

March 2023 APS TARC Podcast Transcript

Prevention, Intervention, and Harm Reduction in Cases of Self-neglect in New Mexico

Introduction

Andrew Capehart: Welcome to the Adult Protective Services Technical Assistance Resource Center podcast. We come to you with the goal of sharing promising practices and innovations from the APS field, and to highlight what is achievable with new ideas and partnerships to help you envision what may be replicated in your program.

Let's join our host, Jennifer Spoeri APS TARC subject matter expert and guests in conversation.

Discussion

Jennifer Spoeri: Welcome to the APS TARC podcast. I hope you're ready for a very interesting conversation about New Mexico APS with Esperanza Lucero.

Esperanza is New Mexico's APS Deputy Director. New Mexico has used ACL formula grant funding to focus on prevention, intervention, and harm reduction in cases of self-neglect, their most frequently reported allegation. Esperanza, can you give our listeners a little background on APS in New Mexico?

Esperanza Lucero: Certainly, hi Jennifer. Thank you for having me; excited to be here. So, New Mexico is the fifth largest, uh, geographical state in the country. So, we have a lot of urban, a lot of rural areas. So, our case workers do a lot of windshield time. We have 33 counties. We cover all 33 counties in the state.

We are a centralized state. We cover abuse, self-neglect, and exploitation of those incapacitated, vulnerable adults aged 18 years of age and older. So, we really do, cover the full gamut of allegations and population here in New Mexico.

Jennifer Spoeri: Wow. Now, how many regions do you have? It's, I know it's on your website, but?

Esperanza Lucero: We have five regions, five regional offices. So, we have a state office and then we have our five regional hubs that do serve as the mechanism to kind of boots on the ground, if you will.

Jennifer Spoeri: Yeah, so that is a lot of windshield time. If there's five regions and they, they drive around. So, see, they can listen to this podcast. Yes. So, let's dig in.

Can you tell us how you're using the ACL formula grant to address self-neglect? Your most reported allegation in New Mexico. I know you've got three different areas of it, and I'll let you start where you'd like.

Esperanza Lucero: Absolutely. So, first of all, you know, I wanna just say thank you to those that really assisted with the federal funding, those that were involved in really pushing this.

I think it was really an opportunity for us here in New Mexico to really take these initiatives that we've kind of thought about for, for a lot of years, or we were just unable to really get off the ground because of funding. And so, this really was the catalyst to kind of provide us with opportunity to move our initiatives forward.

So, thank you for everybody involved. Um, you know, we really have a very unique approach here in New Mexico. We have, you know, full support from our cabinet secretary. She really came from the Department of Health background, public health background, I have a public health background and I think that really feeds into kind of our mindset here in New Mexico.

We have a three-pronged approach, which is really kind of driven from a public health perspective. So, it's the prevention, intervention, harm reduction model that we are deploying here in New Mexico. And as we know, the bread and butter of what APS does is always that intervention piece. We get reports, we investigate, we provide interventions and strategies to mitigate abuse, neglect, exploitation.

That's always what APS programs have done traditionally. Here in New Mexico, we actually are adding some bookends to that model so that we can really leverage different ways of helping the population that we serve. So, we are putting a lot of our funding into prevention. We really want individuals to be serviced, before things occur, before things get to a point where they have to go into a nursing home or their health deteriorates, they decompensate significantly.

We wanna be involved earlier on. And so, we're really banking on the fact that we put more money into prevention. It's gonna have downstream impacts and, and positive effects on the population that we serve. So, we are actually a state entity as, as we all know, we don't move very quickly sometimes when it comes to procurement of services and goods.

We have a lot of rules that we have to follow and a lot of hoops that we have to go through. And so oftentimes, when something's an emergency or something is a service that one of our clients needs quickly, we can't move quickly; we can't mobilize quickly. We sometimes are still two to three weeks out; we're getting three quotes.

