New Mexico
Aging and Long-Term Services Department

FY17
1st Quarter Report
Key Performance Measures

Agency Mission

The Aging and Long-Term Services Department provides accessible, integrated services to older adults, adults with disabilities and caregivers to assist them in maintaining their independence, dignity, autonomy, health, safety and economic well-being, thereby empowering them to live on their own terms in their own communities as productively as possible.

Vision

Lifelong independence and healthy aging

Strategic Priorities

- Safeguard Vulnerable Adults and Elders
- Support Caregivers
- Encourage Healthy and Independent Aging
- Combat Senior Hunger

Guiding Principles

- Protect the safety and rights of those we serve
- Promote personal choice and self-determination
- Treat all persons with respect, embracing cultural diversity
- Encourage collaborative partnerships
- Provide fiscally responsible services

Cabinet Secretary
Myles Copeland

Aging and Disability Resource Center
1-800-432-2080

Adult Protective Services Intake
1-866-654-3219

FY 17 Agency Key Performance Measures

1. Percent of ombudsman complaints resolved within sixty days

2. Percent of residents requesting short-term transition assistance from a nursing facility who remained in the community during the six month follow-up

3. Percent of calls to the aging and disability resource center that are answered by a live operator
4. Number of adult protective services investigations of abuse, neglect, or exploitation

5. Percent of emergency or priority one investigations in which a caseworker makes initial face to face contact with the alleged victim within prescribed time frames

6. Percent of older New Mexicans whose food insecurity is alleviated by meals received through the aging network

7. Number of hours of caregiver support provided

Agency Programs

Program Support

    1) Capital Projects Bureau

Consumer and Elder Rights

    1) Aging and Disability Resource Center (ADRC)
        a) Long-Term Options Counseling and Short-Term Assistance
        b) Information and Assistance
        c) Medicaid Choice Counseling
        d) Benefit Counseling
        e) Health Care Fraud Prevention
        f) Prescription Drug Assistance (PDA)
        g) Adult Protective Services (APS) Intake
        h) New Mexico Social Services Resource Directory (SSRD)
        i) ADRC Web Chat
        j) New Mexico Veteran Directed HCBS Program (VD-HCBS)
    2) State Long-Term Care Ombudsman Program (SLTCOP)
    3) Care Transition Bureau (CTB)

Adult Protective Services

Aging Network

    1) Senior Services Bureau
    2) Indian Area Agency on Aging
    3) Senior Employment Programs
    4) Office of Alzheimer's and Dementia Care
    5) New Mexico Conference of Aging

Program Support

Purpose of Division

To provide clerical, record keeping and administrative support in the areas of personnel, budget, procurement and contracting to agency staff, outside contractors and external control agencies to implement and manage programs.

Budget

General Fund	Federal Funds	Total
$3,751.0	$624.0	$4,375.0

Programs

Capital Projects Bureau (CPB)

The CPB is responsible for coordinating the funding and administration of capital projects under the statutory authority of The Aging and Long-Term Services Department (ALTSD).

Capital outlay appropriations are made to ALTSD to fund aging network capital projects statewide. Such projects include those awarded to both local government and tribal government providers for renovation and construction projects, as well as for the purchase of vehicles and large equipment, such as commercial kitchen equipment. CPB staff work closely with area agencies on aging (AAA), aging network providers and local and tribal governments throughout the state to prepare an annual capital outlay legislative request for aging network projects. The CPB is responsible for administering the capital outlay projects, contracting with the funded entities, and monitoring the status of each project, including the budget and expenditures. The CPB also tracks all capital appropriations and fiscal information, monitors the expiration dates of capital appropriations and ensures timely reversions of expired appropriation balances.

CPB staff provide training and technical assistance to funded entities with regard to planning, project management and administration of capital project appropriations.

Consumer and Elder Rights

Purpose of Division
To provide current information, assistance, counseling, education and support to older individuals and persons with disabilities, residents of long-term care facilities and their families and caregivers that allow them to protect their rights and make informed choices about quality service.

Budget

General Fund	Transfers (HSD)	Federal Funds	Total
$1,915.1	$692.7	$1,370.3	$3,978.1

Programs

Aging and Disability Resource Center (ADRC)
The Department's ADRC serves more than 4,200 people a month, connecting constituents to a broad array of services The ADRC provides objective information assisting New Mexico's older adults, caregiver's and adults with disabilities and their families through a telephonic, web-based, and community-based point of entry system. The ADRC integrates access to numerous programs and services, which has resulted in increased efficiency and availability of services throughout New Mexico. The ADRC reaches out to all of the state's 33 counties and 23 tribal nations, providing access to information, assistance, referrals, option counseling and advocacy to maximize personal choice and independence for older adults, adults with disabilities and their caregivers. ADRC staff offers options about services and supports and empowers people to make informed decisions.

Connects New Mexicans to a broad array of services and programs, including:

Long-Term Options Counseling and Short-Term Assistance
ADRC counselors empower individuals to make informed decisions about Long-Term Services and Supports (LTSS). Short-term assistance connects individuals to available services and supports and help consumers obtain benefits for which they are eligible.

Information and Assistance (I & A)
I & A is the consumer's gateway to information, assistance, and access to services and supports. Counselors provide information on community services and supports throughout the state, as well as information and education on understanding and living with disabilities, connecting to wellness programs, and staying healthy and independent.

Medicaid Choice Counseling
The ADRC can educate callers on Medicaid benefits and services, assist in selection of Managed Care Organization and educate callers on Self-Directed Community Benefit.

Benefit Counseling
The ADRC's State Health Insurance Programs (SHIP) can provide answers to questions and concerns regarding private and government benefit programs. It does not sell, endorse or recommend any specific insurance or other health plans. The ADRC offers one-on-one benefit counseling and assistance to people with Medicare and their families ensuring that New Mexicans receive accurate, unbiased information about health care options and other entitlements.

Health Care Fraud Prevention
Senior Medicare Patrol (SMP) helps Medicare and Medicaid beneficiaries avoid, detect, and prevent health care fraud. The ADRC can teach Medicare beneficiaries how to protect their personal identity, identify and report errors on their health care bills, and identify deceptive health care practices.

Prescription Drug Assistance (PDA)
The PDA program assists uninsured and under-insured individuals obtain the medications they need at a cost they can afford. This program can also provide a voucher to allow eligible enrollees to obtain free prescriptions, up to $300 while awaiting shipment from drug companies.

Adult Protective Services (APS) Intake
The ADRC intake function is a key component of New Mexico's 24/7 adult protective coverage and its system. Staff take reports of alleged abuse, neglect, or exploitation of an adult in New Mexico.

The New Mexico Social Services Resource Directory (SSRD)
The SSRD provides an easy way to access up-to-date, comprehensive services offered by national, state, and local social service providers.

The ADRC Web Chat
This new feature allows consumers to easily access information quickly and by methods which include increasingly popular mobile devices.

New Mexico Veteran Directed HCBS Program (VD-HCBS)
This newly launched program provides veterans of all ages the opportunity to receive participant-directed home and community-based services, enabling them to avoid nursing home placement and to continue to live in their homes and communities. The VA Medical Center refers eligible veterans to the ADRC that assists them to manage a flexible budget, decide for themselves what mix of services will best meet their personal care needs, may hire their own personal care aides, including family or neighbors, and purchase items or services in order to live independently in the community.

