steady growth in homecare service referrals.

To serve vulnerable populations effectively, APS takes a proactive approach to assess and identify referral needs continuously. This specific approach ensures each client receives personalized services.

APS expects a slight increase in referral numbers and utilizes community engagement specialists' expertise in navigating the post-investigation process. This optimization includes the use of the community services waiver application and the ADRC.

With the state's reopening expanding the service spectrum, APS remains dedicated to meeting evolving needs. The improvement plan involves ongoing case reviews by supervisors to align referrals with guidelines. Collaborative efforts between supervisors and caseworkers ensure each victim's needs are met, with homecare referrals playing a crucial role. Regional managers will conduct spot checks to ensure timely and appropriate referrals within their regions and adjust approaches to meet the needs of our vulnerable population.

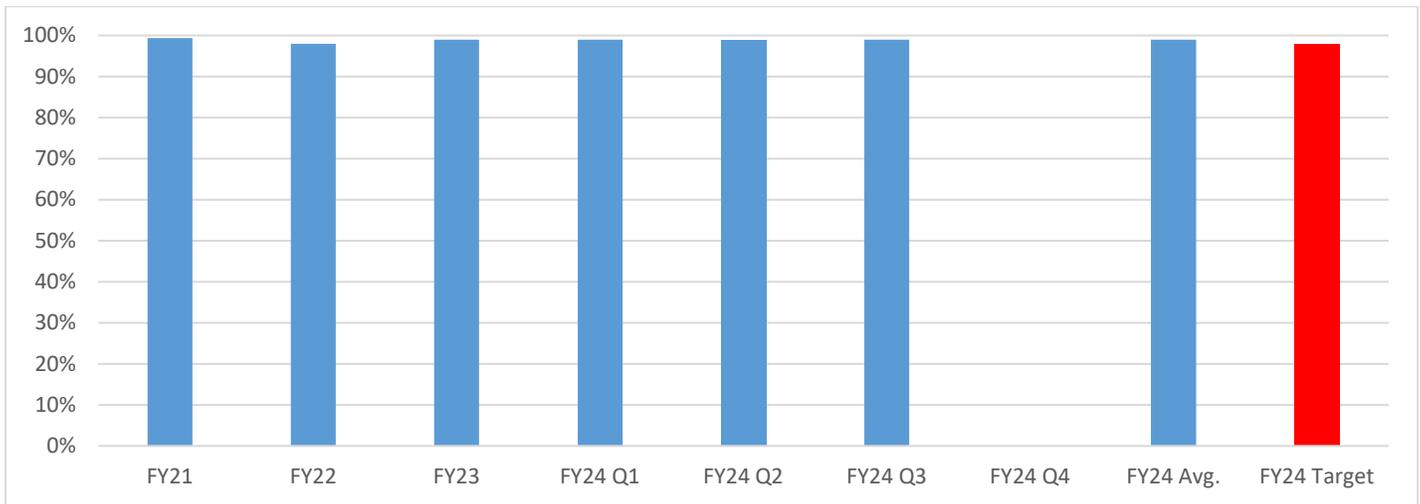
PERFORMANCE MEASURE #7

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

FY21	FY22	FY23	FY24 Q1	FY24 Q2	FY24 Q3	FY24 Q4	FY24 Avg.	FY24 Target
99%	98%	99%	99%	99%	99%			98%

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 24 hours from the time the referral is received and face to face contact with the alleged victim must be made no later than five calendar days after having been received by the screening supervisor.

DATA SOURCE/METHODOLOGY: Adult Protective Services relies on the WellSky Human Services Software system to efficiently manage investigation data. For this metric, APS extracts information from a designated report within the software.

The calculation involves averaging the number of investigations responded to within 5 days, offering insight into APS’s promptness in addressing urgent cases. This process is conducted on a demand basis, allowing leadership to assess the effectiveness of approaches in meeting the needs of vulnerable clients.

STORY BEHIND THE DATA: APS continues its exceptional performance in managing investigation priorities, maintaining a steady 99% initiation rate for Q3 for priority-2 reports, a trend seen in previous quarters. The agency’s dedication to increasing this rate further is evident, recognizing the significance of investigators meeting this goal alongside their other duties.

The Q3 data shows APS's effectiveness, particularly in handling priority two investigations. The extended response time for these cases allows for thorough preparation, ensuring comprehensive addressing of the alleged victim's concerns during interviews. This approach also enhances safety planning for in-person visits, prioritizing the well-being of both the victim and the caseworker.

Conversely, priority one and emergency referrals demand immediate face-to-face interactions within a strict 24-hour window, presenting logistical challenges. Despite these hurdles, APS's structured response time reflects its commitment to balancing urgency and thoroughness in serving vulnerable populations.

Monthly performance reminders assist investigators in becoming more efficient in meeting these critical timelines, acknowledging the complexities they face. This quarter's 99% success rate reaffirms APS's effective approach to investigation priorities, surpassing the 98% target and demonstrating its unwavering commitment to prompt and thorough responses.

IMPROVEMENT ACTION PLAN: APS is dedicated to conducting timely investigations, recognizing the critical need for prompt response to referrals. Initiating cases within set timeframes is essential for ensuring the safety of individuals.