We're getting them as a vendor in our system. We're having them fill out W9's, and all of those pieces do take time. And so, we sometimes, you know, encounter clients that time is not something that is on our side. We need to mobilize quickly. We need to get certain things fixed or certain things remedied more quickly.

And so, we're putting a lot of emphasis on the community organization that we are; hopefully gonna be getting through our request for proposal process. This is going to allow us to put in kind of a work order, if you will, with this vendor, if we need certain things. And this is, you know, anything from a lock to a furnace repair, or anything in between, that can help our clients remain safely in their homes.

So, we're gonna be able to work with that third party entity, get a work order in, move services more quickly so that then they, they invoice us on a monthly basis, and we reimburse them for services, and the cost of goods rendered in those, services. So, we have five categories and.

Jennifer Spoeri: It's really something where they, you vet them upfront. We met and then you can move so much more quickly, which I'm sure your staff appreciate.

Esperanza Lucero: I think they're gonna be excited. I think it's, it's still very high in the sky, I think for a lot of people until it really comes to the level where they're able to utilize them.

I think they'll grasp how, how wonderful this is gonna be for them. I think it's really gonna just move things quicker. They're gonna be able to do a lot of the services and supports that they know our clients need very quickly. A lot less effort, trying to locate free resources.

Oftentimes community resources is difficult, and so we're really creating our own resources for our clients and for our staff here. And I think that will help with retention and recruitment as well, because it's really gonna assist in supporting the work that they wanna do for our clients that may.

Jennifer Spoeri: Yeah, it really prevents, I'm sorry. It really prevents the revictimization because, you know, even within a case you can get a case and then something has happened, but then while you're investigating, 10 things can happen in the meantime. So, if you're able to act quickly, hopefully that will prevent other things, snowball effect for lack of exactly.

Esperanza Lucero: We have, we have five components that are part of this request for proposal, kind of five buckets if you will. So, we have housing logistics, so we are able to procure housing vouchers, um, temporary rental assistance, sometimes deposits, if, or our elderly have to move out of their home quickly.

We're able to kind of assist them, get 'em over to an appropriate alternative location quickly. So that'll be covered in that piece. Home modifications and maintenance. So, these are when, you know, pipes freeze, they don't have water, they're not able to flush the toilets, they're not able to drink, they're not able to shower, they're not able to do any of those things.

So being able to really help and assist more, um, quickly and we also have like durable medical equipment. So sometimes we understand digital caregiving might be a good option. Life alerts might be a good option. These are all interventions and strategies that we can put into place, see if they work, really with the end goal in mind of keeping individuals in their homes and communities as long as possible.

So, we're trying to, you know, really look at some of these resources as options to do. We have transportation assistance. So, even as simple as going to the grocery store, having somebody be able to take them to the grocery store, having to be able to get them, you know, the food that they need because maybe the grocery store is an hour and a half away and their local gas station is really where they've been getting their food all of this time.

And so, we're really trying to link up a lot of transportation here. I think at a state level, but also specifically here with our, our population here on the APS. And then, we have prevention and intervention stuff that we have with legal assistance. And then we also have food and necessities, just anything from briefs to, to warmups, to, blankets.

You know, sometimes people are leaving their homes to go into other settings, and they don't even have any other clothes than the clothes that are on their back. So, we're able to get them at least some alternative clothing so that they can go with dignity to wherever they're going. And so really being able to procure lots of services very quickly, I think is really the intent of this request for proposal.

Jennifer Spoeri: So, let me ask you a question that might be on a lot of listeners' minds. How does New Mexico confirm or substantiate an allegation and does that directly tie into being able to use these prevention efforts?

Esperanza Lucero: That's a great question. So, we do the preponderance of the evidence. So, we look at 51% for substantiation. Self-neglect is our highest allegation that we're able to substantiate and it's really open-ended, right? In inability to self-care or self-protect. And so, I think that definition really lends itself to a lot of these services because it's not necessarily one thing that they could be impacted in providing for themselves.