Care Transition Bureau (CTB)
The CTB helps residents transition from long-term care facilities back into a community setting. The program provides individuals with a clear pathway regarding available choices for long-term service and support options for those who would like to return home or to another residential setting in the community. Program staff work with the individual, the long-term care facility staff, family members, caregivers, guardians, community service providers, and others to ensure that transitioning individuals are connected to programs and services to help ensure the greatest level of independence possible in a community setting.

State Long-Term Care Ombudsman Program (SLTCOP)
The SLTCOP is federally and state mandated to provide independent oversight and advocacy services to residents in New Mexico's long-term care facilities. The program advocates for the recognition, respect, and enforcement of the civil and human rights of residents of long-term care facilities in New Mexico. Highly-skilled staff and many volunteers throughout the state regularly visit nursing homes and other long-term care facilities to ensure that residents are properly treated.

Adult Protective Services

Purpose of Division
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.

Budget

General Fund	Internal Transfer	Total
$11,137.9	$2,498.6	$13,636.5

Program

Adult Protective Services (APS)

APS is mandated by state law to provide a system of protective services and to ensure availability of those services to abused, neglected or exploited adults 18 years of age or older, who do not have the ability to self-care or self-protect. APS responds to situations in which functionally incapacitated adults are being harmed, are in danger of mistreatment, are unable to protect themselves, and have no one else to assist them. There are five APS regions serving all 33 counties of New Mexico.

Aging Network Division

Purpose of Division
To provide supportive social and nutrition services for older individuals and persons living with disabilities so they can remain independent and involved in their communities. To provide training, education, and work experience to older individuals so they can enter or re-enter the work force and receive appropriate income and benefits.

Budget

General Fund	Other State Funds	Federal Funds	Total
$30,189.6	$150.0	$10,557.6	$40,897.2

Programs

Senior Services Bureau (SSB)
SSB provides contract management and support for New Mexico's three area agencies on aging (AAA)– the Navajo AAA, the ABQ/Bernalillio County AAA and the Non-Metro AAA, as well as for New Mexico Senior Olympics, Legal Resources for the Elderly, and the Retired Senior Volunteer, Foster Grandparent, and Senior Companion Programs. Area agency contractors, the majority of which are senior centers, provide congregate and home-delivered meals, transportation, social services, in-home services, health promotion, adult day care and other supportive services.

Indian Area Agency on Aging (IAAA)
IAAA contracts with New Mexico's nineteen Pueblos and two Apache Nations. Tribal contractors provide congregate and home-delivered meals, transportation and social services, such as caregiver support and in-home services. Some centers also provide adult day care and/or volunteer programs.

Employment Programs Bureau
This program provides a federally-funded older worker training program, a state-funded senior employment program, and the *50+ Employment Connection*. The Bureau administers one of three federally-funded older worker training programs in New Mexico. The Bureau operates a statewide, state-funded senior employment program. The program's intent is to support the aging network through the allocation of subsidized positions and contribute to economic development throughout New Mexico. *50+ Employment Connection* staff help older workers to prepare for and secure meaningful employment. The program operates in Santa Fe, Albuquerque, Rio Rancho, Roswell, and Ruidoso.

Office of Alzheimer's Disease and Dementia Care
This program implements *The New Mexico State Plan for Alzheimer's Disease and Related Dementias*. The Office identifies, facilitates, and manages collaborative partnerships among an array of public agencies and private organizations to further the plan's goals and to support New Mexico's family caregivers. The Office manages a contract with the Alzheimer's Association, New Mexico Chapter, and a contract with Pegasus Legal Services that facilitates support for grandparents raising grandchildren and other kinship caregivers.

New Mexico Conference on Aging
Since 1978, the Department has sponsored the annual New Mexico Conference on Aging offering older adults, caregivers, and professionals who work with them an opportunity to learn and network in

an environment that supports independence and dignity. This is one of the few conferences attended by both older adults and professionals in equal numbers; the approximately 1,500 people who attend each year are reflective of New Mexico's ethnic and cultural diversity. The cornerstone of the Conference is its numerous and varied workshops. The Conference is self-supporting; no state general funds are used to implement this event.

Key Performance Measure 1: Percent of Ombudsman complaints resolved within sixty days

FY17
Target: 95%
1st Quarter Result: 99.8%
Year-to-date Result: 99.8%

Explanation of performance for Quarter and YTD: The number of complaints resolved is dependent on numerous variables. Some of these include the number of volunteers, the level of activity of each volunteer, the number of issues resolved at the consultation stage before reaching the complaint stage, changes in program staffing, staffing levels, and staff turnover in facilities that impact quality of care. The first quarter FY17 average number of days to close a complaint was 22.

Percent of Ombudsman Complaints Resolved within Sixty Days
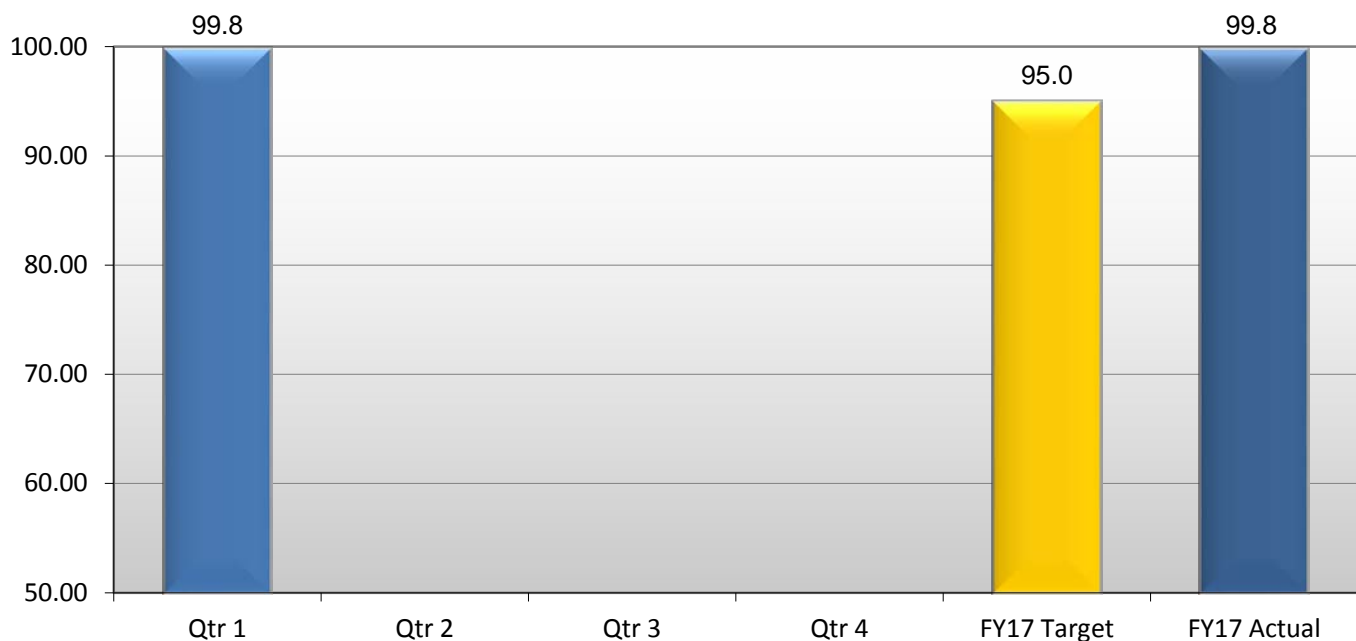
Strategic Priority Served: Safeguard Vulnerable Adults and Elders

Program and Summary: The State Long-Term Care Ombudsman Program (SLTCOP) advocates for the recognition, respect, and enforcement of the civil and human rights of residents of long-term care facilities in New Mexico. Highly skilled staff and many volunteers throughout the state regularly visit nursing homes and other long-term care facilities to ensure that residents are properly treated. The SLTCOP's primary duty is to investigate and resolve complaints made by or on behalf of residents. In the first quarter FY17, 896 complaints were addressed for residents of nursing homes and assisted living facilities.

