



2025 ADULT PROTECTIVE SERVICES ANNUAL REPORT

New Mexico Aging and Long-Term Services Department

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MESSAGE FROM THE CABINET SECRETARY



This past year has been one of resilience, growth, and unwavering commitment for Adult Protective Services (APS). In Fiscal Year 2025, APS received 15,302 reports of abuse, neglect, and exploitation—a 64% increase from last year's 14,386. This rise reflects both increased public awareness and the essential role APS plays in protecting vulnerable adults across New Mexico.

Over the past year, APS has made significant progress in strengthening support for our state's most at-risk adults. Our New MexiCare program now reaches nearly every county, far surpassing initial goals and helping more New Mexicans remain safely in their homes and communities. APS also had the honor of hosting the largest National Adult Protective Services Association Conference, held right here in Albuquerque, bringing together experts from across the country to share best practices and innovative solutions.

This report stands as a tribute to the dedication, compassion, and tireless efforts of our APS team, partners, and stakeholders. I am inspired by what we have accomplished together and look forward to building on this progress in the years to come.

A handwritten signature in black ink that reads "Emily Kaltenbach".

Emily Kaltenbach
ALTSD Cabinet Secretary

ALTSD Mission

Providing accessible, integrated services to older adults, adults with disabilities, and caregivers to assist them in maintaining their independence, dignity, autonomy, health, safety & well-being, thereby empowering them to live on their own terms in their own communities as productively as possible.



ABOUT APS

The Aging and Long-Term Services Department (ALTSD) is the designated state agency for the protection of adults who are victims of abuse, neglect or exploitation (ANE). The Adult Protective Services (APS) Division provides a statewide system of protective services for older adults and adults with disabilities over the age of APS. APS is one of six divisions within ALTSD and comprises 89 of the Department's 207+ full-time employees.

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



APS Leadership team. From left to right, Antonio Sena, Edward Gould, Jerry Fekete, Roberta Farley, Wendy Ybarra, Corey Roybal. Juanita Washington was not present for the photo.

APS Mission

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

APS Vision

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

STATUTORY AUTHORITY

The Aging and Long-Term Services Department is the designated state agency for the protection of adults who are victims of abuse, neglect or exploitation (ANE). The Adult Protective Services (APS) Division provides a statewide system of protective services for older adults and adults with disabilities over the age of eighteen.

The Adult Protective Services Act (Sections 27-7-14 through 27-7-31 NMSA 2007) is the civil statute upon which APS is based. The APS Act is implemented through four New Mexico Administrative Code rules:

8.11.3 APS Investigations

8.11.4 APS Services

8.11.5 APS Legal Services

8.11.6 Employee Abuse Registry

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

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



APS outreach at a health fair in the NW region of NM.



Roberta Farley & Rebecca Berrera presenting at Victims Advocate Training Conference in Albuquerque.

GUIDING PRINCIPLES & CORE VALUES

1

Providing high-quality services and support to APS clients and implementing preventative measures to reduce recidivism.

2

Mitigating abuse, neglect, and exploitation of incapacitated adults.

3

Ensuring the safety and well-being of incapacitated adults by establishing innovative care and support services.

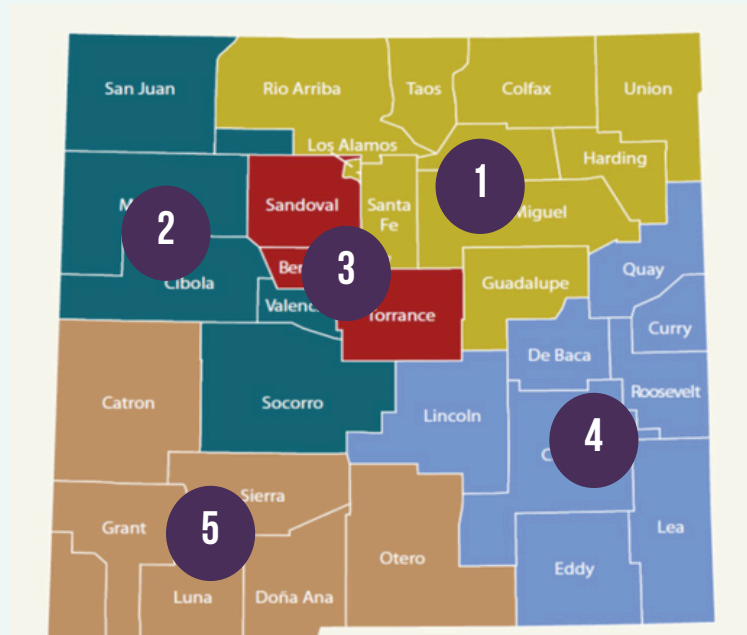
4

Engaging in the least restrictive and person-centered interventions to reduce abuse, neglect, and exploitation and improve outcomes for vulnerable adults.