Any of these things would be an easy substantiation for self-neglect. And so, we're, we're really looking at that piece being the driving force for services. But we also have, since these are federal funds, and we're able to link it to our prevention side, we also don't necessarily need a substantiation to provide services because it's correlated with prevention and potential intervention down the road.

Jennifer Spoeri: I see now that's, that's wicked smart because you know, why wait for something tragic to happen and then respond. It's being, you know, more what is it? Proactive rather than reactive. So, absolutely. Good on you. All right, so, can you tell us more about when something has happened and then there's the intervention or is that kind of prevention slash intervention the same kind of motion?

Esperanza Lucero: So, they're really intertwined. Um, same, you know what we did in, in here in New Mexico? We're actually having our fifth and final, community engagement specialist. We were able to leverage our Title 20 funding to create five community engagement specialists, one per region. And the intent of their role is to really assist with prevention efforts so that they're doing that resource navigate, navigation.

They're able to assist the field staff so that the field staff can focus on the intervention pieces that they need to focus on. So, when they identify different resources and supports, it'll go over to our prevention specialist, and they'll be able to kind of assist in getting those services in place, making sure that those were done, and then sort of doing some of that reassessment of need for different services that they might have that are more ongoing.

Jennifer Spoeri: And those community engagement specialists do the paperwork and the follow up and.

Esperanza Lucero: They do the paperwork, the follow up, the onsite visits. You know, they really are an extension of the field, but it really allows the field to just identify what their clients need without having to put all of that on their shoulders.

And I think that's the piece that I think they're gonna eventually, when they see this, really come into fruition with our vendor, how much this really does impact and affect them positive.

Jennifer Spoeri: Absolutely, because the, the cases keep coming in, so you don't keep coming in, have the time to keep, you know, to do that kind of connection.

Mm-hmm. And prevention and harm reduction efforts. So that's really very creative. So, who are the key partners involved in all these efforts? There sounds like there's, could be quite a, quite a few.

Esperanza Lucero: So, we work with our sister agencies quite a bit. You know, we work with our human services through our Medicaid office, quite a bit on stuff.

We, we work with local, um, facilities, you know, skilled nursing facilities, assisted living facilities, because we really do have a lot of really good connections on that level so that when we do need to place individuals, because our interventions on the front end are not necessarily equipped to handle them.

Then we work on the back end with more restrictive types of partners. We work, really closely with our office of Indian and Elder Affairs and our Area Agency on Aging. We work very closely with our entity, and we're actually situated in the same department. So, I think that also helps us to be able to work with other internal entities on the same things.

A lot of the clients that we serve on the APS side are getting home delivered meals through our AAA providers, or they're going into senior centers, at some point or another. So, we all are pretty much engaged with the same population at one point or the other. And so, we're really trying to leverage what we do and support each other, to get these individuals serviced the way that they, that.

Jennifer Spoeri: I would imagine the other systems and supportive partners around you enjoy working with APS because I've heard that in other states when they get involved with area agencies on aging or just other departments that, that provide ongoing services or do home delivered meals, they really enjoy stopping or preventing elder, or adult, vulnerable adult, mistreatment.

So, they really get into it. And APS sometimes has this cryptic, magical thing that they think we all have these magic wands. But you know, to work with APS is really incentivizing it, for lack of a better word.

Esperanza Lucero: I, I think I would like to think so. I'd like to think that most people like working with us.

We work with hospitals very closely. We work with our senior center providers. We do a lot of outreach where we're really able to educate the, the community, you know, what we do, what we can do, how we can help assist, how to make a report, uh, when to make a report. And so, we really try to engage our partners in that.

It's very stressful, very difficult work that happens here with this population. And so, it's really helpful to have really strong partnerships to be able to help.