To strengthen our capacity, APS is actively recruiting across the state, filling vacancies, and creating new positions to meet increasing demands. This proactive hiring strategy aims to expedite case initiations and enhance the quality of investigations.

The purpose of these new positions is to provide investigative caseworker support, high-priority case support, quality assurance services, and promotion of essential services and resources crucial for ensuring the quality of Adult Protective Services investigations of adult abuse, neglect, and exploitation.

APS is committed to hiring more caseworkers in all regions, including three senior investigators, to not only respond more promptly but also address the growing needs of the state's most vulnerable population. As part of this plan, APS is investing in additional personnel, specialized training, and ongoing improvement efforts. By bolstering our workforce and capabilities, APS aims to elevate the standard of service, ensuring thorough attention to every case. This plan reflects our commitment to addressing evolving challenges in safeguarding vulnerable individuals.

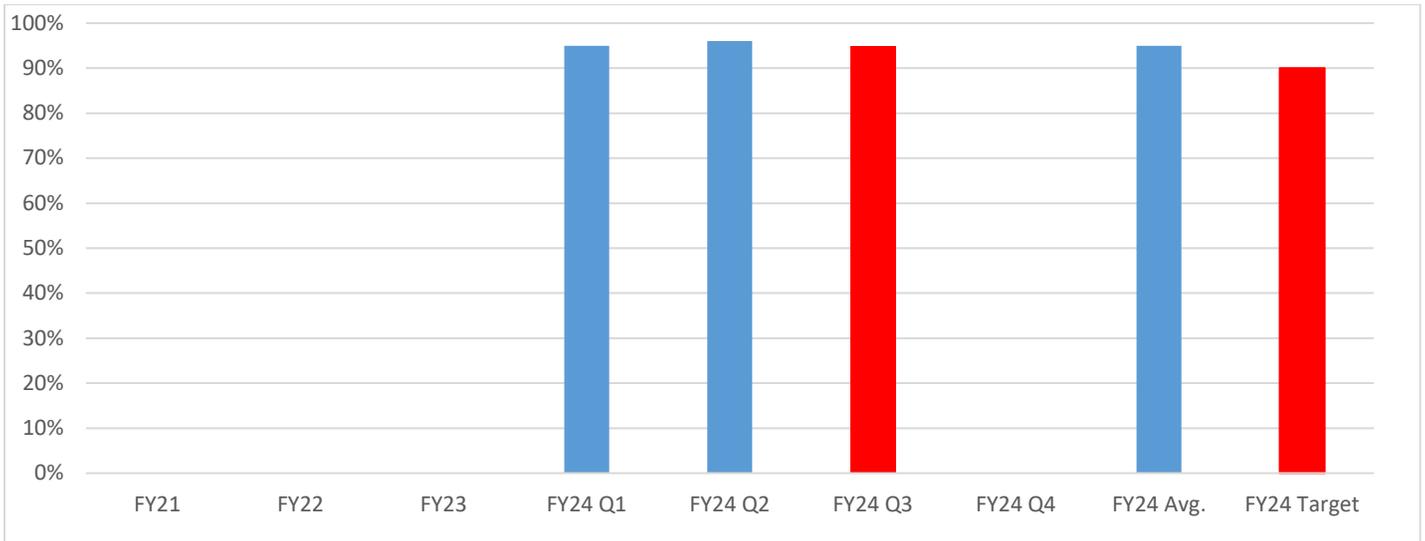
PERFORMANCE MEASURE #8

The percent of consumers for whom referrals were made, that accessed services and remained in a community setting for six or more months.

Results

FY21	FY22	FY23	FY24 Q1	FY24 Q2	FY24 Q3	FY24 Q4	FY24 Avg.	FY24 Target
N/A	N/A	N/A	95%	94%	95%			90%

Graph of Data Above



MEASURE DESCRIPTION: This measure quantifies the percentage of consumers who, after provided with referrals to home services, successfully engaged with ALTSD’s recommended services and remained in a community setting (non-institutionalized) for at least six months. The prolonged stay of a consumer in a community setting depends on their regular access to and use of the designated services, crucial for their ongoing safety and well-being.

DATA SOURCE/METHODOLOGY: Adult Protective Services (APS) relies on the "Community Care Tracking System" to gather the data essential for this performance metric. The process involves Community Engagement Specialists (CES) contacting consumers or their representatives six months after service initiation to confirm their status: remaining in the community (non-institutionalized) or transitioning to a long-term care facility (institutionalized). CES then meticulously records this information into the Community Care Tracking System, providing a detailed log of consumer referrals and their engagement with services.

STORY BEHIND THE DATA: This quarter APS achieved a 95% success rate, showing a small 1% increase for vulnerable individuals maintaining services without transitioning to long-term care. This progress is crucial for preserving the independence and emotional well-being of the elderly. The harm reduction model's implementation has played a pivotal role in this success, allowing APS to proactively intervene and ensure adults' safe stay at home.

