



# FY24 Quarter #4 Performance Report

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# EXECUTIVE SUMMARY

The New Mexico Aging and Long-Term Services Department (ALTSD) is committed to enhancing the quality of life for the state's older adults and adults with disabilities through a wide range of services and programs. This 4th Quarter Performance Measure Report provides a comprehensive overview of the achievements and outcomes across our key divisions: the Consumer & Elder Rights Division, the Long-Term Care Ombudsman Program, Adult Protective Services, and the Aging Network.

## **Consumer & Elder Rights Division**

- Received over 10,000 calls, representing an over 2,000 call increase since the 3rd quarter (an average of 165 calls per day).
- Satisfactorily resolved 94% of calls in a single contact, exceeding our target of 90%.
- Constituents who accessed referred services within 30 days remained steady at 100%, exceeding the target of 90%.

## **Adult Protective Services**

- Over FY24, APS conducted 437 outreach presentations, vastly exceeding the target of 180 presentations for the year
- Achieved the 99% target of face-to-face contact with alleged victims for priority two investigations

## **Long-Term Care Ombudsman Program**

- During the 4th quarter of FY24, 99% of residents remain in the community for six months following a nursing facility transition, exceeding the goal of 90%.
- 46% of long-term care facilities were visited by members of the long-term care ombudsman program, exceeding our target of 40%
- 100% of complaints were resolved within 60 days

## **Aging Network**

- 20% of older New Mexicans with high nutritional risk received meals through aging network programs, 3% over the target of 17%
- Over 220,000 hours of caregiver support provided through volunteer programs during FY24, exceeding the target of 167,000 hours.

By surpassing many of our performance targets, we have demonstrated our ability to deliver high-quality, effective services. Moving forward, ALTSD remains steadfast in our mission to provide compassionate care and ensure the well-being of those we serve. Over the next fiscal year, we will continue to innovate and adapt to meet the evolving needs of our population, striving for excellence in all our programs and services.



# AGENCY OVERVIEW

## **ALTSD Mission**

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 Strategic Planks:**

Five strategic planks were identified to drive programmatic and investment decisions.

The Agency will be:

- **Plank 1:** Successful in supporting aging through high-quality, efficient, and innovative programs.
- **Plank 2:** Responsive to Social Determinants of Health, including food and housing security, social support and connection, employment and meaningful engagement, access to information & health services.
- **Plank 3:** Effective in addressing consumer protections, elder rights and allegations of abuse, neglect and exploitation through nationally recognized approaches.
- **Plank 4:** Inclusive of best practices and innovations to continuously improve services and interventions and drive sustainability.
- **Plank 5:** Committed to innovations and investments are data-driven and value-based.

## **Agency Programs**

Consumer & Elder Rights Division and the Long-Term Care Ombudsman Program (P592)

Adult Protective Services (P593)

Aging Network (P594)

# CONSUMER & ELDER RIGHTS DIVISION & THE LONG-TERM CARE OMBUDSMAN PROGRAM

## Program Description, Purpose & Objectives

### ***Consumer & Elder Rights Division***

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

### ***Long-Term Care Ombudsman 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.



# CONSUMER & ELDER RIGHTS DIVISION & THE LONG-TERM CARE OMBUDSMAN PROGRAM

## Program Budget (in thousands)

| FY23  | General Fund | Other state funds | Federal funds | Other transfers | Total   | FTE |
|-------|--------------|-------------------|---------------|-----------------|---------|-----|
| 200   | 1,647.2      |                   | 1,032.7       | 1,300.0         | 3,979.9 | 48  |
| 300   | 10.0         |                   | 442.8         |                 | 452.8   |     |
| 400   | 244.6        |                   | 508.4         |                 | 753.0   |     |
| TOTAL | 1,901.8      |                   | 1,983.9       | 1,300           | 5,185.7 |     |

| FY23  | General Fund | Other state funds | Federal funds | Other transfers | Total | FTE |
|-------|--------------|-------------------|---------------|-----------------|-------|-----|
| 200   | 1,830.7      |                   | 1,183.9       | 1,300.0         |       | 48  |
| 300   | 10.0         |                   | 553.8         |                 |       |     |
| 400   | 244.6        |                   | 614.5         |                 |       |     |
| TOTAL | 2,085.3      |                   | 2,352.2       | 1,300           |       |     |

## CERD 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:**

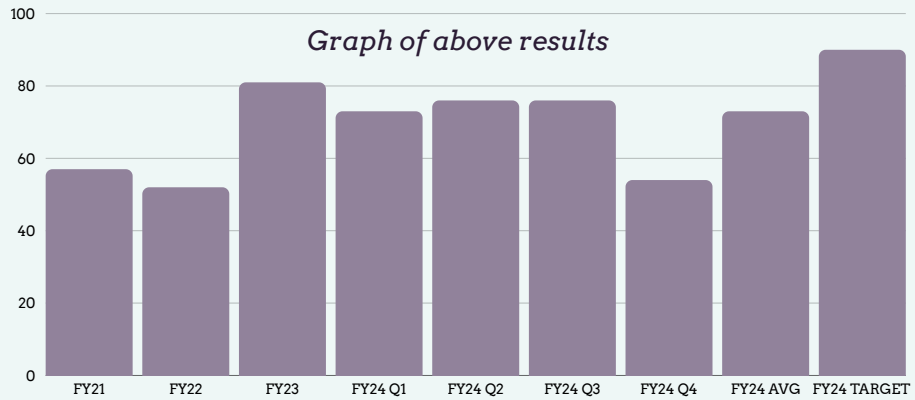
Percent of calls to the Aging and Disability Resource Center, that are answered by a live operator.

**Results**

| FY21 | FY22 | FY23 | FY24 Q1 | FY24 Q2 | FY24 Q3 | FY24 Q4 | FY24 AVG | FY24 TARGET |
|------|------|------|---------|---------|---------|---------|----------|-------------|
| 57%  | 52%  | 81%  | 73%     | 76%     | 76%     | 54%     | 73%      | 90%         |

**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

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 fourth quarter FY24, 54% of the calls to the ADRC were answered by a live operator. The ADRC received 10,137 calls, an increase of 2,001 from the third quarter (average of 165 calls per day, an 33 more calls per day on average than the previous quarter). The ADRC worked with an average of 5 Options Counselors during the fourth quarter, a decrease from the average of 9 Options Counselors in the third quarter. We had between 2 and 5 positions vacant at different timeframes in FY24. The necessary training time for new colleagues also impacts our ability to answer as many calls as possible during onboarding. There were 2 Holidays, 1 training meeting (1.5 hours) and 2 instances where systems were down (phones and chat were placed on technical for a total of 3 hours and 35 minutes) during the fourth quarter. We also had staff shortages due to planned and unplanned leave (sick, annual, and administrative).

### Performance Measure #1 Improvement Action Plan

We are in the process of hiring for the vacant Options Counselor positions. Additionally, we have posted 4 term Options Counselor positions, with a goal of being fully staffed over the next several weeks.

We are working towards upgrading our IT system, which would alleviate the issue of abandoned calls because instead of voicemails, it would allow immediate callbacks and the option of CHAT and robot chat, providing additional assistance to live calls. The system upgrade is expected to happen in the second or third quarter of FY25.