Methodology: A complaint is a resident concern or issue brought to the attention of the SLTCOP that is appropriate for investigation and requires resolution. The complaint can be resolved to the resident's satisfaction or referred to a regulatory agency for additional investigation. **Every complaint that is investigated is closed with a disposition (outcome).** Two complaint measures are highlighted for purposes of this quarterly report:

- *Total* complaints (all complaints addressed in first quarter FY17 {7/1/16-9/30/16}, but in varying stages of d**isposition. This may include complaints opened in the previous quarter and closed in this quarter)**
- **Percent of complaints resolved within 60 days in this quarter (Based on complaints opened and closed specifically in first quarter FY17: 7/1/16-9/30/16)**
  * The percent is calculated from the OmbudsManager report titled "Summary Report on Complaint Dispositions". For each quarter, total complaints with a disposition are divided by the total complaints received (in that quarter only). This equals the percent of complaints resolved.

FY17 Results
- Complaints (number, increase or decrease, and why) - there were 896 total complaints during the first quarter - an increase of 89 complaints over the previous quarter
  Percent of first quarter complaints resolved within 60 days = 99.8% (730/731)
- Average number of days to resolve a complaint: 22
- Volunteer hours and contacts (duplicated and unduplicated) - Volunteer Ombudsmen contributed 1,985 hours of service, a decrease of 198 hours from the previous quarter
- Volunteers met with 942 residents for the first time, and logged 7,081 repeat visits
- Visited 100% of nursing homes during first quarter FY17 (75)
- Visited 69% of assisted living facilities during first quarter FY17 (160)
- Provided eight sessions of *Resident Rights* education to public and private/industry
- Provided 1,674 consultations, a decrease of 426 from the previous quarter

FY17 Results	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Annual
Number of complaints resolved in nursing homes	600				600
Number of complaints resolved in assisted living	294				294
Number of complaints resolved in other settings	2				2
Total	896				896
Percent of complaints resolved within 60 days	**99.8**				**99.8**
Average number of days to resolve a complaint	22				22
Consultations	1,674				1,674
Number of active volunteers	70				70
Number of first-time resident contacts	942				942
Number of repeat visits with residents	7,081				7,081
Number of new volunteers trained/certified	4				4

Trend and Benchmark
- Sources of Data: Staff and volunteer Ombudsmen
- Benchmark Data: National Ombudsman Reporting System (NORS) Federal Fiscal Year data for the average number of complaints in nursing and assisted living facilities reported nationally and in eight states, which have a comparable number of nursing and assisted living facility beds - DL, ID, ME, MT, ND, NH, NV and SD. Number of complaints fluctuate from year to year. New Mexico's complaint trends have aligned with national complaint trends, in that there has been a general downward trend in number of complaints over the past years from FY09-FY14, with a slight uptick in complaints in FY15. *National data for FY16 is not yet available.*

State Fiscal Year	Complaints Resolved within 60 days	National Benchmark average/state
FY13	4,116/4,191= 98.2%	3,737
FY14	3,919/3,938= 99.5%	3,684
FY15	4,018/4,087= 98.3%	3,906

The SLTCOP has a proactive training and consultation initiative to reduce the number of complaints in nursing homes and assisted living facilities. The intent of the preventative effort is to educate and interact with residents, families, facility representatives and the general community such that issues and concerns are dealt with prior to becoming a complaint. The goal of the proactive effort is to positively impact the quality of life of vulnerable adults.

Factors contributing to fluctuation in numbers
Fluctuations in numbers from quarter to quarter are influenced by a combination of factors. Factors that most consistently contribute to fluctuations in performance results are: the level of experience in the current SLTCOP volunteer pool, the number of reports received from volunteers, facility staffing and census, type of complaints reported and changes in program staffing.

Types of complaints
The types of complaints in nursing and assisted living facilities are varied and can take from a day to several months to resolve. Some of the typical complaints can be about care, food, living environment, activities and social services.
    The top five complaints resolved during the first quarter of FY17 were:
- Food service, quantity, quality, variation, choice, condiments, utensils, menu
- Activities – choice and appropriateness
- Resident conflict, including roommates
- Cleanliness, pests, general housekeeping
- Dignity, respect – staff attitudes

Resident conflict is a newly appearing complaint in the top five complaints at facilities. The data trends consistently with increasing anecdotal accounts of conflict from residents, volunteers and LTC personnel. Ombudsmen initiated action to raise awareness of the issue via training at the end of FY16. This will continue to be an action item for FY17.

Ombudsman Action Plan

Action	Responsibility	Timeline
1. Recruit volunteer Ombudsman	Ombudsman staff	Ongoing
2. Train volunteer Ombudsman		
3. Visit residents	Staff and Volunteers	Ongoing
4. Resolve complaints	Staff and Volunteers	Ongoing
5. Complete reports	Staff and Volunteers	Ongoing
6. Train facility personnel and LTC stakeholders on topics of resident to resident mistreatment and working with challenging people	Staff and Volunteers	Ongoing

Key Performance Measure 2: Percent of residents requesting short-term transition assistance from a nursing facility who remained in the community during the six month follow-up.

FY17
Target: 85%
1st Quarter Result: 80%
Year-to-date Result: 80%

Explanation of performance for Quarter and YTD
During the first quarter of FY17, 80% of residents requesting short-term transition assistance from a nursing facility remained in the community during the six-month follow-up.

	1st Q	2nd Q	3rd Q	4th Q	Annual
Percent who remained in the community	80%				80%

99 of the 125 residents who were assisted by the Care Transitions Bureau (CTB) during the first quarter FY17 requesting short-term transition assistance from a nursing facility remained in the community during the six-month follow-up.

During this quarter, the CTB had a slight decrease in referrals. The CTB was short two FTE's in the northern section of the state. Staff had to travel to large geographical areas to cover referrals.

A notable number of cases referred to the program present more complex, time-intensive challenges and increased travel time is required by staff in order to meet the needs of our residents compared to previous quarters. Long-term growth in the populations of elders and caregivers is expected to continue to increase; CTB anticipates an increase in requests for assistance.