APS staff at the National Aging Conference.

APS REGIONS BY COUNTY



1

NORTHEAST

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

2

NORTHWEST

San Juan, McKinley, Cibola, Valencia, Socorro, Sandoval

3

METRO

Bernalillo, Torrance, Sandoval

4

SOUTHEAST

Lincoln, De Baca, Quay, Curry, Roosevelt, Chaves, Eddy, Lea

5

SOUTHWEST

Catron, Grant, Hidalgo, Sierra, Luna, Doña Ana, Otero

REPORTING & SCREENING

Reporting

New Mexico is a mandated reporting state, meaning Adult Protective Services (APS) involvement begins when a professional or concerned citizen reports suspected abuse, neglect, exploitation or self-neglect of a vulnerable adult over the age of 18. Reports can be made by calling our 24/7 hotline (866-654-3219), where live operators are available 365 days a year to complete an intake, or by submitting an online report through our website.

Screening

Once a report is received by APS, it is promptly routed to an APS supervisor. The supervisor reviews the report, gathers any additional information as needed, and determines whether it meets the criteria for investigation. If accepted, the supervisor assigns a response priority based on the level of risk and urgency, and an APS caseworker is assigned to begin the investigation within the designated time frame.

Emergency: within 3 hours

Priority 1: within 24 hours

Priority 2: within 2-5 calendar days

This triage process ensures that every report is assessed quickly and that the most urgent solutions receive immediate attention.

Screen-In vs. Screen-Out

SCREEN-IN

A report should be screened in if it meets all the following:

- Alleged victim is an adult (18 years or older)
- Allegation involves ANE
- Alleged victim appears to be an incapacity* adult or inability to self-protect.
- Sufficient information is provided to locate the alleged victim.

SCREEN-OUT

A report may be screened out if any of the following applies:

- No specific allegation of ANE
- Insufficient information to locate the alleged victim
- Report is a duplicate of a previously received report
- Report does not fall under APS jurisdiction (ex. involves a minor, competent adult, or criminal matter better suited for law enforcement)
- Alleged victim is not an incapacitated adult

*Defined as a mental, physical, or developmental condition that substantially impairs the adult's ability to care for or protect themselves.

RESPONSE TIME

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



Emergency

Requiring face-to-face contact with the alleged victim no later than 3-hours after the assignment of the case. APS was successful at making face to face contact 99% in FY24 and 98% in FY23.



Priority One

Requiring a face-to-face contact with the alleged victim within 24 hours of the assignment of the case. APS was successful at making face to face contact 98.6% in FY24 and 99.13% in FY23.



Priority Two

Requiring a case worker to make initial face to face contact with the alleged victim within than 5 calendar days after the assignment of the case. APS was successful at making face to face contact 99% in FY24 and 99% in FY23.

What is Critical Incident Reporting?

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

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

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

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

FY25 REPORTING DATA

Critical Incident Reports

In FY25, APS received 739 Critical Incident Reports (CIRs) compared to 1,031 CIRs in FY24

Region	Total Reports	Screened In	Screened Out	Screen In %	Reports -% of NM	*CIR's Reviewed
Metro	6,427	2,676	3,751	42%	42%	310
NE	1,995	1,023	972	51%	13%	96
NW	1,804	677	1,127	38%	12%	87
SE	1,849	861	988	47%	12%	89
SW	3,227	1,770	1,457	55%	21%	156
Grand Total	15,302	7,007	8,295	46%	20%	738

Table 1 provides a breakdown by region of the following information for FY25:

- Total number of reports made to APS
- Number of reports screened-in and screened-out
- Percentage of reports screened in
- Percentage of APS reports received from each region of the state
- Total number of Critical Incident Reports (CIRs) reviewed

*The number of CIRs reported through this medium has decreased from 1,031 in FY24 to an estimated 738 in FY25. This reduction reflects improved screening and filtering by managed care organizations and providers, ensuring that only appropriate CIRs are submitted through this process. More serious and priority CIR concerns are routed directly through the standard reporting system for quicker action by the department. This change helps streamline reporting, improve response times for urgent cases, and ultimately strengthens the effectiveness of our protective efforts.