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 – 6,654 consumers
- Medicare – 1,967 consumers (benefit explanation, enrollment, counseling)
- Prescription Drug Assistance (PDA) – 21 consumers
- Disability - 16 consumers
- Social Security – 14 consumers



**Performance Measure #2:**

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

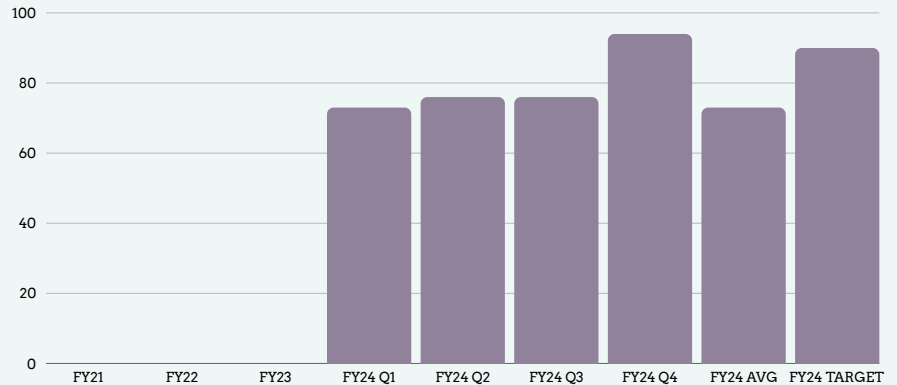
**Results**

| FY21 | FY22 | FY23 | FY24 Q1 | FY24 Q2 | FY24 Q3 | FY24 Q4 | FY24 AVG | FY24 TARGET |
|------|------|------|---------|---------|---------|---------|----------|-------------|
| N/A  | N/A  | N/A  | 73%     | 76%     | 76%     | 94%     | 73%      | 90%         |

**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.

*Graph of above results*



**Data Source/Methodology**

The ADRC conducts an ongoing customer service survey to assess caller satisfaction with services and resources provided. At the conclusion of each telephone counseling session, all callers are asked to complete a customer satisfaction survey which is compiled for analyses. For this performance measure, we ask the question “How satisfied are you that we addressed your primary reason for contacting us today?”

**Story Behind the Data**

The percentage of consumers responding that they were very satisfied or satisfied that the primary reason for contacting us was addressed or resolved in a single contact is 94%.

**Performance Measure #2 Improvement Action Plan**

This is the same as what appears above. For this action plan, develop some items such as: Through regular assessment of caller survey data, weekly team performance meetings, ongoing training, and individual Options Counselor development plans, we expect to maintain a high level of customer satisfaction through single call resolution efforts on a regular basis.

**Performance Measure #3:**

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

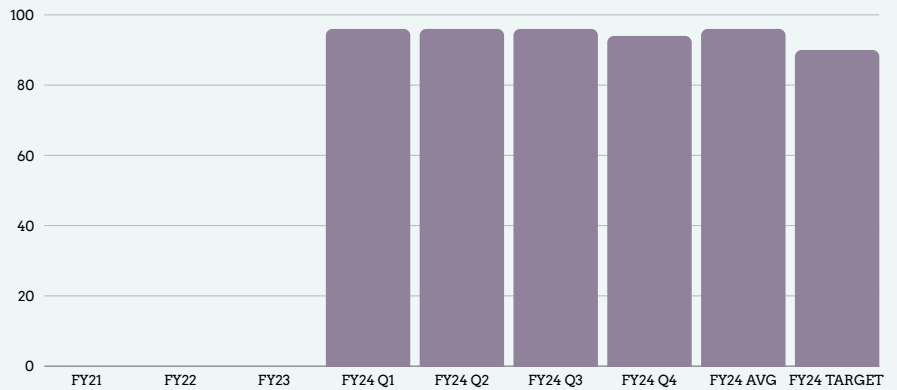
**Results**

| FY21 | FY22 | FY23 | FY24 Q1 | FY24 Q2 | FY24 Q3 | FY24 Q4 | FY24 AVG | FY24 TARGET |
|------|------|------|---------|---------|---------|---------|----------|-------------|
| N/A  | N/A  | N/A  | 96%     | 96%     | 96%     | 94%     | 96%      | 90%         |

**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 center. This measure also provides an indication of the demand for services and the relationship to customer services as well as ADRC staff resources.

*Graph of above results*



**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 fourth quarter FY24, 94% of customers were satisfied with the outcome of their call to the Aging and Disability Resource Center.

The ADRC received 10,137 calls (average of 165 calls per day).

**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%     | 99%      | 90%         |

**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 4th 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.

*Graph of above results*



### Performance Measure #4 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.

**Throughout the entire 2024 fiscal year, 99% of residents remained in their community for six months following a nursing facility transition, exceeding the goal of 90%.**



**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%    | 100%    | 92.75%   | 92%         |

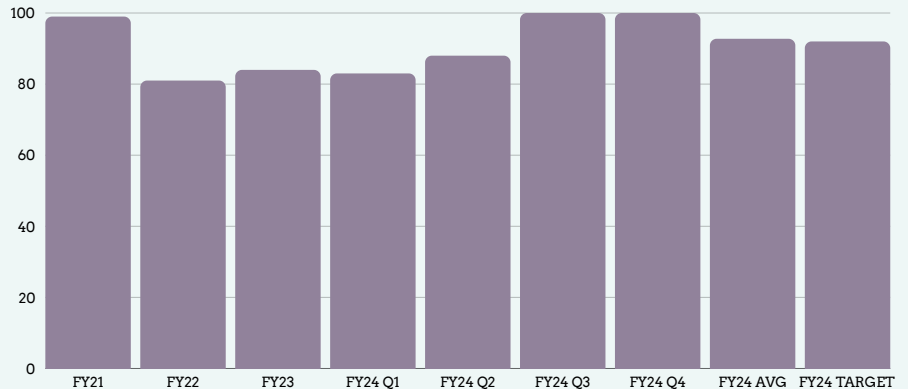
**Measure Description**

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.

*Graph of above results*



**Story Behind the Data**

In Q4 of 2024, the Short-Term Assistance measure of constituents who accessed services within 30 days remained steady at 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, and meals that allow them to remain in the community. The program, when fully staffed, has five coordinators throughout the State. During Q4 of 2024, the program had three fully trained coordinators and on-boarded a fourth who began to assist consumers. It also utilized two Senior Medicare Patrol (SMP) colleagues. All staff received extensive training on Short-Term Assistance during this quarter. Consumers responding that they were very satisfied or satisfied that the primary reason for contacting us was addressed or resolved in a single contact is 94%.

**Performance Measure #5 Improvement Action Plan**

Hiring is in process to fill the final vacancy. We will continue to train staff and review data regularly to maintain this high level of service.

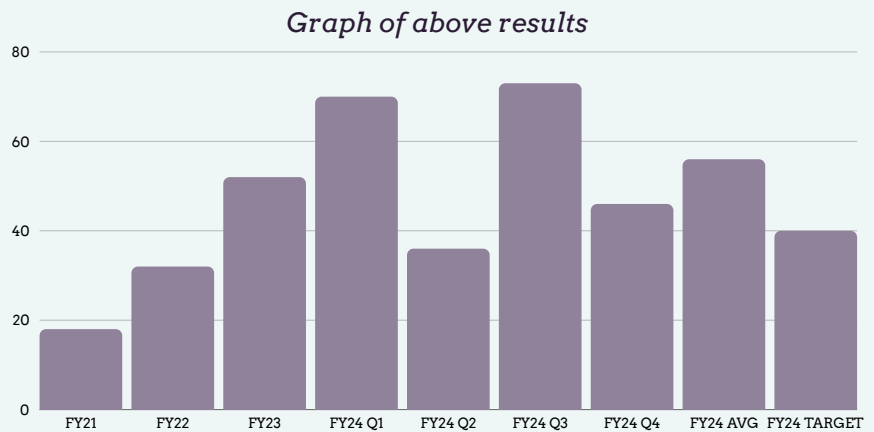
**Performance Measure #6:**  
Percent of facilities visited monthly.