Percent of residents who remained in the community
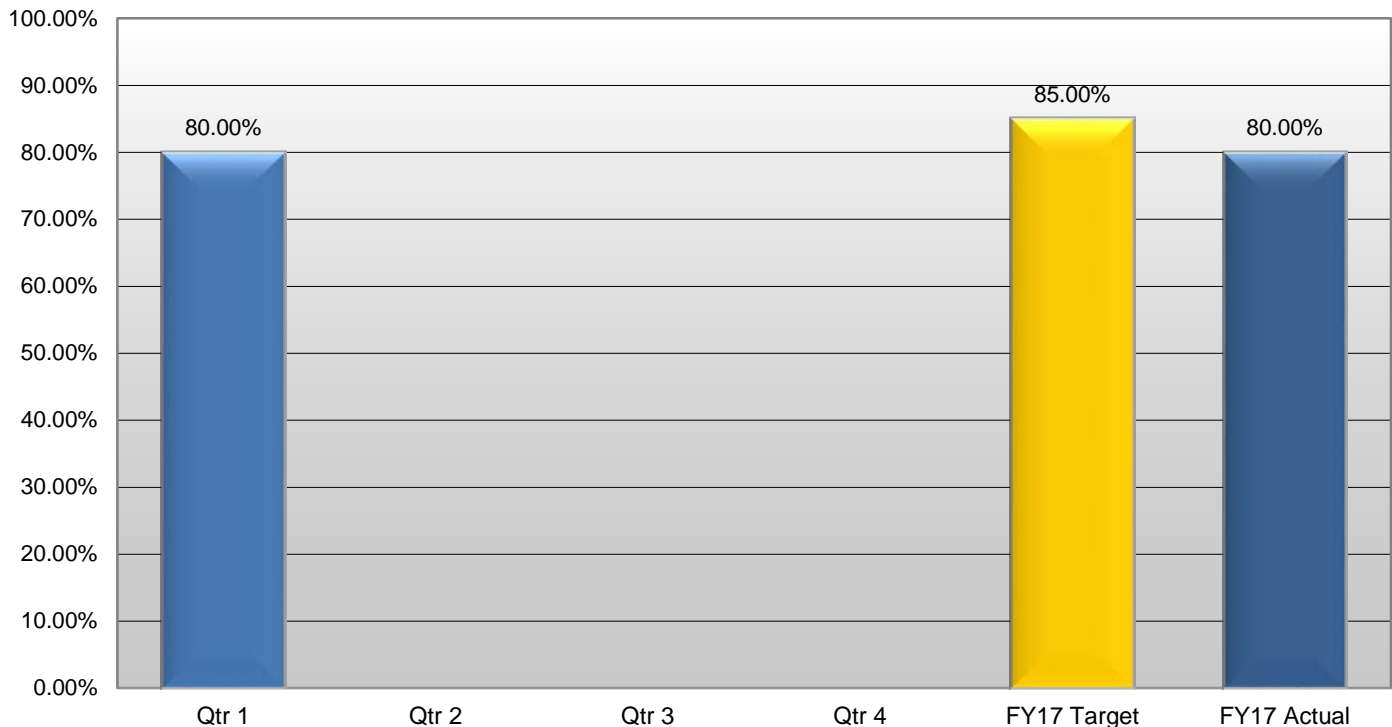
During the first quarter, some of the factors that contributed to residents requesting short-term assistance and not remaining in the community during the six-month follow-up were::

- Residents not understanding the CTB program prior to accepting the transition,
- Residents passing away,
- Residents refusing services, and
- Residents who returned to a nursing facility**.**

Strategic Priorities Served: Support Caregivers; Encourage Healthy and Independent Aging

Program and Summary: The Consumer and Elder Rights Division (CERD) created the CTB in FY14 to assist residents transitioning from long-term care facilities back into the community setting. The program also offers a short-term community support program to individuals to connect them to programs and services that will help them remain in a community-based setting of their choice.

The CTB provides a person-centered approach and face-to face assistance regarding available choices and advocates, assists, and ensures that services are delivered within the appropriate time.

The CTB maintains a partnership with the Aging and Disability Resource Center (ADRC). Residents in nursing facilities can call the ADRC and speak to an options counselor about information to return to their community. Counselors will register residents for the Medicaid Waiver and a referral is sent to CTB to follow up.

All interactions with the resident, legal representative, family members, care coordinators, and other team members throughout the transition process are documented in the Social Assistance Management System (SAMS).

Methodology: The measure is calculated by dividing the number of consumers who remained in the community by the total number of residents who were assisted by the CTB. The measure indicates the degree of success each resident demonstrates by remaining in their community-based home for an extended period of time. The long-term services and supports received by the majority of residents that have transitioned from long-term care to a community-based setting support ongoing community-based living. The percent of individuals who remained in the community for six months after discharge demonstrates a successful transition, with a likelihood that they will remain in the community indefinitely.

Trend and Benchmark
- Source of Data: Social Assistance Management System (SAMS) database queries
- The benchmark is based on the past fiscal (FY15) year data collected from the CTB. There is no national benchmark.

Care Transition Bureau's Action Plan

Action	Responsibility	Timeline
1. Ensure CTB assesses resident when a referral is made within 24-72 hours, so that individuals are adequately identified and needs are addressed	CTB Staff	Daily
2. Implement a service and support action plan directed by the resident	CTB Staff and Supervisors upon clinical review	Daily
3. Evaluate consumer file to determine if the correct service and support action plan was given to consumer based assessment	CTB Supervisor	Daily
4. Ensure all CTB cases are followed up within case timeframe to ensure services are in place	CTB Staff and Supervisor	Daily
5. Continued training of coordinators in options counseling and assessment tool to include documentation in internal database	CTB Supervisor and Bureau Chief	Monthly
6. Follow up for six months post-discharge to assist in resolving any issues and ensure a successful transition	CTB Staff and Supervisor	Monthly

Key Performance Measure 3: Percent of calls to Aging and Disability Resource Center that are answered by a live operator

FY17
Target: 85%
1st Quarter Result: 79%
Year-to-date Result: 79%

Explanation of performance for Quarter and YTD
During the first quarter FY17, 79% of the calls to the ADRC were answered by a live operator.

	1st Q	2nd Q	3rd Q	4th Q	Annual
Total calls	10,514				10,514

The ADRC received 10,514 calls (average of 164 per day), of which 8,266 were answered by a live operator. This represents a 1% decrease or 154 fewer calls compared to the same quarter in FY16. The 13% improvement in live call answer ratio for first quarter FY17 was due to two additional FTE being available and having eight FTE available to answer calls.

Of the 10,514 calls received, 2,140 callers left a voice message and their calls were returned within two to three hours by non-ADRC staff. The average talk time for each operator was 15.41 minutes, with the maximum talk time being 38 minutes. The average talk time indicates the calls received by the ADRC are complex and require additional time to support the quality of life of consumers.

108 calls were considered repeat callers who did not leave a message, kept calling until someone answered, or chose to abandon the call with no information provided. During the first quarter FY17, the ADRC had one vacant position due to a promotion, hired one additional FTE who is in the training phase, and has two positions in the recruitment phase.