This new performance measure highlights APS's shift towards evaluating the impact of community-based assistance and interventions. Guided by the harm reduction model, APS's proactive case management and support, led by community engagement specialists, have been instrumental. However, assessing program efficiency faces challenges, especially in tracking new cases and monitoring those nearing the end of their in-home care journey. Factors such as health concerns and limited external support may require transitioning to higher-level care. This quarter's improvement reflects APS's dedication to empowering vulnerable individuals to flourish in their communities while addressing evolving care needs.

IMPROVEMENT ACTION PLAN: As APS refines its data collection methods, our goal is to enhance our ability to conduct thorough analyses, pinpoint focus areas, identify any existing gaps, and create customized strategies for improvement. We are pleased to report that APS is meeting its goals in this area and remains committed to sustaining this success in the coming months and quarters. Our focus will be on ensuring the accuracy of data input practices and refining our monitoring systems. This ongoing growth reflects our dedication to the well-being and success of elderly citizens in our great state of New Mexico.

Aging Network

Program Description, Purpose, and Objectives: The Aging Network Division (AND) is comprised of the Senior Services Bureau (SSB); Aging Network (contract monitoring of federal and state Older Americans Act services), AmeriCorps Seniors Volunteer Program (Foster Grandparent (FGP), Senior Companion Program (SCP), Retired and Senior Volunteer Program (RSVP); and Senior Employment Programs (SEP/SCSEP)). Additionally, the budgets for the Office of Alzheimer’s and Dementia Care as well as the Office of Indian Elder Affairs (OIEA) are under AND.

The Aging Network advocates for older adults, people with disabilities, families, and caregivers; funds services and support provided primarily by networks of community-based programs; and invests in training, education, research, and innovation. These activities are accomplished by providing assistance on health and wellness, protecting rights, and preventing abuse, supporting consumer control, strengthening networks of community-based organizations, funding research and services (e.g., home-delivered meals, homemaker assistance, transportation) to support independent living. Strengthening the Aging 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 access meaningful and integrated employment.

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

Program Budget (in thousands):

FY23	General Fund	Other State Funds	Federal Funds	Other Transfers	TOTAL	FTE
200	943.8	34.5	555.3	-	1,533.6	18
300	1,735.1	10.0	307.6	-	2,052.7	
400	31,042.5	71.3	10,834.9	-	41,948.7	
TOTAL	33,721.4	115.8	11,697.8	-	45,535.0	

FY24	General Fund	Other State Funds	Federal Funds	Other Transfers	TOTAL	FTE
200	1,067.8	34.5	555.3	-	1,657.60	18
300	1,410.7	10.0	119.2	-	1,539.90	
400	38,576.9	71.3	11,142.5	-	49,790.7	
TOTAL	41,055.4	115.8	11,817.0	-	52,988.20	

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.

The AAAs and AAA providers have been flexible with services offered during the COVID-19 pandemic. The Administration for Community Living (ACL) allowed modifications of services during the COVID-19 pandemic, and these modified services include providing wellness calls to consumers, educating consumers (*i.e.*, regarding COVID-19 prevention), hosting COVID-19 vaccine clinics, and allowing volunteers to telework. Specific issues regarding data collected for the AND performance measures include:

1. AAA provider staff shortages have influenced timely, accurate reporting of numbers of clients and services, and have created difficulty providing consumer direct service. Due to staff shortages, some providers are threatened with closure.
2. Other issues regarding AAA providers include:
 - a. Tribes and pueblos have remained closed; therefore, the AAA providers on tribal lands have not resumed activity.
 - 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, thereby impacting services such as transportation and delivery of meals.
3. Reasons for reporting each of these measures are numerous and complex. These performance measures are beyond the control of AND or providers. They are dependent upon targeting those most in need of direct services.
4. AND urges AAAs and AAA 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 clients served.
5. Types and amounts of services provided are based on local considerations: such as a project location, the type of assistance provided, and/or the subpopulations served.