**Results**

| FY21 | FY22 | FY23 | FY24 Q1 | FY24 Q2 | FY24 Q3 | FY24 Q4 | FY24 AVG | FY24 TARGET |
|------|------|------|---------|---------|---------|---------|----------|-------------|
| 18%  | 32%  | 52%  | 83%     | 70%     | 36%     | 46%     | 56%      | 40%         |

**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. sition 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.

**Throughout the entire 2024 fiscal year, 70% of facilities were visited by ombudsman staff, far exceeding the target of 40%.**

### Story Behind the Data

During FY24 Q4, the Long-Term Care State Ombudsman Program (LTCOP) staff (e.g., LTCOP Regional Coordinators) and LTCOP volunteers visited 46% of long-term care (LTC) facilities, exceeding the 40% target. LTCOP Supervisors continued to make visits in addition to regional coordinators and volunteers. An additional focus this quarter has been interviewing and hiring new personnel, as well as recruiting and training volunteers. This quarter, we recruited and began training 9 new volunteers, which is a 75% increase in volunteers over the last quarter. From our 2nd Annual Pickleball tournament in June, we gained an additional 18 potential new volunteers and are currently working to bring them on board for training. As new hires are made and new volunteers certified over the next couple of quarters, visits should continue to increase dramatically. 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.

### Performance Measure #6 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 a 75% increase in volunteers over the last quarter and 18 potential new recruits, as well as 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%    | 100%    | 98%      | 99%         |

**Measure Description**

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

**Data Source/Methodology**

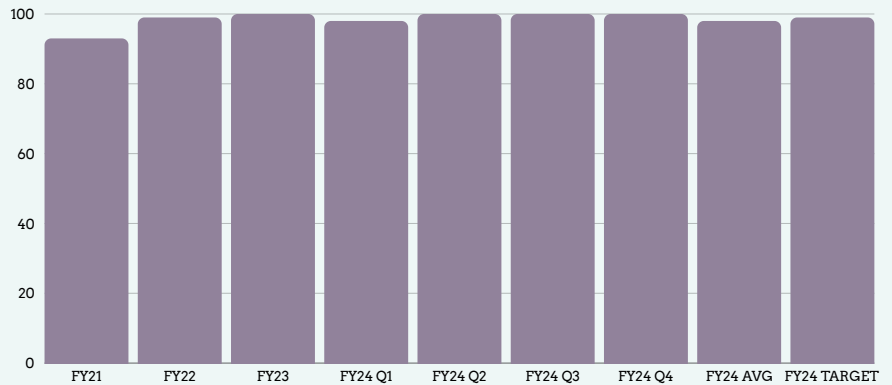
The Long-Term Care Ombudsman Program (LTCOP) defines a complaint as a concern relating to the health, safety, welfare, or rights of one or

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 investigation findings and the dates when the complaints 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 Q4 at 100% complaints resolved within 60 days. During this quarter, 150 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. It is important to note that for FY23, a total of 348 cases were referred to the Ombudsman program, while FY24 saw a 75% increase in referrals, with a total of 610. This is a dramatic difference, which is due in part to increased presence of Ombudsmen in facilities, education and awareness of the services Ombudsmen provide, and better data entry practices.

*Graph of above results*



### Performance Measure #7 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 on staff training and oversight of staff documentation. Automated prompts in Ombudsmanager assist in data oversight and will be a priority in training Regional Coordinators and Ombudsman volunteers.

Additionally, the LTCOP's experienced Program Coordinator will be further assisting in quality assurance activities such as prompt complaint resolution.

**Throughout the entire 2024 fiscal year, the Long-Term Care Ombudsman Program has consistently met or exceeded the targeted 92% of complaints resolved within 60 days.**



# ADULT PROTECTIVE SERVICES

## Program Description, Purpose & 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   | 8,068.8      |                   |               | 2,200.00        | 10,268.8 |     |
| 300   | 1,242.3      |                   |               | 2,176.30        | 3,418.6  |     |
| 400   | 721.4        |                   |               |                 | 721.4    | 128 |
| TOTAL | 10,032.5     |                   |               | 4,376.30        | 14,408.8 |     |

| FY23  | General Fund | Other state funds | Federal funds | Other transfers | Total | FTE |
|-------|--------------|-------------------|---------------|-----------------|-------|-----|
| 200   | 8,421.4      |                   |               | 2,400.00        |       |     |
| 300   | 6,242.3      |                   |               | 2,176.30        |       |     |
| 400   | 721.4        |                   |               |                 |       |     |
| TOTAL | 15,385.1     |                   |               | 4,576.30        |       | 133 |

# ADULT PROTECTIVE SERVICES

## APS 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   | 1,885   | 7,632      | 6,150       |

### 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

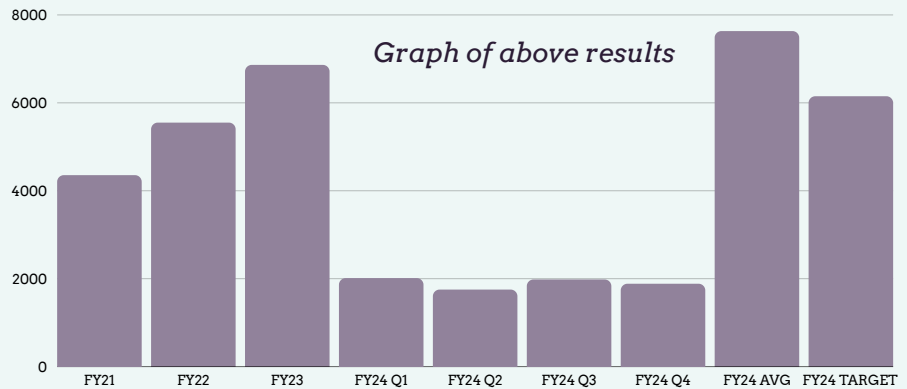
Adult Protective Services staff utilize the

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 Q4, APS conducted 1,885 investigations, which is a slight decrease from the 1,982 investigations in the previous quarter, equating to a 5.85 percent reduction. While there was a decline in the number of investigations completed, the number of reports of abuse, neglect, exploitation and self-neglect was consistent with prior quarters.

Over the course of the entire fiscal year for the state, APS completed 7,632 investigations, an 12% increase over the annual number of investigations for FY23, which was 6,863. This rise is part of a trend that has continued since the end of the Covid pandemic, showing an increase in the reporting and completion of investigations for abuse, neglect, exploitation, and self-neglect. APS has continued a harm reduction model, focusing on reducing future instances of abuse and neglect, rather than just addressing cases after they have occurred.



The general increase in investigations demonstrates expanded outreach in the community, improved reporting, and continued growth in APS's ability to be available to protect, support and help citizens who may be vulnerable adults. The trend shows that a growing level of trust in the state's APS can be relied upon to help further seek to protect the community shows a continuation of success for the agency's utilization of the harm reduction model, and its valuing the safety of New Mexico's citizens.

## **Performance Measure #1 Improvement Action Plan**

To enhance our already strong performance, APS is focused on several key areas for improvement. First, to further increase community engagement, APS will continue to educate the public on various referral methods through targeted outreach programs led by regional supervisors across New Mexico. This initiative will involve sharing information on the most effective ways to report concerns and ensuring that community members are well-informed about the resources available to them.

Additionally, APS is committed to refining and enhancing cross-reporting mechanisms. By streamlining these processes, we aim to ensure that all cases meeting investigation criteria receive thorough attention from supervisors statewide. This improvement will help maintain the high quality and consistency of our investigations.