The *Alliance for Information and Referral Taxonomy* is used to track the topics discussed and reviewed during each counseling session. The top five topics of concern in this quarter were:

- **Medicaid – 7,168 consumers, a four percent increase from quarter one FY16 (2,618 waiver services; 1,358 Medicaid information and counseling)**
- **Medicare – 3,778 consumers (benefit explanation, enrollment, and counseling)**
- **Senior Center Services – 998 consumers**
- **Prescription Drug Assistance – 366 consumers**
- **Rental/ Housing Assistance – 127 consumers**

Percent of calls to the ADRC answered by a live operator
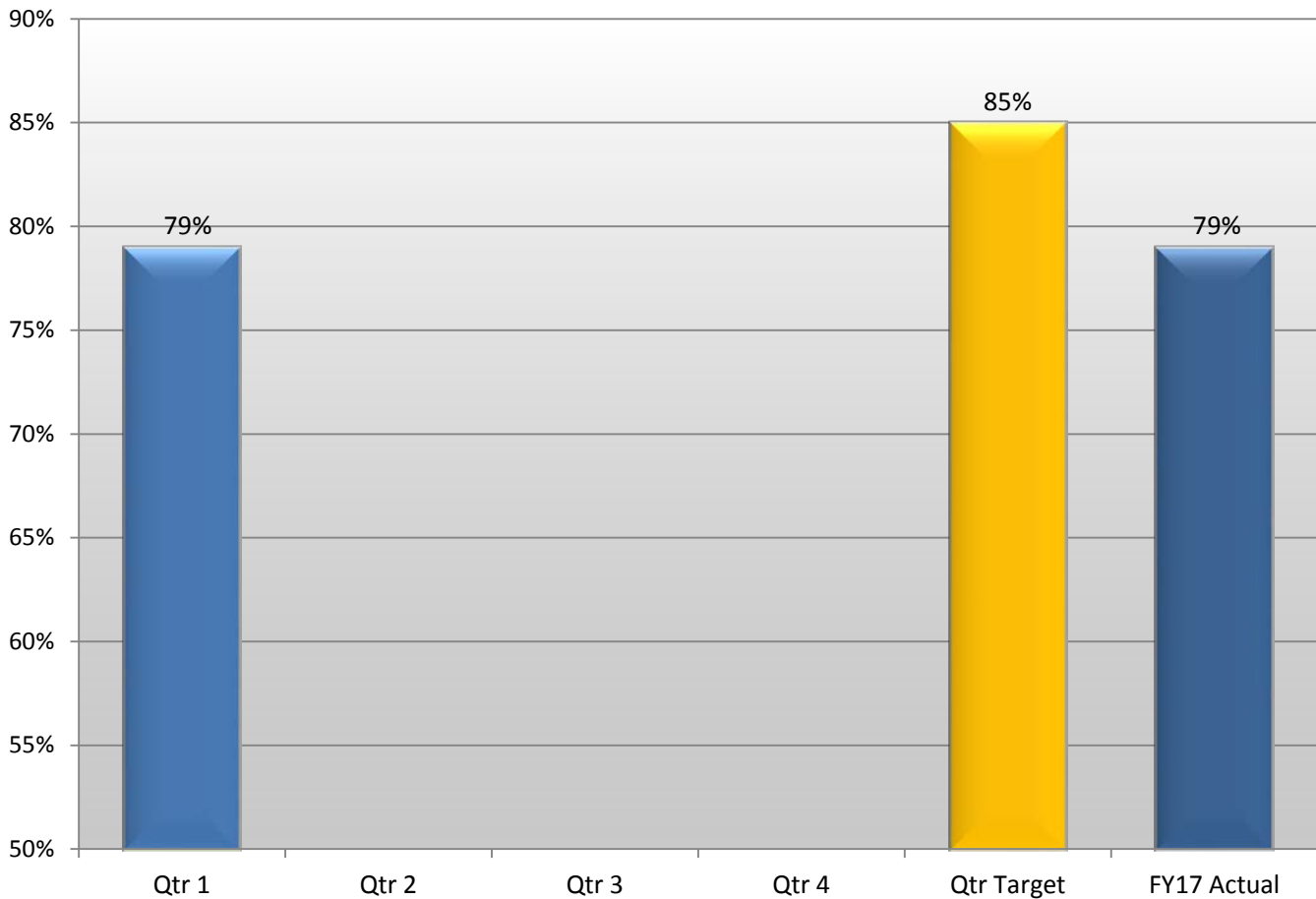
Strategic Priority Served: Support Caregivers, Encourage Healthy and Independent Aging

Program and Summary: The ADRC model required by the Federal government's Administration for Community Living (ACL) is an entry where consumers obtain information, assistance, and referrals. The ADRC continues to assess consumers for Long-Term Support Services (LTSS) using a person-centered approach through options counseling, which identifies multiple needs of consumers. Options counselors provide over-the-phone counseling in care coordination, which is the process of assisting a client in describing his/her, situation or problem as comprehensively as possible. This in-depth counseling model increases the value and quality of services by dedicating more time to examining consumers' long-term care needs.

ADRC staff help consumers identify options for addressing their needs, coordinate/navigate New Mexico's aging and disability service systems, and obtain objective information and assistance, which empowers them to make informed decisions.

To identify and address the multiple needs of callers, a care coordination model has been developed including an assessment tool, protocols, and training manual. The care coordination model serves as a guide for counselors to ask callers questions regarding their ability to perform Activities of Daily Living and Instrumental Activities of Daily Living. The topics discussed during the call are documented in the Social Assistance Management System (SAMS) Information and Referral database.

Methodology: The measure is calculated by dividing the number of calls answered by a live operator by the total number of calls to the ADRC and APS intake call line. The measure indicates the

complexity of calls received by the ADRC. The percent of calls answered by a live operator provides an indication of the demand for services and its relationship to customer service and ADRC staff resources.

Trend and Benchmark
Source of Data: ADRC Cisco call system database and Social Assistance Management System (SAMS) database queries

Previous Years:
> FY12: 79.3%
> FY13: 77.6%
> FY14: 87.0%
> FY15: 70.0%
> FY16: 72.0%

Trends:
- Staffing levels: FTE's available through State General Fund/Medicaid match that are responsible for answering calls;
- Vacancies due to turnover and promotion;
- Average training time for new ADRC staff is 2 months before answering live calls;
- Seasonal or special events, such as open enrollment for Medicare, Affordable Health Care open enrollment, or changes to the Medicaid program, which can result in a temporary surge in calls during a quarter.
  - Growing public awareness of the ADRC contributes to the increased annual call volume of 7% from the previous fiscal year. Long-term growth in the populations of elders and caregivers served by the ADRC is expected to continue to increase the volume of calls to the ADRC.

Note: Although the ADRC has 15 FTEs funded by Federal grants to meet specific program goals and objectives, these positions cannot be used to answer live calls. As a general rule, each FTE that can be used to answer calls accounts for an estimated 5% improvement in the measure, assuming there is no appreciable increase in the current call volume.

Benchmark: The benchmark is based on the past fiscal year data collected from the ADRC. There is no national benchmark.

Consumer and Elder Rights Action Plan

Action	Responsibility	Timeline
1. Ensure ADRC has adequate staff to meet daily calls	ADRC supervisors and managers	Daily
2. Monitor call queue activity and assist with peak activity	ADRC supervisors and managers	Daily
3. Evaluate ADRC calls to determine if the correct information was given to consumer and correct call topic was selected based on call review	ADRC supervisors and managers	Daily
4. Meet with counselors to review quality reviews	ADRC Supervisor and managers	Weekly
5. Review quality reviews findings and assess if additional training is needed	**ADRC Supervisor and managers**	**Monthly**
6. Continued training of counselors in options counseling and assessment tool to include documentation in internal database	**ADRC Supervisor and managers**	**Monthly**
7. Submit recruitment of vacant positions as positions become vacant	ADRC supervisors and managers	As positions become vacant

Key Performance Measure 4: Number of Adult Protective Services investigations of abuse, neglect, or exploitation

FY17
Target: 6,100 (1,525 per quarter)
1st Quarter Results: 1,604
Year-to-date Results: 1,604

Explanation of performance for Quarter and YTD: During the first quarter FY17, the public made 3,547 reports of suspected abuse, neglect, or exploitation, of which 1,604 (45.2%) were accepted for investigation. Investigations exceeded the target by 79 investigations (7.6%).