Reporting Methods	
Telephone	6,427
Web Intake	5,109
Fax	1,135
Email	1,656
Mail	27
Walk-In	82
Web	17
Grand Total	15,302

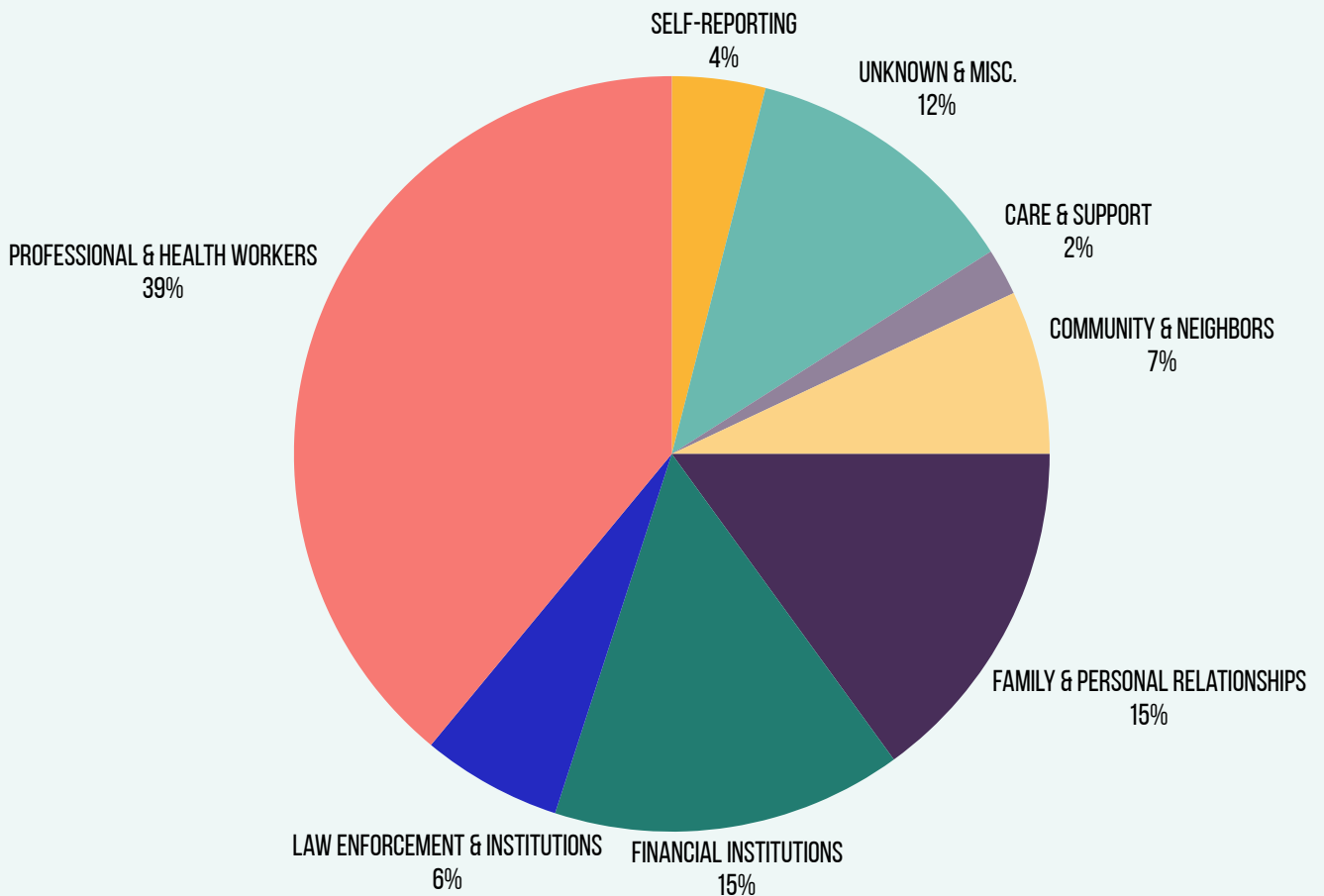
Table 2 identifies the reporting methods used to make reports of abuse, neglect or exploitation in FY25. Reporting methods facilitate secure, prompt APS concern submissions.