Our 24-hour telephone system remains a primary source of our reporting process, allowing anyone to report concerns at any time. To further improve this service, we are enhancing our response capabilities during business hours, ensuring that APS operators can promptly process reports. We will also increase our after-hours and weekend teams, ensuring that reports are not only received immediately but are also acted upon by supervisors and investigators who are standing by for immediate involvement if necessary.

By focusing on these areas, APS aims to build on its current successes and continue providing effective, timely, and comprehensive services to protect the vulnerable adults of New Mexico.

**Over the course of the 2024 fiscal year, APS completed 7,632 investigations, a 12% increase since the previous fiscal year, demonstrating increased trust in APS and the state's ability to help.**

## 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.

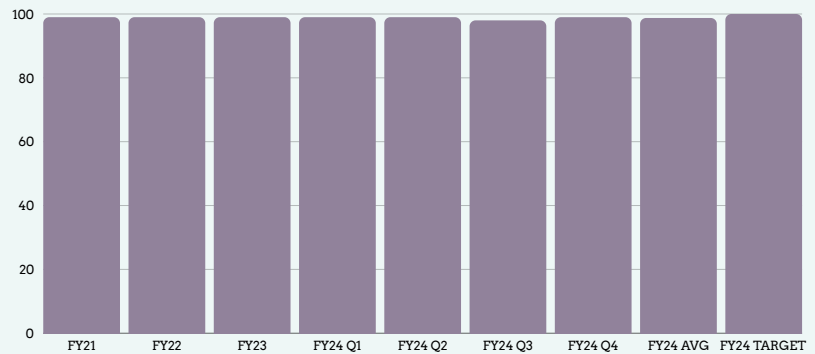
### Results

| FY21 | FY22 | FY23 | FY24 Q1 | FY24 Q2 | FY24 Q3 | FY24 Q4 | FY24 AVG | FY24 TARGET |
|------|------|------|---------|---------|---------|---------|----------|-------------|
| 99%  | 99%  | 99%  | 99%     | 99%     | 98%     | 99%     | 98.75%   | 100%        |

### 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.

Graph of above results



### 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 99% success rate this quarter, reflecting our commitment to prompt and effective responses. Investigators in all five regions of New Mexico are available around the clock to meet with victims of abuse, neglect, exploitation, and self-neglect. Our automated monthly reminders play a role in maintaining this high success rate, reaching field staff, supervisors, and regional managers to ensure compliance with meeting goals. These reminders demonstrate our staff's dedication to their duties throughout the state.

While some case workers may not achieve a 100% success rate immediately, they consistently meet this goal within a few days, often making repeated visits to clients' homes to ensure their safety and well-being.

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 allegations remains consistent. The regional investigative team conducts in-person assessments promptly, ensuring a quick intervention for potential victims. This rapid response framework not only ensures immediate safety checks but also facilitates quick assessments of well-being and the need for protective services.

APS's dedication to safeguarding the most vulnerable members of our communities in New Mexico is evident in our consistent and thorough approach to face-to-face initiations, even amid higher caseloads.

## **Performance Measure #2 Improvement Action Plan**

Maintaining and improving the timely response to potential victims remains an ongoing priority for APS caseworkers and management. Achieving a 100% success rate in face-to-face initiations (FTF), while an admirable goal, presents significant challenges, particularly for rural investigators.

Natural disasters such as fires and storms, physical barriers like aggressive animals, and safety concerns in dangerous areas can all impede timely responses.

Despite these barriers, investigators, along with supervisors and managers, ensure that victims are seen as soon as possible.

To address these challenges and work towards a 100% FTF rate, APS will continue to prioritize and enhance its current strategies:



**Proactive Strategies and Communication:**

Regional managers, in collaboration with their supervisory teams, will continue to emphasize the importance of meeting response deadlines through proactive strategies. This includes regular staff supervision, both at the supervisor and caseworker levels. Staff have reminders, and support of their supervisors to meet the agency's expectations and deadlines.

**Use of Technology & Automated Reminders:**

Automated monthly reminders will continue to be sent to field staff, supervisors, and regional managers, ensuring compliance with meeting goals. These reminders help maintain high performance and ensure timely entries into the WellSky system, flagging any late face-to-face meetings for immediate supervision and review during routine supervisor between investigators and supervisors.

**Performance Metrics & Transparent Communication:**

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

**Addressing Barriers Proactively:**

APS will continue to address barriers proactively by providing additional support and resources to rural Investigators facing unique challenges. This may include additional training, safety equipment, and resources to navigate difficult situations effectively. These challenges are primarily addressed through effective and efficient collaboration during staffings with regional management, where issues and concerns are collectively problem-solved.

By focusing on these improvement actions, APS aims to build on its already strong performance and work towards achieving a 100% success rate in face-to-face initiations. This commitment to continuous improvement shows the agency's dedication to protecting the most vulnerable members of our communities in New Mexico.

## 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%   | 1.04%   | .47%     | 2%          |

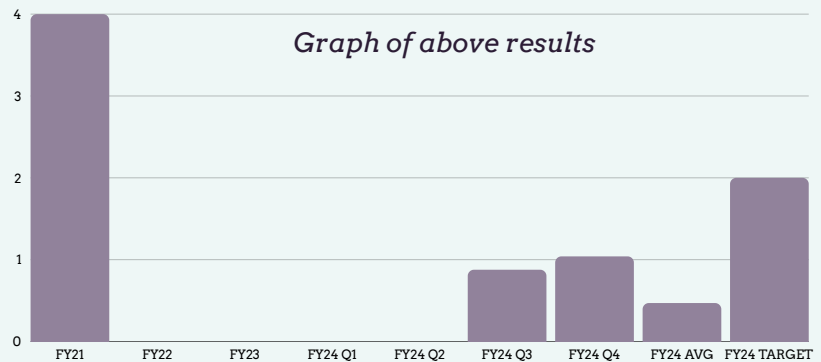
### Measure Description

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

This last and final 4th quarter, we had 1.04% repeat maltreatment. The target for the year is less than 2%, which we managed to achieve. Overall, we averaged 0.48% in the last year. For this last quarter, of the cases considered repeat maltreatment, which totaled 7, 6 were exclusively for self-neglect, and one was for neglect. This information is invaluable as it shows that repeat maltreatment did not occur for physical abuse, neglect, or exploitation as sole allegations. Self-neglect is a difficult allegation to address, especially with the elderly, who often struggle with maintaining independence and recognizing their need for assistance with activities of daily living (ADLs), toileting, and other self-directed tasks.

The agency has done well in identifying and addressing core abuse, neglect, and exploitation reports by utilizing the harm reduction model at all phases of the investigation process. Identifying those victims who return to the attention of the agency within the last 6 months is always a challenge because it is difficult to remove or convince elderly individuals that they need more help than they can manage alone.

Notably, none of the repeat maltreatment cases were for exploitation or physical abuse, and the one allegation for neglect was initially identified at case onset but later found to be a repeat report for self-neglect.

The agency thoroughly addresses substantiated allegations and balances the needs of the individual against their safety. With the support and guidance of management, field investigators can address many needs during the initial case contact, thereby preventing future abuse, neglect, and exploitation. Overall, the agency performed well in mitigating this measure.

### Performance Measure #3 Improvement Action Plan

Although there was an increase in repeat maltreatment during the past year, it is important to note that the reporting is now including self-neglect. Self-neglect continues to be a significant concern that requires ongoing attention from the agency.