Fiscal Year 16	Number of Investigations	Target Number	Difference (+ or -)	Percentage (+ or -)
First Quarter	1,604	1,525	79	7.6%
Second Quarter				
Third Quarter				
Fourth Quarter				
Total				

Number of adult protective services investigations of adult abuse, neglect or exploitation
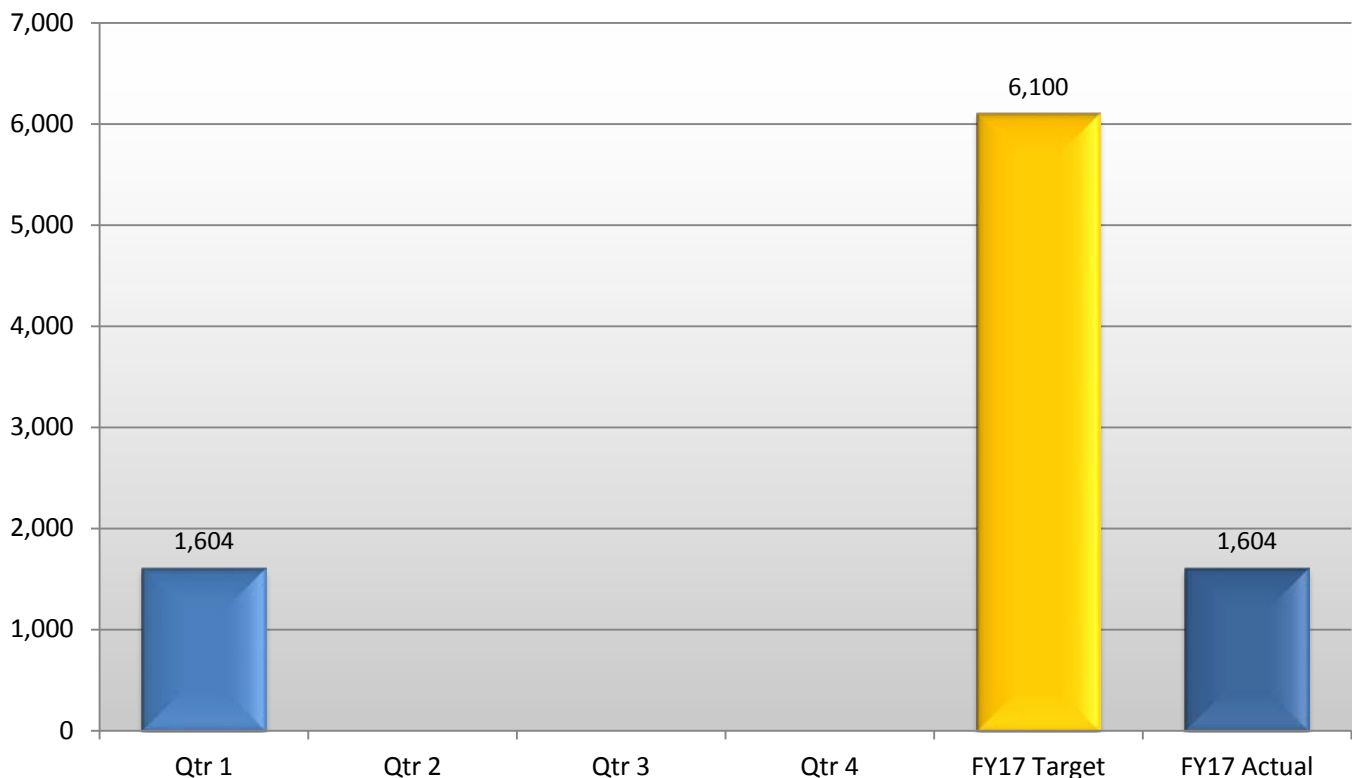
Strategic Priority Served: Safeguard Vulnerable Adults and Elders

Program and Summary: APS is mandated by state law to investigate allegations of abuse, neglect, and exploitation in regards to adults, 18 years of age or older who, because of a physical or mental incapacity, lack the ability to self-care or self-protect. APS Investigative Caseworkers travel to the alleged victim's home to assess the adult's status, address immediate safety needs and interview case participants who may have knowledge of the incident.   As a result of an APS investigation, APS can provide a wide variety of services to remediate or prevent continued harm. Services include but are not limited to emergency protective placement, short-term case management, home care, contracted adult day care, attendant care, information and referral, or filing of guardianship petitions in district court.

Methodology: The measure reflects the number of investigations conducted by APS of reported adult abuse, neglect, or exploitation. This number derives from subtracting the number of investigations from the total number of reports.

Trend and Benchmark
- Sources of Data: APSS *(Harmony)* Data System Report
- Trend:

Investigations	State Fiscal Year	Number of Adults Receiving Investigations	Benchmark
Year end	FY13	6,092	6,000
Year end	FY14	6,665	6,000
Year end	FY15	5,931	6,000
Year end	FY16	6,315	6,100

- Benchmark: Adult Protective Services based its benchmark on actual experience from fiscal year 2013 through 2016. There is no national or federal benchmark for the number of investigations that occur per population.

Key Performance Measure 5: Percent of emergency or priority one investigations in which a caseworker makes initial face-to-face contact with the alleged victim within prescribed time frames

FY17
Target: 98%
1st Quarter Results: 99.5%
Year-to-date Results: 99.5%

Explanation of performance for Quarter and YTD: APS exceeded the first quarter FY17 target by 1.5%.APS conducted 1,604 investigations during the first quarter FY17, with 405 (25.2%) requiring face-to-face contact within 24 hours or less. Of these, 131 (8%) were screened in as emergencies (E) and 274 (17%) were priority one (P1). Staff responded to 403 investigations within the prescribed timeframes. APS responded to 99.5% of emergency and priority one investigations within the established response times.

On-Time Measure	Number of E and P-1 cases	E and P-1 on time	E and P-1 Late	Percent On Time
First Quarter	405	403	2	99.5%
Second Quarter				
Third Quarter				
Fourth Quarter				
Total				

E=Emergency (3 hours)   P-1=Priority 1 (24 hours)