Allegations - Total	
Neglect	3,220
Self-Neglect	5,032
Exploitation	5,711
Abuse	2,984
Other	3,613
Sexual Abuse	32
Grand Total	20,592

Table 3 provides the type of each allegation and total in FY25. Cases can have more than one allegation.

FY25 REPORTING SOURCES

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



Breakdown of FY25 Reporting Sources

Professional and healthcare workers were the highest group, accounting for 39% of all reports. Financial institutions represented 15% of reports, as did family and personal relationships. Unknown and miscellaneous reporters, including those unwilling or refusing to disclose their capacity, made up 12% of the total.

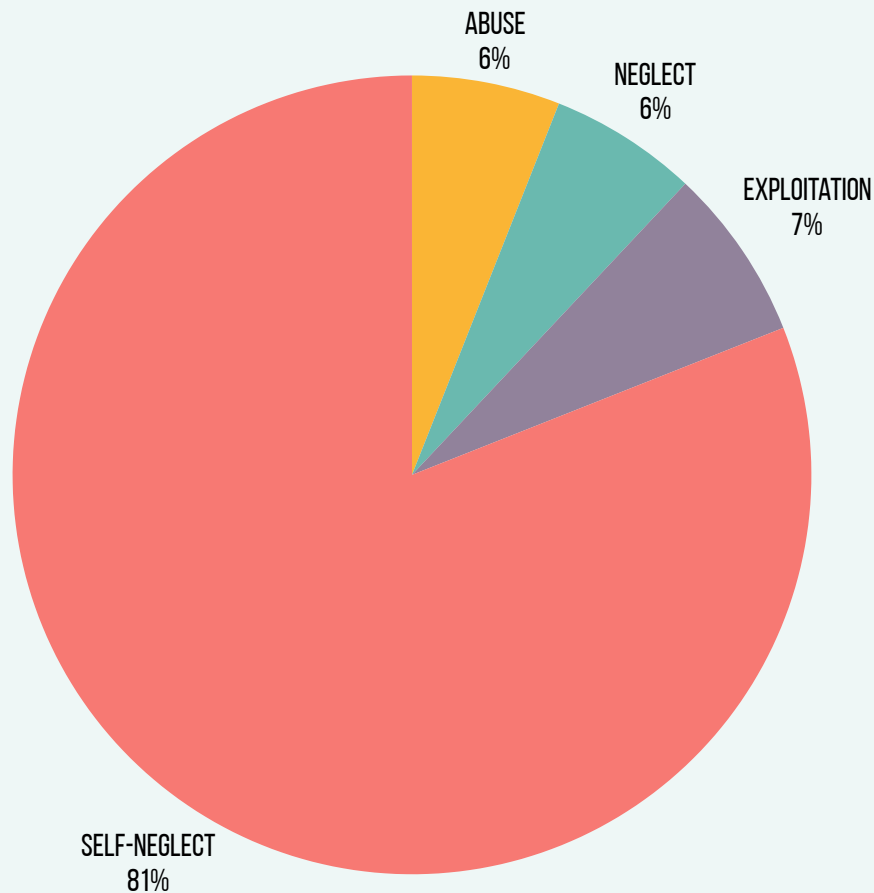
Community members and neighbors contributed 7% of reports, while law enforcement and institutions accounted for 6%. Only 4% of victims requested assistance for themselves, and care and support workers represented just 2% of reporters. Finally, less than 1% of reports came from law and legal professionals.

FY25 SUBSTANTIATED ALLEGATIONS

in FY25, the most frequently reported and substantiated allegations APS addressed was Self-Neglect at 81%.

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

Types of Substantiations
(all allegations)