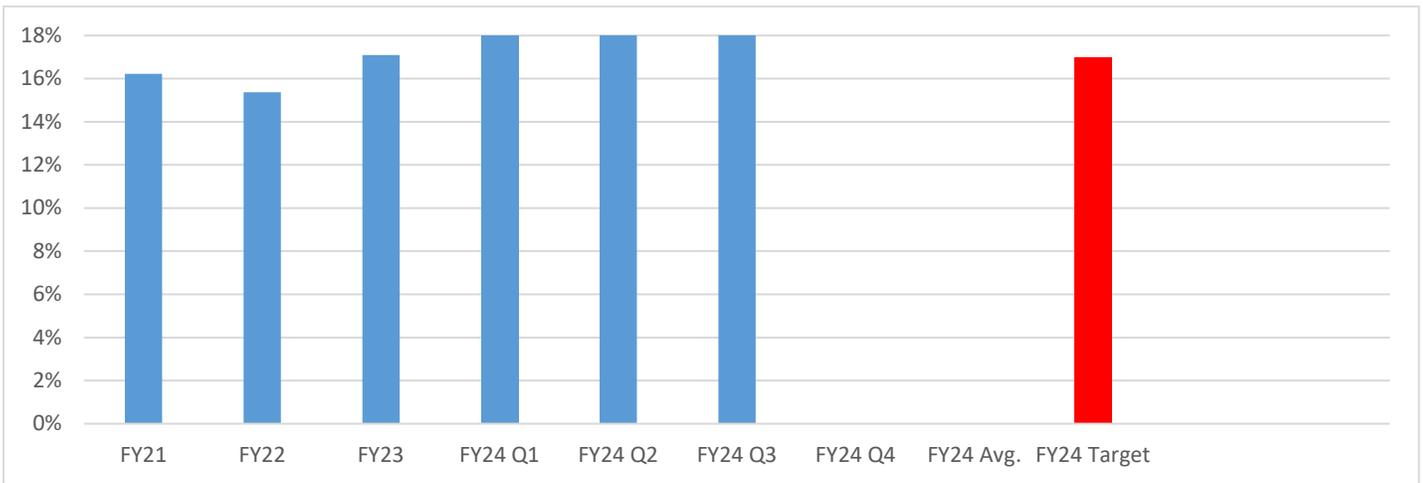
PERFORMANCE MEASURE #1

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

Results

FY21	FY22	FY23	FY24 Q1	FY24 Q2	FY24 Q3	FY23 Q4	FY24 Avg.	FY24 Target
16%	15%	17%	20%	19%	20%		20%	17%

Graph of Data Above



MEASURE DESCRIPTION: This measure quantifies the percentage of older adults and people with disabilities benefiting from Aging Network meal services (denominator) who are determined to have “high nutritional risk” (numerator).

DATA SOURCE/METHODOLOGY: The WellSky Aging and Disability Database is used by providers contracted through the AAAs to document services provided. The Aging Network Division and the Office of Elder Affairs compile the data for performance measure reporting. 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. Thus, the Q3 total for this measure includes PSAs 1–4 and PSA 6 and does not include data from PSA-5 (the Navajo Nation).

Nutritional risk is determined for those currently receiving nutritional services (specifically, congregate or home delivered meals); “high nutritional risk” is determined for those who score 6 or higher on the nutritional assessment section of the state required state needs assessment, based on ACL/OAA and New Mexico Administrative Code (NMAC) regulations.

STORY BEHIND THE DATA: During Q3 of FY24, the Aging Network Division exceeded (20%) the target (17%). The percentages of older adult New Mexicans determined to have high nutritional risk has increased since FY22 (15%). Our New Mexico data collected during FY21 through FY23 corroborates with national trends of those currently receiving nutritional services.

IMPROVEMENT ACTION PLAN: The Aging Network Division is in the process of implementing the Universal Consumer Assessment Tool (UCIT) which will automate data collection for all senior centers in the aging

network. The UCIT includes a “Nutrition Risk Screening”, a mandatory field to complete the survey. With the implementation of the UCIT, the Division expects an increase in the future to identify those older adults nutritionally at-risk.

Action	Responsible Entity(ies)	Timeline
1. Issue Area Plan Guidelines	ALTSD	FY24 - 3rd Quarter
2. Area agencies develop plans	Area Agencies on Aging	FY24 - 4th Quarter
3. Approve plans	ALTSD	FY24 - 4th Quarter
4. Service delivery and reporting	Area Agency Contract Service Providers	Monthly
5. Training	ALTSD and Area Agencies on Aging	Bi-annually

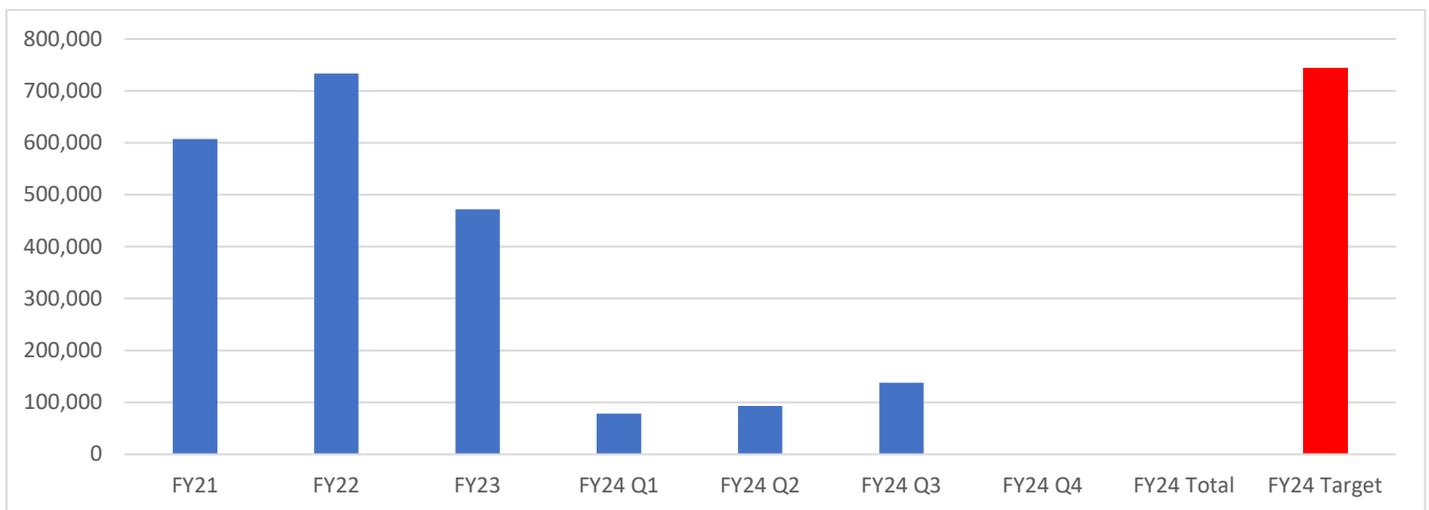
PERFORMANCE MEASURE #2

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

Results

FY21	FY22	FY23	FY24 Q1	FY24 Q2	FY24 Q3	FY24 Q4	FY24 Total	FY24 Target
607,258	733,91	472,25	78,485	92,942	137,681			745,000