E and P-1 Response within Prescribed Timeframes
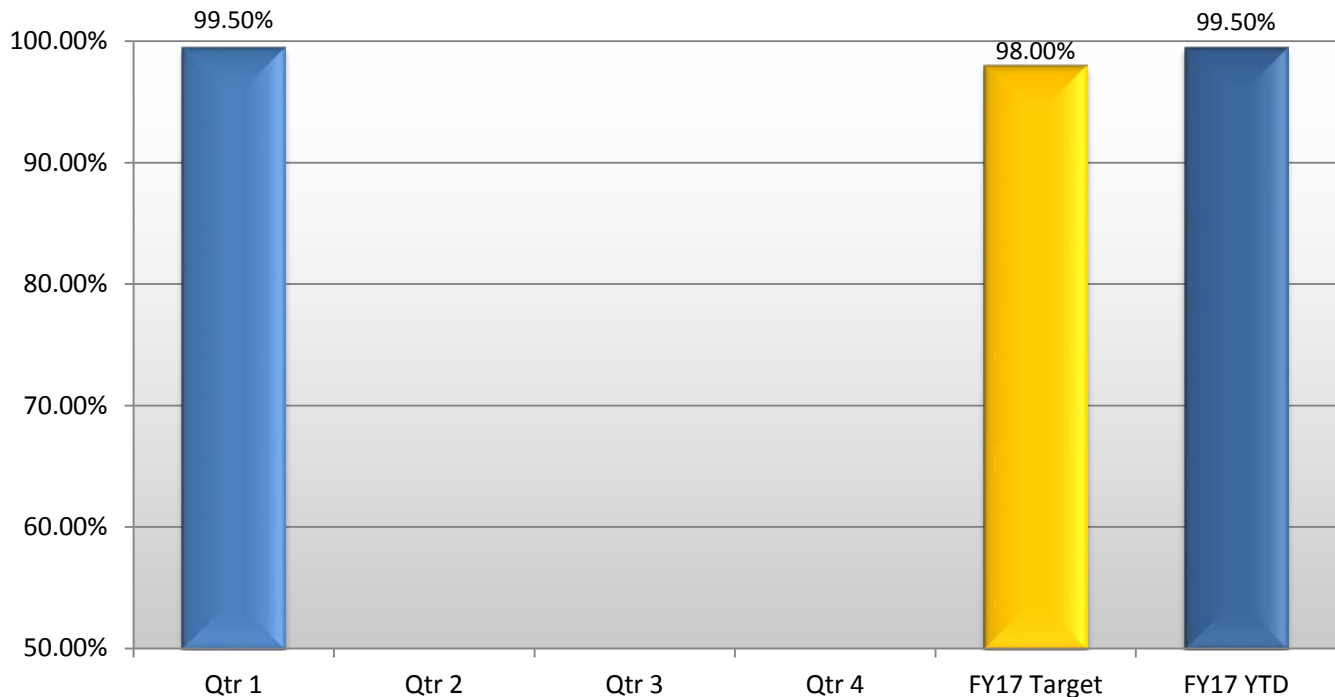
Strategic Priority Served: Safeguard Vulnerable Adults and Elders

Program and Summary: APS is mandated by state law to investigate allegations of abuse, neglect and exploitation in regards to adults 18 years of age or older who, because of a physical or mental incapacity, lack the ability to self-care or self-protect. Each report of suspected abuse, neglect or exploitation is reviewed by an investigative caseworker supervisor to determine whether it meets the criteria for investigation. If the referral is screened in, the supervisor assigns a response priority and an APS caseworker to conduct an investigation.

Methodology: The measure is calculated by dividing the number of emergency and Priority 1 investigations completed within the prescribed time frames by the total number of emergency and Priority 1 investigations. This measure reflects Adult Protective Services' performance in responding to high priority cases within the assigned timeframe of three hours for an emergency and 24 hours for a priority one investigation. Investigations requiring an emergency or priority one response most often involve an adult's immediate safety and are frequently more complex to resolve. Obtaining the total number of emergency and priority one investigations and validating whether prescribed time frames were met utilizing the APS case management database (APSS).

Trend and Benchmark
- Sources of Data: *APSS (Harmony)* Data System Reports and records review
- Trend
  > FY13: 97.5%
  > FY14: 98.3%
  > FY15: 98.5%
  > FY16: 99.5%
- Benchmark: There are no national or federal benchmarks related to the percentage of APS investigations in which APS made face-to-face contact within the assigned timeframes.

Adult Protective Services Action Plan

Action	Responsibility	Timeline
Recruit, hire, train and retain a skilled workforce, supporting their development of increased skills, knowledge, and abilities to conduct investigations by providing high quality trainings and other training opportunities as identified.	ALTSD; Adult Protective Services management	Ongoing
Increase the public's knowledge and awareness of the role of Adult Protective Services regarding issues related to the abuse, neglect and exploitation of adults and adults with disabilities, emphasizing the importance of reporting.	APS staff	Ongoing
Remediate or prevent continued abuse, neglect, and exploitation of adults by providing home and community based service interventions which support adults and adults with disabilities to remain safely in the community, or in the least restrictive environment.	Adult Protective Services, through its field staff and service contractors	Ongoing
Foster the adult client's right to self-determination and personal choice.	APS Staff	Ongoing

Key Performance Measure 6: Percent of older New Mexicans whose food insecurity is alleviated by meals received through the aging network

FY17
Target: 85%
1st Quarter Results: 78%
Year-to-Date Results: 78%

Explanation of performance for Quarter and YTD: Based on previous year trends, first quarter performance is on track to exceed the FY17 annual target. In the first quarter FY16, 31,411 people were served 907,115 meals. In the first quarter FY17, 33,066 people were served 973,367 meals which is an increase of over 1,655 more meals than the previous fiscal year. Each quarter reflects the unduplicated count for that quarter only; quarters are not totaled for the year-to-date count. The total reflects the annual numbers of unduplicated consumers and meals at the end of the state fiscal year.

Meals FY17	1st Q	2nd Q	3rd Q	4th Q	Totals
Congregate	433,668				433,668
Home-delivered	539,699				539,699
Total	**973,367**				**973,367**

Consumers FY17	1st Q	2nd Q	3rd Q	4th Q	Year-to-date
Congregate	**23,733**				**23,733**
Home-delivered	**9,333**				**9,333**
Total	**33,066**				**33,066**

Percentage of older New Mexicans whose food insecurity is alleviated by meals received through the Aging Network
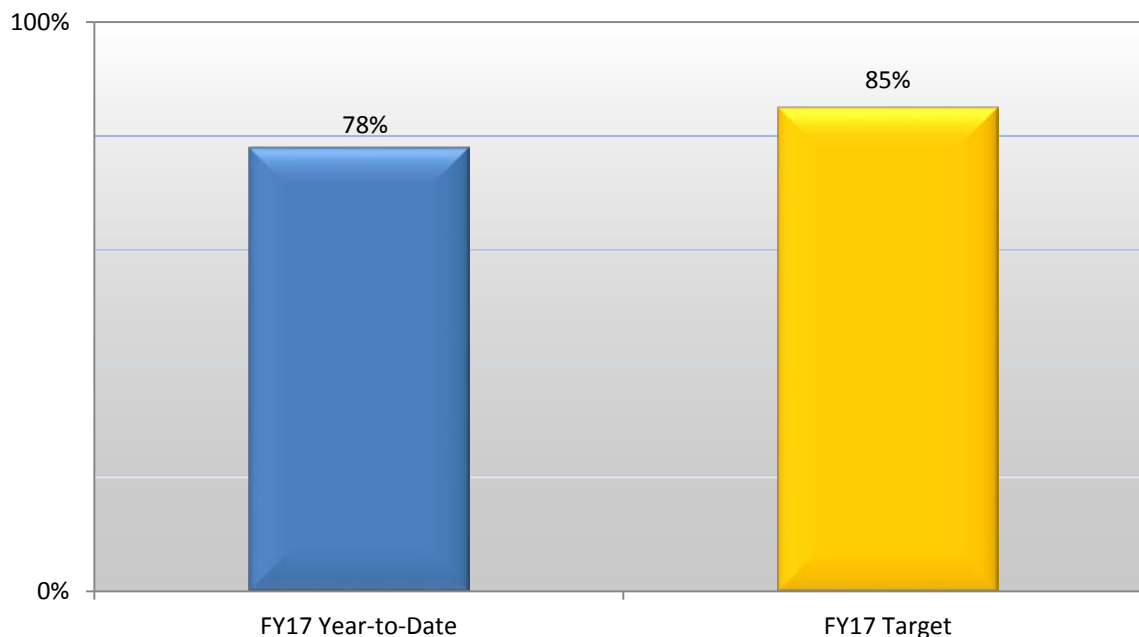
Strategic Priority Served: Combat Senior Hunger

Program and Summary: The Aging Network Division serves older adults through cooperative arrangements with New Mexico area agencies on aging (AAA) for the provision of supportive services, such as congregate and home-delivered meals, transportation, caregiver support, and multipurpose senior centers. The AAAs contract with local and tribal governments and private organizations to deliver meal services throughout New Mexico.