Jennifer Spoeri: Yeah. And finding that common ground, because most of us working in this realm have the same mission really at hand when you break it down, so that's really great.

So, any, I know you're, this is in the beginning stages, but any feedback from the field yet? I don't know if anybody has really given you any comments saying, hey, this really worked well, or we could do this differently. But has the field given you any indication of how they're working with this?

Esperanza Lucero: So, you know, we've had our community engagement specialist employed now, probably our longest, for about four months.

And I do feel like those regions are really seeing the benefit of that prevention piece really coming, you know, into play, really being able to assist, and get them situated. We actually had temporary staff doing this job beforehand, so we were actually, doing this longer, they just weren't able to do the in-person field visits as much, you know, of, of what they're actually doing now as, as full-time, state employees.

But they were doing a lot of that reassessment. So, a lot of that has come off of their, off of their backs. I think they felt the relief, we were hitting a really big surge. We were in the middle of Covid a lot of things. So now I think we're starting to kind of tailor down to our, our true normal and really trying to see, you know, what does that look like for us?

Do we need to put in more stuff? This whole idea of prevention specialists actually came out of one of the regions, you know, asking, hey, I would really love, it would be nice if we could have somebody do this type of work for us so that we're not having to do it. That's a great idea. I said, let's look at that.

Let's see how we can create that. So, here in New Mexico, I really feel like we have a lot of good ideas. I have a really big, open-door policy. The staff at every level contribute. We have different statewide work groups where individuals are able to have a voice, they're able to share their thoughts, their opinions, and really vet things, that are coming out.

So as things are coming out, directives, protocols, initiatives, those are all done. Not just in a vacuum by me, in my position, but I send them to the different work groups for them to review, for them to provide feedback because the work that I push out directly correlates and impacts them, and the work that they do.

So, I really want to have their feedback. I really like some of the stuff that they come up with. It's like, that's a great idea. You know, those are things that we should, you know, deploy here, in this protocol or in this initiative. So really having that buy-in and having them really shape where this program goes, is really, I think, helpful for me and then also for them, where it impacts them directly.

Jennifer Spoeri: That's a great tip for, for state administrators, county administrators, any administrators to listen to the person doing the work because they're doing it and they have some great suggestions at times that if you can get them implemented, really make them value their position and, and realize you value their position.

So, absolutely. Well, Esperanza, anything else you'd like to add about the uh, great state of New Mexico?

Esperanza Lucero: I just wanna talk briefly about our other side, our harm reduction side; we're getting that going. We have a, a really, strong clinical team that we're establishing here in New Mexico, and it's, it's really to another, a support and assistance for our intervention piece because sometimes we do need to keep cases open longer. We're not afraid to keep cases open past our 45-day, best practices here in New Mexico. If we're working those cases, there's still stuff that needs to occur, we're gonna keep cases open longer.

We're not doing case management, but, still some level of, of intervention and the effectiveness of the interventions that we deploy, that we need to kind of see are they effective, are they helping, are they going to make an impact in this individual rather than just putting in interventions and then closing out the, the case and then waiting for that revolving door to occur, you know, six months down the road.

So, we wanna keep certain cases open a little longer. We have a level of criteria that we utilize here in New Mexico so that when the actual allegations are substantiated, we're done in terms of the intervention. It then goes over to our harm reduction side, and then they can monitor the case a little bit longer.

We can determine how long we need to keep that case open longer. It could be 30 days, it could be 120 days, but we don't, we wanna just make sure that we're still keeping those clients on our radar and they're not falling through the cracks because of their inability to really utilize the intervention the way it needs to be, leveraged.

So, we have that piece that we're really starting. The goal down the road is to have one per region as well, one harm reduction specialist per region. Um, they're gonna focus on quality assurance of, different regions doing case reviews, really providing a level of review to certain cases so that they can also provide really positive feedback in terms of how to move things a little differently down the road.