To address repeat maltreatment, particularly self-neglect, the agency's goal is to implement several key strategies. While APS does well in addressing abuse, neglect, and exploitation, self-neglect presents its unique challenges.

One area the agency can work on this goal is by engaging with family members to support at-risk individuals. This can include helping family members:

- **Observe and Communicate:** Noticing changes in behavior and discussing concerns in a supportive manner.
- **Offer Help:** Assisting with daily tasks such as cooking, cleaning, and shopping.
- **Encourage Social Engagement:** Helping individuals get involved in community groups or activities.
- **Help Schedule Appointments:** Ensuring regular attendance at medical and dental checkups.

For those with no, resistant, or busy family members, addressing self-neglect becomes more challenging as these individuals are often isolated and not noticed until it is too late. However, once individuals come to the agency's attention, the response from APS is timely and comprehensive.

The agency can improve its efforts by increasing outreach to more communities and educating the public on the importance of contacting APS if they suspect or have concerns about the well-being of elderly or incapacitated individuals. This outreach can include:

- **Community Education Programs:** Conducting workshops and seminars to inform community members about the signs of self-neglect and how to report concerns.
- **Partnerships with Local Organizations:** Collaborating with healthcare providers, senior centers, and other community organizations to identify and support at-risk individuals.
- **Public Awareness Campaigns:** Utilizing media and social platforms to raise awareness about self-neglect and the role of APS in addressing it.

Additionally, the agency can implement more frequent check-ins and follow-ups with individuals identified as at risk of self-neglect. This could involve:

- **Regular Home Visits:** This could include informal scheduled periodic visits to ensure the ongoing well-being of individuals who have been previously identified as at risk.
- **Telehealth Services:** Offering remote check-ins for those in rural or hard-to-reach areas, ensuring continuous monitoring and support. (More and more individuals are technically inclined and welcome phone check-ins and, for some, video check-ins.)
- **Enhanced Training for Staff:** Providing specialized training for APS investigators and caseworkers on identifying and addressing self-neglect effectively. (APS routinely holds training throughout the year for this type of need.)

The agency also does a great job in referring at-risk individuals for services, such as home care, personal care, and other in-home services. While services are being provided, especially for the Title XX programs the agency provides in conjunction with the federal government, the case remains open. This allows community engagement specialists to visit, call, or otherwise check in with at-risk individuals, in addition to the vendor who also has frequent and regular visits with the individual. This provides the safety and security needed to help make decisions for higher levels of care if warranted and accepted by the individual.

By continuing to focus on proactive strategies, improving community outreach, and maintaining strong support systems for both at-risk individuals and their families, the agency looks to further reduce the rate of repeat maltreatment and ensure the safety and well-being of vulnerable populations in New Mexico. As we will see in the next measure, outreach programs by the agency are extensive and wide-reaching.



## Performance Measure #4:

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

### Results

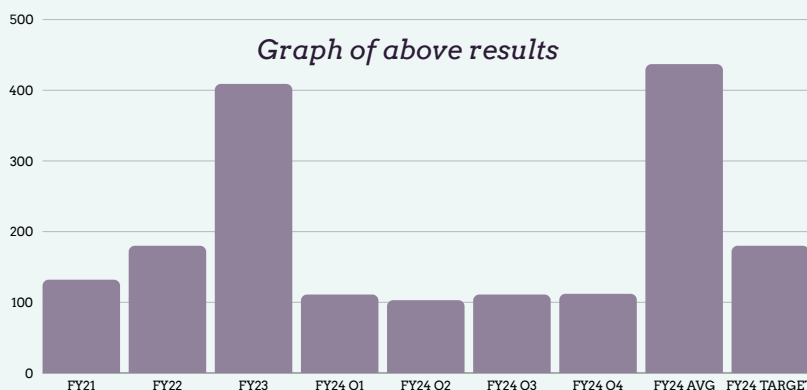
| FY21 | FY22 | FY23 | FY24 Q1 | FY24 Q2 | FY24 Q3 | FY24 Q4 | FY24 TOTAL | FY24 TARGET |
|------|------|------|---------|---------|---------|---------|------------|-------------|
| 132  | 180  | 409  | 111     | 103     | 111     | 112     | 437        | 180         |

### 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 FY24, APS conducted 437 outreach presentations, averaging 109 per quarter, with 112 in the last quarter. This marks a slight increase from the 409 presentations in FY23. Q4 saw a 0.9% rise in presentations compared to Q3, demonstrating consistent efforts despite field staff's multiple responsibilities. Raising awareness about abuse, neglect, exploitation, and self-neglect, particularly in rural areas, is important to APS. By fostering a sense of community responsibility, APS encourages individuals to support one another, which is essential for identifying and addressing self-neglect especially, which is a significant concern. This objective remains a fundamental and ultimate goal for APS.

The increase in presentations from Q3 to Q4 highlights APS's commitment to continuous improvement in community engagement. Despite higher caseloads, APS has maintained steady outreach, reflecting its dedication to protecting vulnerable populations. APS collaborates with fire departments, police, and essential service providers to enhance public awareness and gather reports, ensuring the well-being of at-risk adults. APS supervisors are available to provide presentations to any agency or community partner interested in learning about APS's intake process and mission. By focusing on community outreach and education, APS aims to further reduce repeat maltreatment and ensure the safety and well-being of New Mexico's vulnerable populations.

### **Performance Measure #4 Improvement Action Plan**

The target for the year was 180 outreach events, a goal which the agency far exceeded by conducting 437 presentations. This remarkable achievement demonstrates the agency's dedication to its mission: "To provide accessible, integrated services to older adults, adults with disabilities, and caregivers to assist them in maintaining independence, dignity, autonomy, health, safety, and economic well-being, empowering them to live on their own terms in their own communities as productively as possible."

Looking forward to the next fiscal year, APS is committed to not only meeting but surpassing this goal once again. The agency believes wholeheartedly in its mandate to prevent, protect, and ensure the safety and well-being of New Mexicans. By continuing to focus on proactive community outreach and education, APS aims to foster a greater sense of responsibility within communities, particularly in rural areas. This approach is essential for identifying and addressing issues such as self-neglect, thereby enhancing the support network for vulnerable populations across the state.

In addition to expanding outreach efforts, APS will continue to employ the harm reduction model to address and mitigate instances of abuse, neglect, exploitation, and self-neglect. This model focuses on minimizing the negative consequences of harmful behaviors and providing support and resources to at-risk individuals, thereby preventing further harm and promoting overall well-being.

Through collaboration with public entities such as fire departments, police, and essential service providers, APS will continue to enhance public awareness and gather reports, ensuring the well-being of at-risk adults. By maintaining and expanding these efforts, APS looks to uphold its commitment to protecting the most vulnerable members of our communities and ensuring their safety and well-being.



## 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%     | 75%     | 71%      | 80%         |

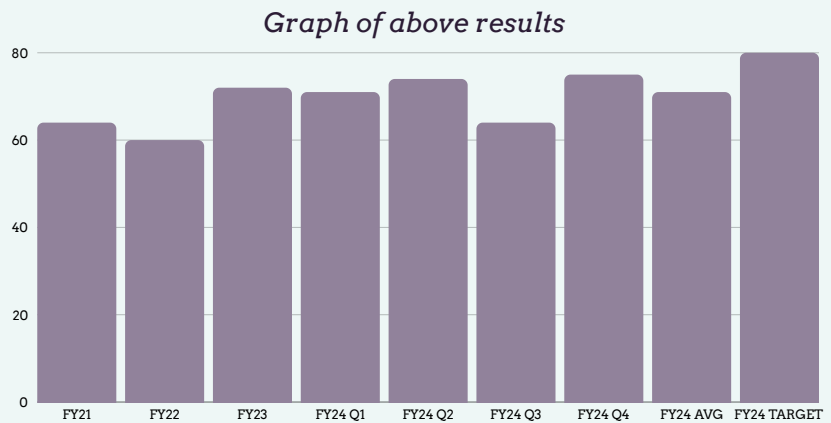
### Measure Description

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

In FY24 Q4, the agency had a service implementation rate of 75%, marking an increase from 64% in Q3. This improvement demonstrates the agency's continued efforts to enhance service delivery by vendors as best that it can be controlled externally. The average for FY24 was 71%, slightly lower than the 72% achieved in FY23, yet the agency remains close to its target of 80%.