Methodology: This performance measure indicates the extent to which congregate and home-delivered meals are alleviating food insecurity among New Mexicans age 60 and older (age 55 and older in tribal communities). Food insecurity is defined by the U.S. Department of Agriculture (USDA) as limited access to adequate food due to lack of money and other resources. Aging Network meal providers serve congregate and home-delivered meals to consumers throughout the state, including in rural and tribal communities. The providers report numbers of meals and consumers served to the area agencies in the SAMS database, which get reported to ALTSD.

Trend and Benchmark
- Source of Data: Area Agencies on Aging and service providers and SAMS database
- Trend

State Fiscal Year	Number of Persons Served	% of older New Mexicans with food insecurity
FY14	50,922	61%
FY15	**50,832**	87%
FY16	54,888	94%

- Benchmark: The benchmark is based on a study of senior hunger, conducted in 2014 by the *National Foundation to End Senior Hunger, Inc*. The study, released in June of 2016, was based on a standardized survey—the Core Food Security Module—which the USDA uses to establish official food insecurity rates of households in the United States. The 2014 study reported that 10.78% of New Mexicans age 60 or older were estimated to be food insecure. According to the 2010 U.S. Census (*http://www.census.gov*) the total 60+ population in New Mexico is 392,392, resulting in 42,300 food insecure seniors (Ziliak, 2015).

Aging Network Action Plan

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

Key Performance Measure 7: Number of hours of caregiver support provided

FY17
Target: 400,000
1st Quarter Result: 97,644
Year-to-Date Result: 97,644

Explanation of performance for Quarter and YTD: Outreach efforts including presentations on the New Mexico State Plan for Family Caregivers throughout the state emphasized available resources for caregivers. **Home care, adult day care, respite care, training, counseling, and support groups are key services that support New Mexicans caring for loved ones at home. Advances in medical care have enabled older adults and persons with disabilities to enjoy longer lives. Caregiver support services assist those caring for older adult parents and spouses with chronic conditions, acute diseases, mobility impairments, or dementias. These services also assist older parents caring for returning** disabled veterans or other younger disabled adult children, as well as kinship caregivers such as grandparents raising grandchildren. The median age of both current and former caregivers is 61 years of age and the median age of the people they are providing, or have provided care for, is 80. In addition to providing care for elders, caregivers may also be caring for younger family members; 15% are caring for children under age 18 who are in the same household. .

FY16 was the first year for this revised and expanded measure.

FY17 Services	1st Q	2nd Q	3rd Q	4th Q	Year-to-date
Home Care	23,876				23,876
Adult Day Care	37,606				37,606
Respite Care	33,810				33,810
Other Support Services	2,352				2,352
Total	**97,644**				**97,644**

Number of hours of caregiver support provided
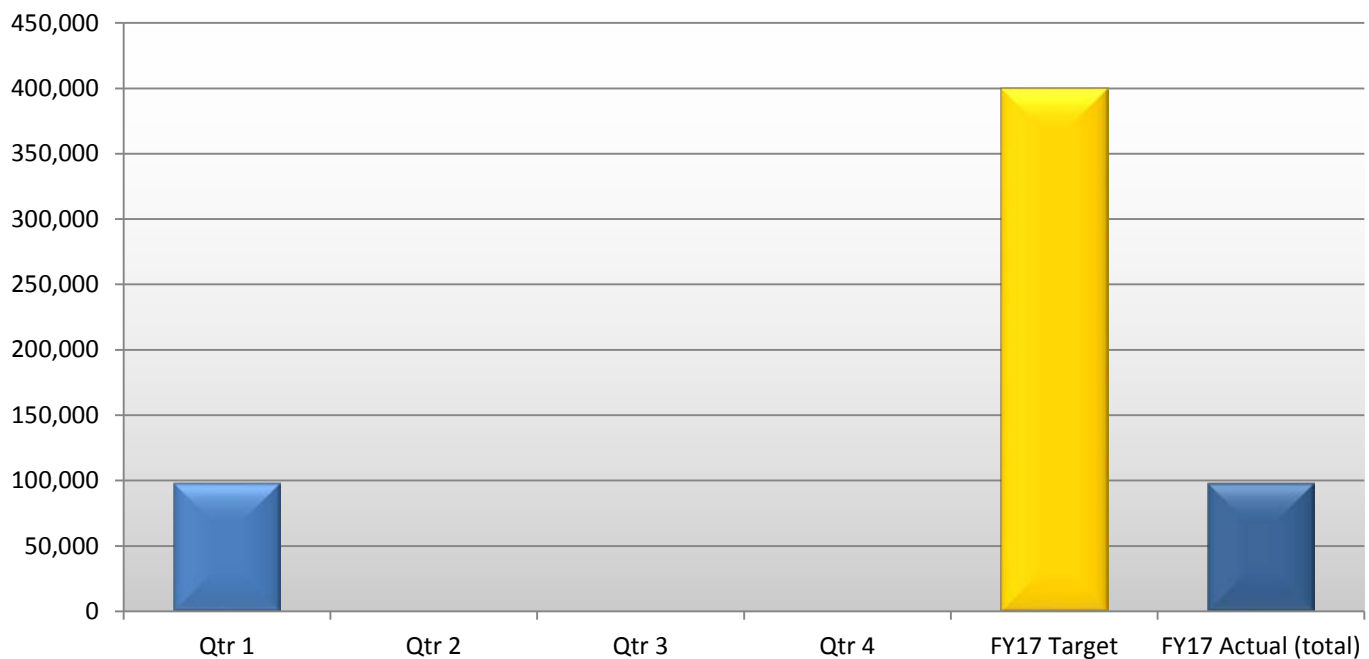
Strategic Priority Served: Support Caregivers

Program and Summary: The Aging Network Division serves older adults through cooperative arrangements with New Mexico area agencies on aging (AAA) for the provision of supportive services, such as congregate and home-delivered meals, transportation, caregiver support, and multipurpose senior centers. Area agencies contract with local and tribal governments and private organizations to deliver services throughout New Mexico.

Methodology: This measure is calculated by adding the services reported in the SAMS database whichinclude home care, adult day care, respite care, and other support services. The measure has been expanded to include training, counseling, and support groups in order to more comprehensively reflect the wide array of support services being provided to New Mexico caregivers. The training data reported includes evidence-based caregiver training, such as that provided through the Savvy Caregiver training program. In addition to the services provided by area agency contract providers, this measure also includes services provided by the Alzheimer's Association, New Mexico Chapter.

Trend and Benchmark

- Source of Data: Area Agencies on Aging and service providers
  - FY13: 379,866
  - FY14: 379,097
  - FY15: 392,872
  - FY16: 429,612

- Benchmark: There is no national benchmark for caregiver support. ALTSD has examined respite care compared to other states and concluded that direct comparisons are not possible due to variations in the types of respite care provided and segments of populations served.

Aging Network Action Plan

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