And that way we have just kind of an independent arm to really review how effective our strategies are, the work that we're doing here in New Mexico, and then, hopefully leverage, additional things down.

Jennifer Spoeri: Yeah, and I, I'm just sitting here thinking, you must be collecting data on all of this to be able to prove this works.

Because some states may need two or three in a region, or you may, God forbid, down the road, need two or three in a region. But to be able to prove that is so effective.

Esperanza Lucero: So, you know, we're, we're really, I'm hoping, my hypothesis, if you will, is that with all of the work that we do, we're gonna be looking at, did we get reports from these individuals, you know, year, two years, three years down the road, and really be able to really look at our recidivism rate and hope that those that we worked with on the prevention side, on the harm reduction side, do not come back into the intervention side at any point in the future.

And if they do, then we need to be able to look and say, why did they come back? Was it the same allegation? Was it the same reason? Was it a different reason? If it's a different reason, and then maybe that was not ever when we received this case, you know, two years prior, so we're gonna be looking at that longitudinally across, a few years so that we can really, demonstrate effectiveness for what we're, trying to deploy here in New Mexico.

Jennifer Spoeri: Yeah. And you know, APS innately has that recurrence component just because of the foundation of self-determination. So yep, you're gonna have those cases that do come back yes but, but if you can prevent and reduce the harm, why not? It helps everyone out in the long run, most importantly, the clients, so.

Exactly. Great. I guess anything to close about? Any advice to anyone trying to put in some prevention or harm reduction efforts? Lessons learned from the?

Esperanza Lucero: I keep saying, you can have the best ideas, but if you don't have the support of your staff and the buy-in from your staff, every intervention, every initiative that you do is gonna fall flat.

And so, I'm, I'm really lucky to have a really strong leadership and management team. You know, we're all speaking the same language. We really spend a lot of time together. We actually have leadership book club where we're just, we're talking about, our feelings. We're talking about how we lead.

We're talking about different things. We actually just completed a book by Brené Brown, recently, and it really allowed for us to just leave our baggage at the door. We're all here for the same reason. We want to do good by our clients, by our employees, and really, I think that that mindset needs to start at the top and it needs to trickle down.

People need to feel supported. They need to know that we care about them as employees; they're not just a number and they're not disposable in my opinion. I want people to stay around. I want people to continue to work with APS in any capacity. And I think that that really is, the reason why we're able to deploy so many things is that we just have a lot of that same mindset across the state, across the regions, and I think we really try to support our staff every time that we can.

And I hope that they truly feel that way because they are the boots on the ground. We couldn't do this work without what they do. And I think that, you know, continues to make us a successful program. We actually have about a 4% turnover rate, we've been very fortunate about that.

And we really have the philosophy, we wanna make APS the best place to work in state government. The work that they do is difficult, so we try to make it as easy as possible for them because there's such a high burnout rate when it comes to protective services fields. And so, I think people just need to feel supported and engaged and hopefully that carries enough weight to keep people.

Jennifer Spoeri: Yeah. And that ultimately benefits the client out there that wants to stay in the community. So according to the, to the New Mexico motto, it grows as it goes. I love that it's you, you are living the motto. So, thank you so much for sharing the many innovations in New Mexico, the Land of Enchantment. Can you tell I did my homework?

And working to prevent, intervene and reduce the harm from self-neglect because self-neglect is in many, the most reported form of adult maltreatment. So, I'm sure our listeners heard some good information, and they can take it home to their home states and keep on growing as it goes. So, thank you Esperanza, and we'll talk to you soon.

Conclusion

Andrew Capehart: Thanks so much for listening. The APS TARC is a project of the Office of Elder Justice and Adult Protective Services at the Administration for Community Living Administration on Aging Department of Health and Human Services, and is administered by WRMA, incorporated a TriMetrix company in partnership with the National Adult Protective Services Association. Contractors' findings, conclusions, and points of view do not necessarily represent the official policy of the federal government.

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