In FY24 Q4, the implementation rate increased to 75% from 64% in Q3, demonstrating a 11% improvement. This steady upward trend reflects the agency's continuous efforts and structured management in working with vendors to enhance service delivery to and for Title XX clients referred by APS. The consistent rise from Q3 to Q4 shows the positive impact of these initiatives and highlights the agency's commitment to achieving its goals.

## Performance Measure #5 Improvement Action Plan

To continue improving service implementation rates, APS will continue to focus on several key areas. The structured efforts of a new manager in Q3 have significantly improved the coordination and management of community engagement specialists with local vendors across the state. However, ongoing challenges remain, particularly in the timely initiation of services for clients by local vendors.

APS will continually address these shortfalls by working closely with vendors to resolve this important issue. It is believed that ongoing engagement by community engagement specialists will gradually increase the initiation rate as the referral and servicing process becomes more well-defined and managed.

Additionally, vendor responsiveness has been affected by staffing shortages beyond APS's control, potentially delaying the initiation of services, especially for clients in rural parts of New Mexico. APS will work to mitigate these delays by collaborating with vendors to find solutions and improve their capacity to respond promptly.

By focusing on proactive strategies, structured management, and continuous engagement with vendors, APS looks to further improve service delivery and ensure the safety and well-being of New Mexico's vulnerable populations.



## 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      | 68      | 248        | 400         |

### 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

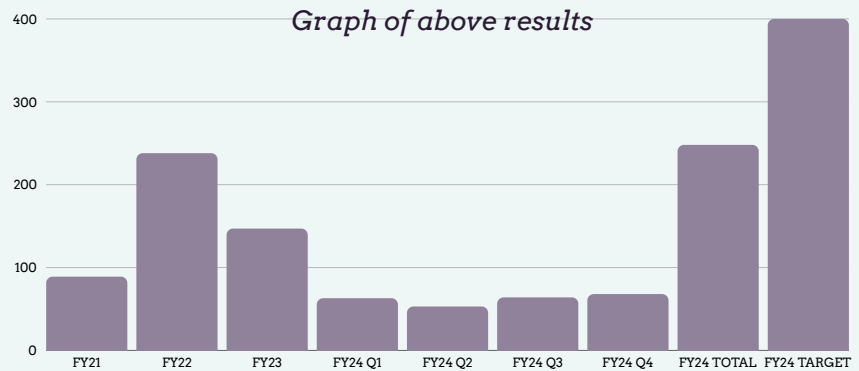
Regional managers work closely with field

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

In FY24, APS made 248 Title XX referrals to vendors based on investigation determination and identified needs by field staff. This reflects a 6.25% increase from 64 referrals in Q3 to 68 in Q4. However, the FY24 total of 248 referrals fell short of the target of 400. Comparing FY24 to FY23, there was an increase of 101 referrals, a 69% increase. Efforts to significantly boost referrals remain stagnant. APS's 6.25% increase in Q4 Title XX home care service referrals over Q3 indicates continued efforts to expand services, particularly in the Southwest region and less populated areas. The Southwest region has the highest percentage of cases, highlighting regional service needs.

Additionally, the New MexiCare initiative is gaining popularity, competing with Title XX and adding a challenge to increasing vendor referrals. Despite not meeting the target of 400 referrals, APS's proactive approach and commitment to the harm reduction model continue to guide its efforts in providing essential support and services.



## Performance Measure #6 Improvement Action Plan

To improve the referral rate for Title XX services among those individuals found to be abused, neglected, exploited or suffering from self-neglect, APS continues to adopt a multi-faceted strategy. Supervisors, regional managers, and caseworkers will continue to collaborate closely in regular training sessions and joint case reviews to ensure each referral meets Title XX criteria.

The process will utilize community engagement specialists to help navigate post-investigation phases, employing programs such as the Home and Community-Based Medicaid Waiver Programs and resources from the Aging and Disability Resource Center (ADRC). Regional managers will conduct periodic audits to ensure the timeliness and appropriateness of referrals.

Additionally, the agency will monitor performance through metrics such as referral rates and caseworker feedback, with annual reviews to refine strategies and ensure the needs of vulnerable populations are met effectively.



## Performance Measure #7:

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

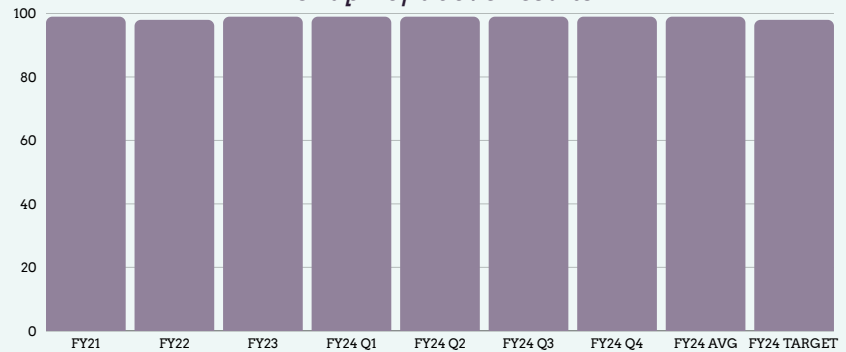
### Results

| FY21 | FY22 | FY23 | FY24 Q1 | FY24 Q2 | FY24 Q3 | FY24 Q4 | FY24 AVG | FY24 TARGET |
|------|------|------|---------|---------|---------|---------|----------|-------------|
| 99%  | 98%  | 99%  | 99%     | 99%     | 99%     | 99%     | 99%      | 98%         |

### 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.

Graph of above results



### 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

In the fourth quarter of FY24, APS successfully maintained its target with a 99% initiation rate for priority 2 investigations, consistently achieving this percentage as in previous quarters. This ongoing achievement demonstrates the agency's commitment to effective and timely case management. Extended response times for these cases allow for thorough preparation, ensuring that all interactions with alleged victims are comprehensive and considerate. Regular monthly performance reviews have helped investigators meet these crucial timelines efficiently, reaffirming APS's dedication to providing reliable and prompt services to vulnerable populations.

## Performance Measure #7 Improvement Action Plan

APS remains confident conducting timely investigations, understanding the critical importance of responding quickly to referrals to ensure the safety of individuals.

Having consistently achieved our target of a 99% initiation rate, we recognize the effectiveness of our current processes.

To maintain this standard, APS continues to recruit statewide, filling existing vacancies and creating new positions to sustain our capacity to meet demands effectively.

This ongoing recruitment not only supports our high-priority cases and quality assurance efforts but also enhances the resources available for investigating adult abuse, neglect, exploitation and self neglect.

By continuing to invest in our workforce and providing specialized training, APS reinforces its dedication to upholding the highest standards of service and addressing the needs of our state's most vulnerable populations without the necessity for an improvement plan.