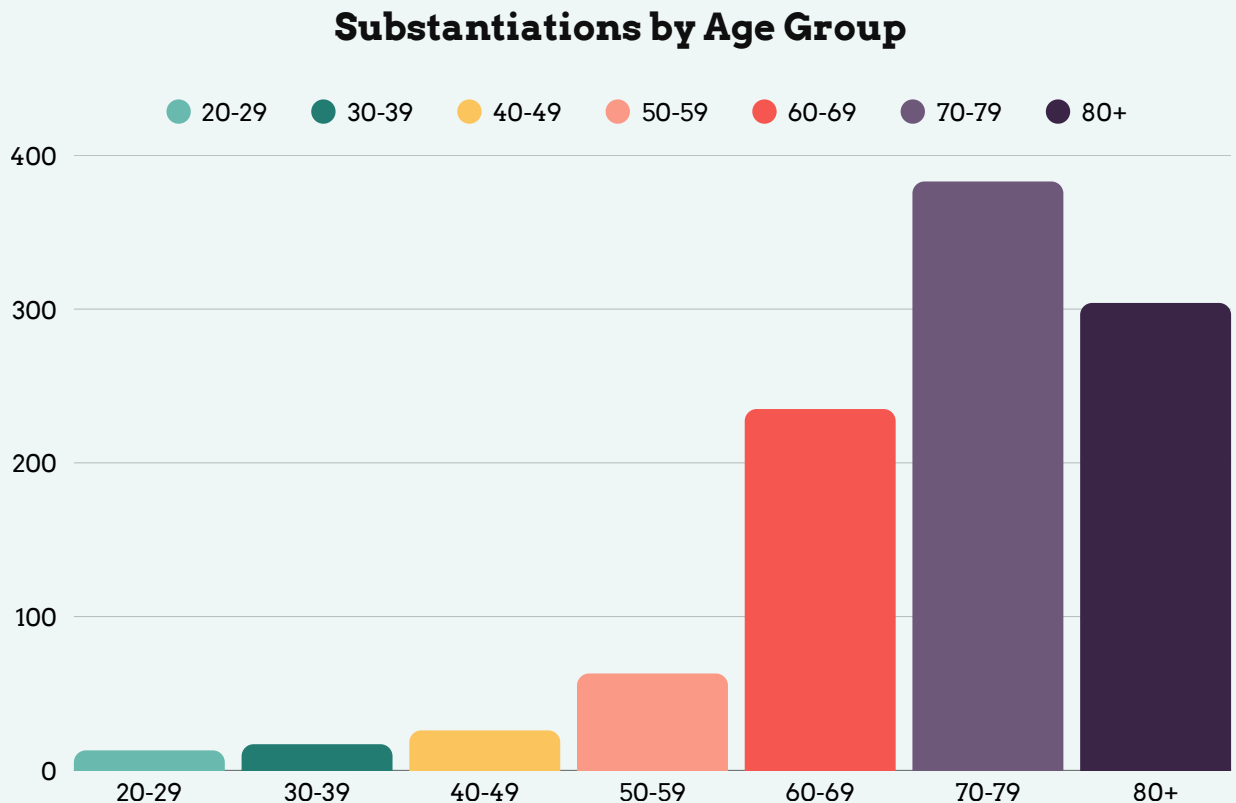


It is not uncommon for abuse, neglect, exploitation, and self-neglect to be alleged in the same case. In FY25, there was an average of 1.43 allegations per case.

FY25 VICTIM DEMOGRAPHICS

Reported Age of Victims

Nearly 90% of substantiated cases involved adults aged 60 and older, with just over a third of (37%) in the 70-79 age group and 29% of those 80 years and above. Less than 12% of cases were found in people under 60.



Reported Gender & Allegations

Most substantiated cases involved self-neglect across gender. Among women, 86% of cases were self-neglect, while for men it was 89%. Abuse, neglect and exploitation accounted for a much smaller proportion of cases across gender. Overall, women outnumbered men in substantiated cases, making up 54% of cases, compared to 46% for men. Very few substantiated cases involved as individuals identifying as transgender, gender diverse, or an unknown gender.

PHR MODEL IMPLEMENTATION

FY25 Reflections

In FY25, self-neglect substantiations rose to 5%, a modest increase from the previous year, yet one that reflects a growing concern: more adults are choosing to remain in their homes and preserve their independence, even when doing so compromises their well-being. This rise suggests a deeper resistance among some older adults to accept outside help or consider safer living alternatives.

Many substantiated cases involved individuals struggling to meet essential daily needs such as hygiene, nutrition, and medical care, placing them at greater risk of harm. In response, APS investigators take a proactive approach to identifying those most at risk, offering additional support through community referrals, engaging family members when possible, and extending case monitoring when necessary.

The PHR model, launched in FY24, continues to strengthen this effort by focusing on reducing repeated maltreatment and improving long-term support networks, underscoring APS' dedication to respectful and effective case management.

Prevention, Intervention & Harm Reduction

A framework designed for APS to proactively address the risk of ANE before it occurs and minimize harm when it does. Its purpose is to go beyond traditional investigation by providing resources and support to vulnerable adults, empowering them to be safe and improve their overall well-being.