Graph of Data Above



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

DATA SOURCE/METHODOLOGY: New Mexico providers participating in the AmeriCorps Seniors FGP, SCP, and RSVP submit data to AND’s Senior Services Bureau. Subsequently, Bureau staff perform quality assurance

approaches to verify data submitted by the providers. In the unlikely event the provider does not provide their data during the applicable quarter, those data are reported in the next state fiscal quarter.

STORY BEHIND THE DATA: Senior volunteerism benefits not only recipients but also volunteers. For example, recent survey data collected from AmeriCorps Seniors show 84% of volunteers report improved or stable health, 88% of volunteers reported a decrease in feelings of isolation, and 78% of volunteers felt less depressed.

It is important to have continued flexibility in volunteer activities while also providing a balance of allowable activities outlined in the federal regulations for each New Mexico AmeriCorps Seniors Program. Due to the impacts of the COVID-19 pandemic, AmeriCorps programs and New Mexico communities re-opened at different rates. A case in point, AmeriCorps volunteer stations such as schools limited the number of outside persons allowed in classrooms. Similarly, Senior Companion Program participants limited or reduced the number of outside visitors into homes and adult day program facilities. Despite these logistic caveats to volunteerism, the Division strives to meet the fiscal year-end target of 745,000 volunteer hours.

IMPROVEMENT ACTION PLAN: ALTSD has prioritized volunteer recruitment as a major initiative for the next three years and included this in the agency’s strategic plan submitted in September of 2023. These initiatives include targeted marketing campaigns and specific retention activities. Additionally, the measure should see improvement in the third and fourth quarters based on the increase in volunteer recruitment and retention training conducted quarterly, as well as the additional outreach required by the volunteer providers.

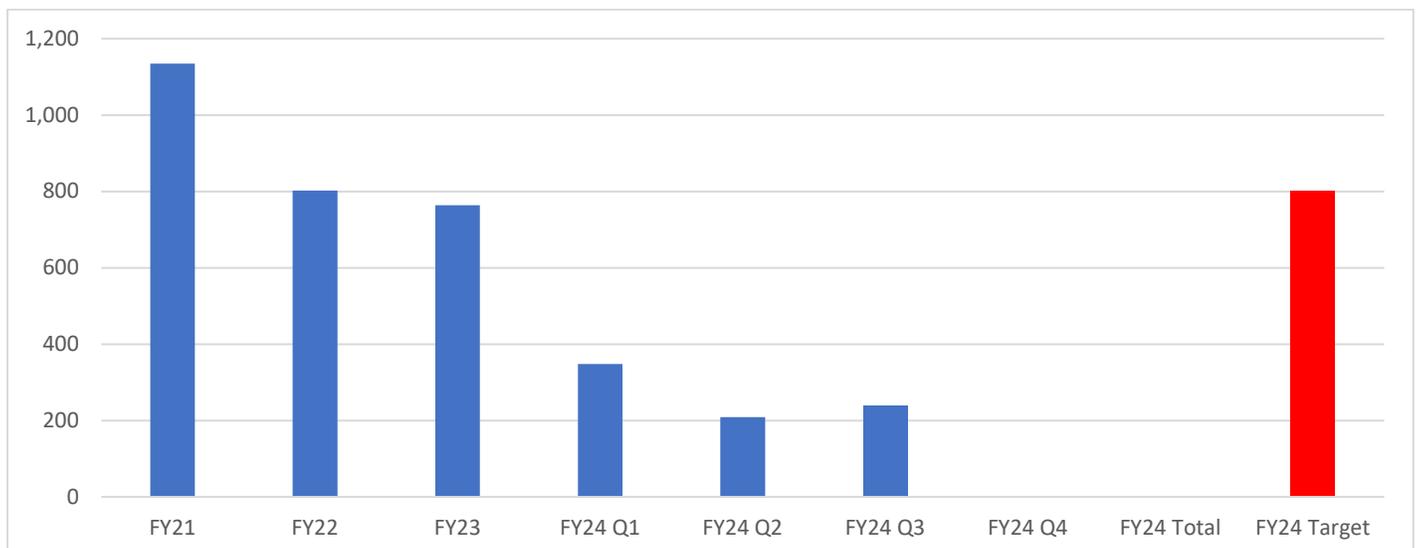
PERFORMANCE MEASURE #3

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

FY21	FY22	FY23	FY24 Q1	FY24 Q2	FY24 Q3	FY24 Q4	FY24 Total	FY24 Target
1,135	802	764	348	209	235			800

Graph of Data Above



MEASURE DESCRIPTION: This measure quantifies the number of outreach events disseminated to the public. During these outreach events, ALTSD staff disseminate information regarding the types and availability of services provided by the Aging Network.