**Over the course of the 2024 fiscal year, APS achieved the 99% target of face-to-face contact with alleged victims for priority two investigations**



## 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.

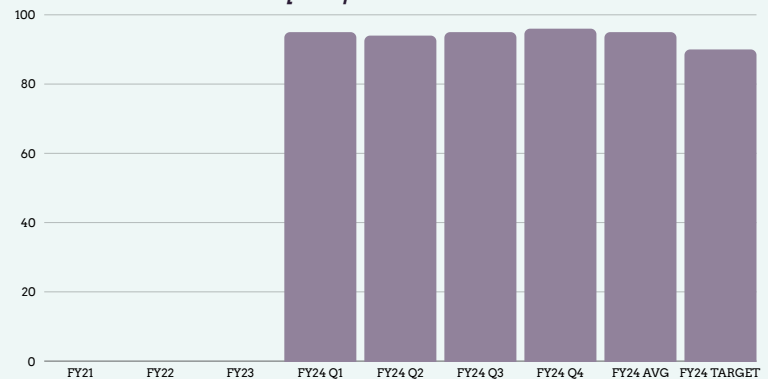
### Results

| FY21 | FY22 | FY23 | FY24 Q1 | FY24 Q2 | FY24 Q3 | FY24 Q4 | FY24 AVG | FY24 TARGET |
|------|------|------|---------|---------|---------|---------|----------|-------------|
| N/A  | N/A  | N/A  | 95%     | 94%     | 95%     | 96%     | 95%      | 90%         |

### 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.

Graph of above results



### Data Source/Methodology

Adult Protective Services (APS) utilizes the "Title XX Tracker System" to collect critical data for performance metrics. The procedure involves Community Engagement Specialists (CES) who stay in touch with consumers or their representatives as part of an ongoing service plan. This ensures continued monitoring after services begin, to verify whether consumers remain in the community or move to a long-term care facility. CES carefully document these details in the Title XX System, creating a comprehensive record of consumer referrals and their interactions with services.

### Story Behind the Data

This quarter's 96% success rate highlights the proportion of consumers who, after being referred by CES, accessed services and stayed in a community setting for six or more months. This metric is vital for assessing the effectiveness of APS's interventions and its overall impact on program development and implementation. Maintaining individuals in their community settings helps APS preserve the independence and emotional well-being of the elderly, affirming the efficacy of its services. The harm reduction model, essential to this success, enables proactive interventions by CES to ensure the safety and stability of adults in their homes.

This understanding aids APS in refining its strategies, emphasizing the continuous recruitment of skilled CES and adapting services to meet changing health and support needs. This data-driven method also allows APS to effectively evaluate the sustainability of its interventions and modify its practices to better serve the community, ensuring ongoing program improvement and development.

## **Performance Measure #8 Improvement Action Plan**

APS has met its 90% target, demonstrating the significant impact of active CES engagement in the Title XX program. The role of CES is critical in identifying and reassessing the needs of individuals who face challenges in maintaining safety at home. Although an improvement plan isn't currently necessary due to meeting this goal, APS remains dedicated to further enhancing this already effective program. We continue to gather feedback from staff, including CES, clients, vendors, and the broader community, to refine our approaches. Additionally, the responsiveness of the new program manager, who joined us in Q3, has been crucial in swiftly adapting strategies to meet the needs of clients and staff. This adaptability significantly contributes to the success of the Title XX program, supporting the resilience and safety of clients in their community settings.



# AGING NETWORK

## Program Description, Purpose & 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.



# AGING NETWORK

## 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   | 1,067.87     | 34.5              | 555.3         |                 | 1,657.6  | 18  |
| 300   | 1,410.7      | 10.0              | 119.2         |                 | 1,539.9  |     |
| 400   | 38,575.9     | 71.3              | 11,142.5      |                 | 49,790.7 |     |
| TOTAL | 41,055.4     | 115.8             | 11,817.0      |                 | 52,988.2 |     |

## Aging Network 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.

## Additional context on the Aging Network

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:

- 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.
- Other issues regarding AAA providers include:
  - Tribes and pueblos have remained closed; therefore, the AAA providers on tribal lands have not resumed activity.
  - Raw food costs have increased, creating the necessity for menu and meal revision while maintaining Required Dietary Intake (RDI).
  - Fuel costs have increased significantly, thereby impacting services such as transportation and delivery of meals.
- 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.
- 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.
- 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.

**Please note that during FY2024 Quarter 4, fires, flooding, power outages impacted 4 New Mexico counties** (South Fork Fire: Otero, Lincoln; Salt Fire: Mescalero Apache Reservation, village of Ruidoso Downs; Fisher Fire: Cibola National Forest, Moser Fire near Cloudcroft, and flooding in San Miguel) providing services.

## 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 | FY24 Q4 | FY24 AVG | FY24 TARGET |
|------|------|------|---------|---------|---------|---------|----------|-------------|
| 16%  | 15%  | 17%  | 20%     | 19%     | 20%     | 20%     | 20%      | 17%         |

### 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).

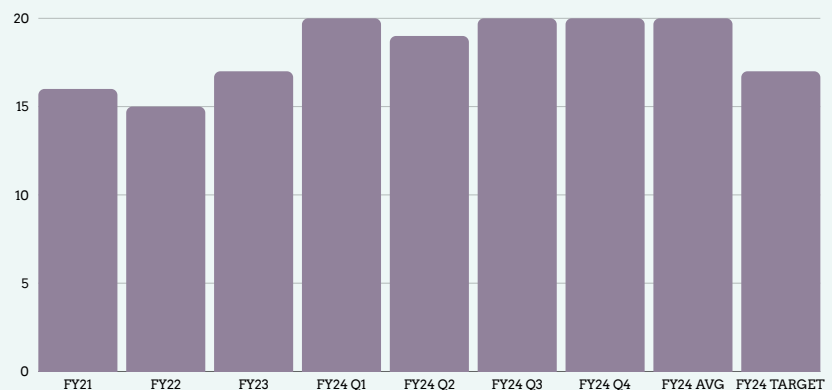
### Data Source/Methodology

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 Q4 of FY24, the Aging Network Division exceeded (19.80%) 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. The FY24 percentage of older adult New Mexicans determined to have high nutritional risk is 21.31%. The harm reduction model, essential to this success, enables proactive interventions by CES to ensure the safety and stability of adults in their homes.

Graph of above results



## Performance Measure #1 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 & reporting | Area Agency Contract Service Providers | Monthly            |
| 5. Training                     | ALTSD & Area Agencies on Aging         | Bi-annually        |



## Performance Measure #2:

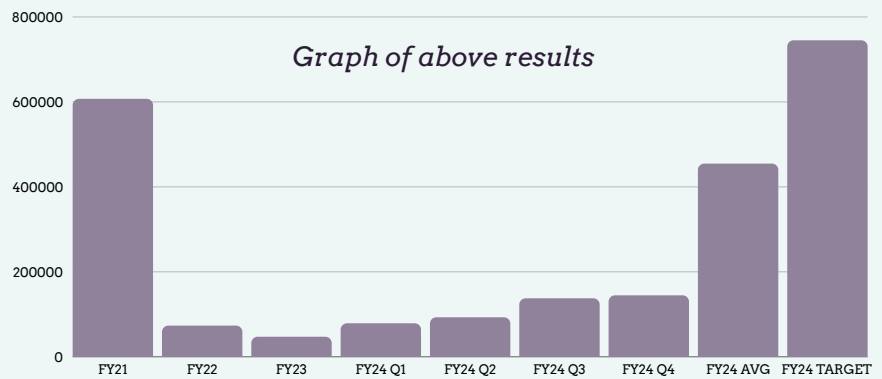
Number of hours of services provided by senior volunteers, statewide.