DATA SOURCE/METHODOLOGY: The Aging Network Division collects the number of outreach events provided by program providers; State Program Report Outreach Events; ALTSD's Consumer and Elder Rights Division (CERD); and ALTSD's Long-Term Care Ombudsman Program (LTCOP). Subsequently, all outreach events regarding the types and availability of services provided by the Aging Network are included in the total number of events per time-period.

STORY BEHIND THE DATA: During FY24 Q3, ALTSD performed 235 outreach events (including provider volunteer outreach events) regarding the types and availability of service provided by the Aging Network. Outreach modes to the public may be in-person or virtual. Modes of outreach not included in these totals include Aging Network service outreach *via* websites, podcasts, social media, newspapers, radio, and television. Specific outreach activities include recruitment of persons who may benefit from Aging Network services as well as providing presentations or disseminating materials for distribution through religious, civic, educational groups or schools, local employers, senior centers, senior nutritional meal sites, and other agencies and organizations frequented by older adults.

IMPROVEMENT ACTION PLAN: ALTSD works across divisions in the agency to ensure the populations we serve are provided with relevant Aging Network service providers. For example, Adult Protective Services has transitioned clients from APS-funded, short-term services like adult day care and respite care to local senior service providers through the AAAs. Furthermore, the agency now provides relevant Aging Network service information at the end of all presentations by all ALTSD staff, regardless of Division. The Aging Network will specifically require of the AAA providers targeted outreach events, requiring performance by the fourth quarter.

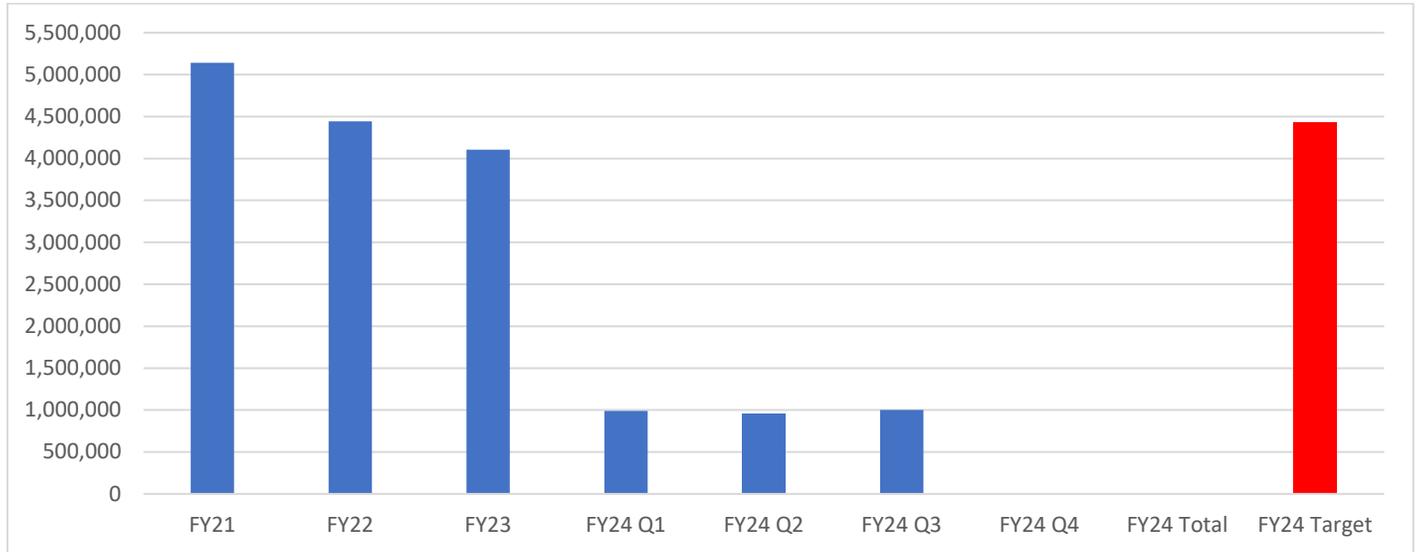
PERFORMANCE MEASURE #4

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

Results

FY21	FY22	FY23	FY24 Q1	FY24 Q2	FY24 Q3	FY24 Q4	FY24 Total	FY24 Target
5,141,38	4,443,066	4,105,279	989,097	952,998	1,002,562			4,430,000

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 used by providers contracted through the AAAs to document services provided. The Aging Network Division and the Office of Indian Elder Affairs compile the data for performance measure reporting. 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. Thus, the Q3 total for this measure includes data collected from PSAs 1–4, PSAs 5 and 6.

STORY BEHIND THE DATA: For this measure, AND's intent is to characterize and count a successful outcome as *an increase in services*. Because AND strives for successful outcomes, data for this measure includes services provided only to clients.

IMPROVEMENT ACTION PLAN: Strategies for increasing client services and improving performance measure outcomes are to:

- Provide additional Older American Act training
- Expand targeted outreach
- Increase client registration
- Apply a workplan in conjunction with the AAAs to ensure comprehensive, timely reporting of data.
- Implement ServiceScan, a web-based product that records services immediately and accurately.
- Seek new opportunities for senior volunteer hours of service.

Action	Responsibility	Timeline
1. Issue Area Plan Guidelines	ALTSD	FY24 - 3 rd Quarter
2. Area agencies develop plans	Area Agencies on Aging	FY24 - 4 th Quarter
3. Approve plans	ALTSD	FY24 - 4 th Quarter
4. Service delivery and reporting	Area Agency Contract Service Providers	Monthly
5. Training	ALTSD and Area Agencies on Aging	Quarterly

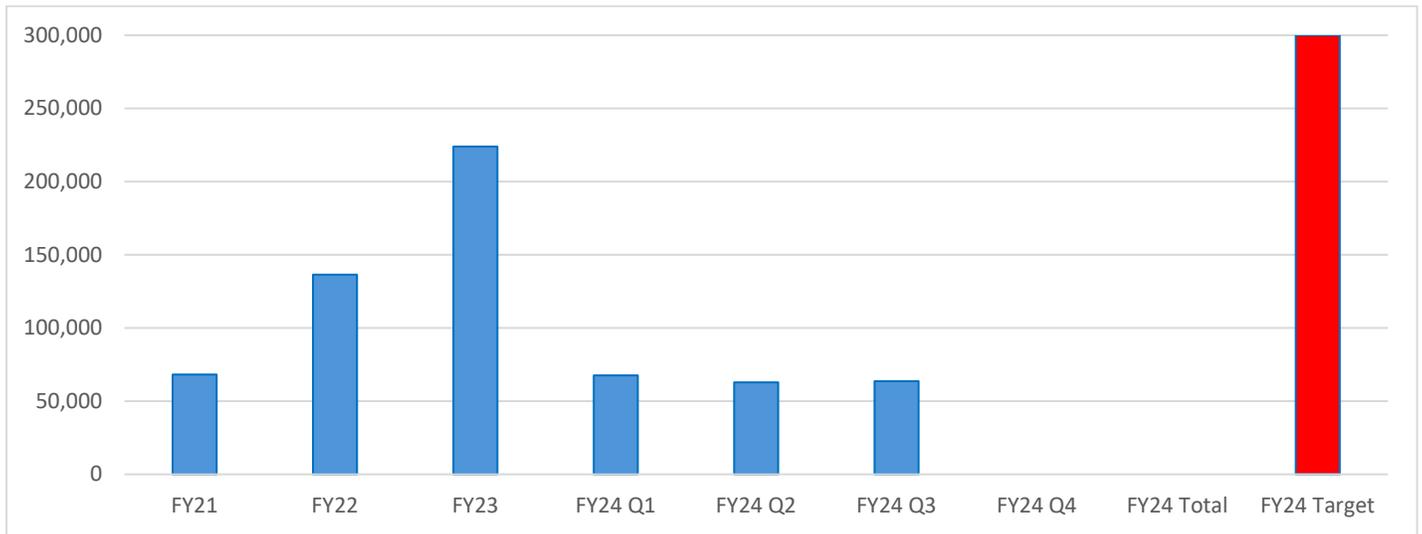
PERFORMANCE MEASURE #5

Number of Transportation Units Provided

Results

FY21	FY22	FY23	FY24 Q1	FY24 Q2	FY24 Q3	FY24 Q4	FY24 Total	FY24 Target
68,180	136,426	223,938	67,601	62,826	63,667			300,000

Graph of Data Above



MEASURE DESCRIPTION: This measure quantifies transportation service units for older adults and adults with disabilities. One unit of service represents a one-way trip provided to an older adult or a person with a disability.

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. NAAA has the flexibility to use their allocation of New Mexico general funds in the service categories they deem necessary. 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: Transportation services help older adults with limited mobility and access to services as well as other forms of public transportation. Older adults need transportation to attend medical appointments, conduct business at the bank and post office, purchase groceries, and perform other essential tasks associated with daily living. As the need for older adult transportation services increases, ALTSD and our service providers continue to explore creative ways to expand transportation services to serve more of New Mexico's older adult population. Providers statewide continue to report staff shortages and limited capacity to meet all transportation needs. North Central Economic Development District has initiated a volunteer transportation pilot program in Taos County with plans to expand.

IMPROVEMENT ACTION PLAN: In the short term, ALTSD approved Non-Metro AAA's transportation expansion pilot in FY24 and anticipate this measure increasing steadily throughout the year. This program was developed by Non-Metro AAA and will expand in FY24 to Rio Arriba County. Over the long-term, ALTSD is developing an implementation grant program for the AAA's and providers to increase and promote expansion of transportation

services across the state. This is in development and ALTSD anticipates being able to include the outcomes in our performance measures in quarters three and four of FY25.