### Results

| FY21    | FY22   | FY23   | FY24 Q1 | FY24 Q2 | FY24 Q3 | FY24 Q4 | FY24 AVG | FY24 TARGET |
|---------|--------|--------|---------|---------|---------|---------|----------|-------------|
| 607,258 | 73,391 | 47,225 | 78,485  | 92,942  | 137,681 | 144,663 | 454,772  | 745,000     |

### 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.

The number of hours of services provided by volunteers were impacted in Catron, Doña Ana, Grant, and McKinley Counties due to the grantee voluntarily relinquishing federal funding mid-year FFY24 and state funding at the term of FY23. Sandoval County hours of service were impacted by the contractor's inability to secure adequate volunteer levels for the Foster Grandparent (FGP) Programs for FY2024.

### **Performance Measure #2 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:

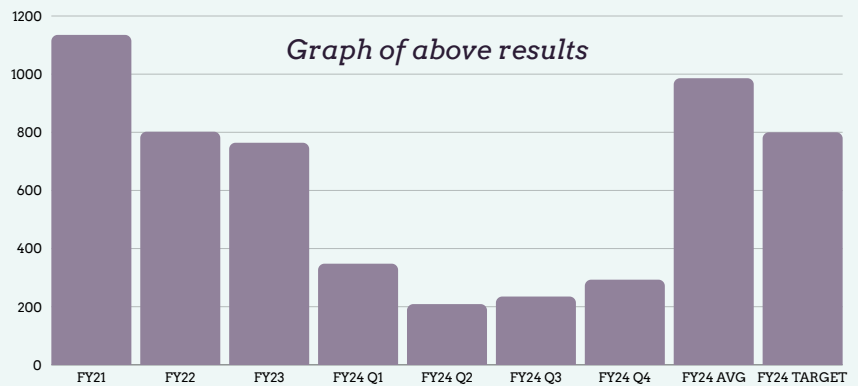
Number of outreach events and activities to identify, contact and provide information about aging network services to potential aging network consumers who may be eligible to access senior services but are not currently accessing those services.

### Results

| FY21  | FY22 | FY23 | FY24 Q1 | FY24 Q2 | FY24 Q3 | FY24 Q4 | FY24 TOTAL | FY24 TARGET |
|-------|------|------|---------|---------|---------|---------|------------|-------------|
| 1,135 | 802  | 764  | 348     | 209     | 235     | 293     | 986        | 800         |

### 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 Q4, ALTSD performed 293 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.

## Performance Measure #3 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.



## Performance Measure #4:

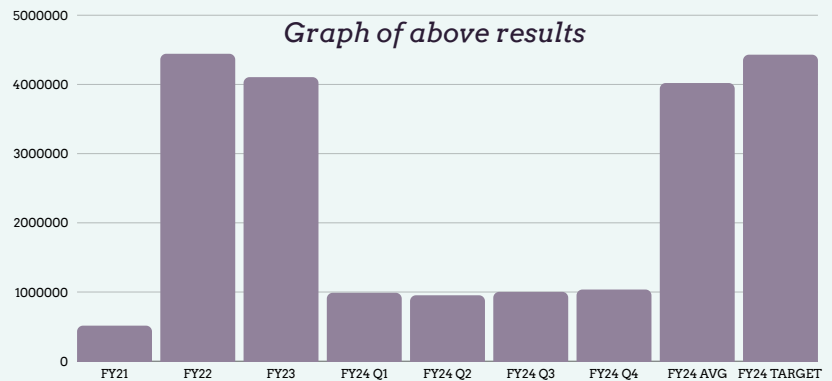
Number of meals served in congregate, and home delivered meal settings

### Results

| FY21    | FY22      | FY23      | FY24 Q1 | FY24 Q2 | FY24 Q3   | FY24 Q4   | FY24 TOTAL | FY24 TARGET |
|---------|-----------|-----------|---------|---------|-----------|-----------|------------|-------------|
| 514,138 | 4,443,066 | 4,105,279 | 989,097 | 952,998 | 1,002,562 | 1,036,073 | 4,020,390  | 4,430,000   |

### 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, mbudsman 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

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.

### Performance Measure #4 Improvement Action Plan

- 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
- Seek new opportunities for senior volunteer hours of service.

## 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  | 70,652  | 265,565    | 300,000     |

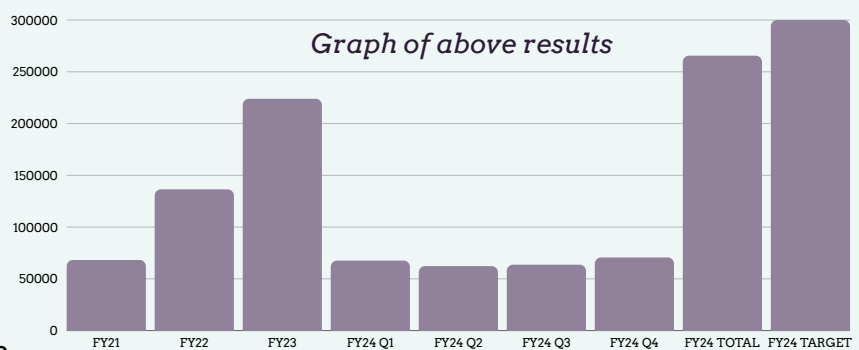
### Measure Description

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. ALTSD 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. These transportation services are needed 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.

### Performance Measure #5 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.

## Performance Measure #6:

Number of hours of caregiver support

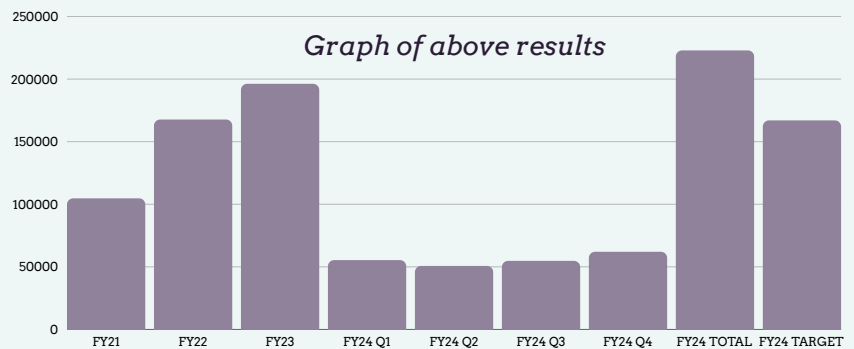
### Results

| FY21    | FY22    | FY23    | FY24 Q1 | FY24 Q2 | FY24 Q3 | FY24 Q4 | FY24 TOTAL | FY24 TARGET |
|---------|---------|---------|---------|---------|---------|---------|------------|-------------|
| 104,730 | 167,701 | 196,246 | 55,380  | 50,730  | 54,773  | 62,040  | 222,922    | 167,000     |

### 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

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.

| Caregiver Service      | SFY24 Q1 Hours | SFY24 Q2 Hours | SFY Q3 Hours | SFY24 Q4 Hours |
|------------------------|----------------|----------------|--------------|----------------|
| Respite Care           | 19,962.42      | 16,658.75      | 17,561.00    | 72,821.98      |
| Adult Day Care         | 16,504.00      | 16,536.00      | 19,075.75    | 75,795.50      |
| Homemaker              | 15,587.50      | 15,356.15      | 16,833.25    | 65,381.40      |
| Other support services | 3,325.75       | 2,179.00       | 1,303.00     | 8,924.25       |
| Total                  | 55,379.67      | 50,729.90      | 54,773.00    | 222,922        |

### 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.



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