Action	Responsibility	Timeline
1. Issue Area Plan Guidelines	ALTSD	FY24 - 3rd Quarter
2. Area agencies develop plans	Area Agencies on Aging	FY24 - 4th Quarter
3. Approve plans	ALTSD	FY24 - 4th Quarter
4. Service delivery and reporting	Area Agency Contract Service Providers	Monthly
5. Training	ALTSD and Area Agencies on Aging	Quarterly

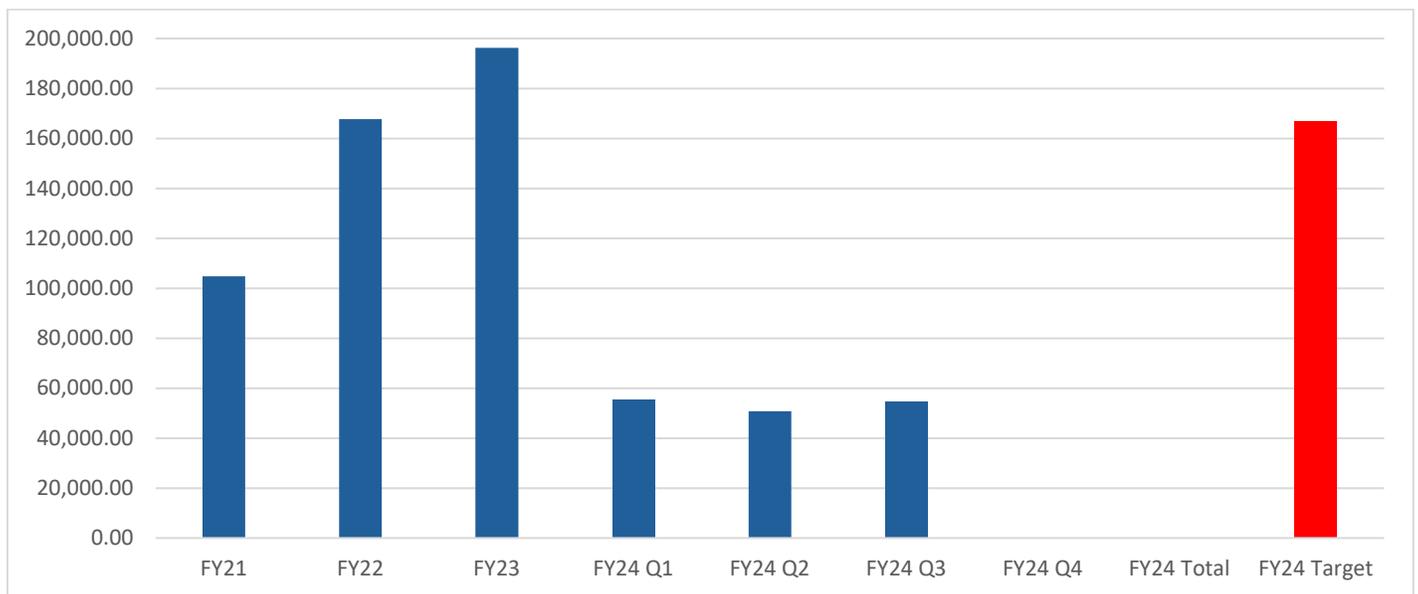
PERFORMANCE MEASURE #6

Number of hours of caregiver support

Results

FY21	FY22	FY23	FY24 Q1	FY24Q2	FY24 Q3	FY24 Q4	FY24 Total	FY24 Target
104,730	167,701	196,246	55,380	50,730	54,773			167,000

Graph of Data Above



MEASURE DESCRIPTION: Caregiver support is a strategic priority for ALTSD. Services reported for this measure include home care, adult day care, respite care, and other support services. The description of this measure expanded in FY23 to include training, counseling, and support groups, to reflect the wide array of support services more comprehensively provided to New Mexico caregivers. The training data reported includes evidence-based caregiver training, such as that provided through the Savvy Caregiver training program. As of FY24 Q1, data for this measure no longer includes services provided by the New Mexico Chapter Alzheimer’s

Association or by ALTSD’s ADRC Caregiver Information Services; therefore, data for this measure collected during FY21, FY22, and FY23 should not be compared to data collected during FY24.

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 and the Office of Indian Elder Affairs compile the data for performance measure reporting.

Caregiver Service Category	SFY 2024 Quarter 1 Hours, by Caregiver Service Category	SFY 2024 Quarter 2 Hours, by Caregiver Service Category	SFY 2024 Quarter 3 Hours, by Caregiver Service Category
Respite Care	19,962.42	16,658.75	17,561.00
Adult Day Care	16,504.00	16,536.00	19,075.75
Homemaker	15,587.50	15,356.15	16,833.25
Other Support Services	3,325.75	2,179.00	1,303.00
Total	55,379.67	50,729.90	54,773.00

STORY BEHIND THE DATA: Data for this measure quantifies assistance to family and informal caregivers who provide care for their loved ones at home for as long as possible, thereby avoiding or delaying the need for costly institutional care.

Caregiver Support Services include:

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

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

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

IMPROVEMENT ACTION PLAN:

Action	Responsibility	Timeline
1. Issue Area Plan Guidelines	ALTSD	FY24 - 3rd Quarter
2. Area agencies develop plans	Area Agencies on Aging	FY24 - 4th Quarter
3. Approve plans	ALTSD	FY24 - 4th Quarter
4. Service delivery and reporting	Area Agency Contract Service Providers	Monthly
5. Training	ALTSD and Area Agencies on Aging	Quarterly