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

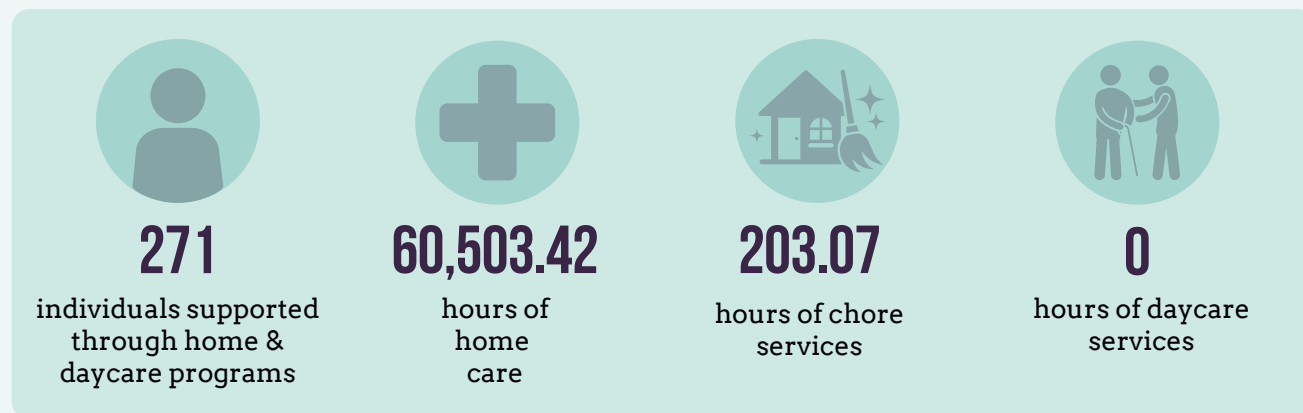
APS created 5 community engagement specialists for each region to facilitate service identification and coordination.

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

SERVICES, STRATEGIES & SUPPORT

In most investigations with substantiations, the adult victim(s) received a service to meet their needs using our person-centered least restrictive model. Depending on the need and circumstance, clients may receive contracted home care or chore services (may include major cleaning and/or pest control). These services are funded by Title XX federal funding.

FY25 Reflections



APS utilizes Title XX funding to bridge service gaps for individuals who are Medicaid or HCBS eligible but have not yet begun receiving those benefits. This funding serves as a temporary solution to ensure critical services are provided until other funding sources become available. This focused approach helps many remain comfortable in their homes and communities, promoting independence and quality of life, and reducing the need for assisted living or nursing home placements.

APS proactively engages APS community engagement specialists and APS clinical operations advisors throughout and after investigations, working closely with investigative caseworkers to ensure comprehensive support. Cases may be referred to clinical operations for behavioral health concerns or to community engagement for issues related to home care or other support services. This collaborative approach helps link vulnerable adults to essential resources and interventions, promoting safety and stability as they age in place.

For FY25 key performance measurements, APS implemented a measure to quantify the percentage of consumers who successfully engage with the recommended services and remain in a community setting for at least six months. Findings indicate a success rate of 89% for participants who remained in their homes and communities for six months after APS in-home contracted services were implemented.

The PHR model has played a pivotal role in achieving this high percentage of successful engagement, since it allows for APS caseworkers to proactively employ various interventions and strategies to ensure adults can remain safely in their homes. Conversely, the remaining 11% were transitioned to various long-term care facilities, suggesting a need for them to move from their homes to a higher level of care.

ACCOMPLISHMENTS

By the Numbers



<1%

APS investigation recidivism



271

Clients who received APS-funded homecare services



353

Outreach presentations conducted by APS staff



40

Guardianships pursued using the APS person-centered model



1,954

Referrals to outside communities



77

Emergency placements pursued, using the APS person-centered model



253

Food boxes delivered to APS clients

RECOMMENDATIONS

Based on trends and outcomes observed throughout FY25, APS offers the following recommendations to strengthen service delivery, enhance client outcomes, and improve operational effectiveness across the state:

#1: Increase Funding for Staffing and Benefits

APS recommends consideration of increased funding to support competitive salaries and comprehensive benefits for APS staff. This investment is essential to recruit, retain, and be competitive to maintain sufficient staffing levels across the state and ensure the agency can conduct thorough investigations and effective case management. Enhanced recruitment and retention efforts will directly impact APS' ability to respond timely and appropriately to reports of abuse, neglect and exploitation involving vulnerable adults.

#2: Establish a Food Insecurity Support Initiative

APS recommends dedicated funding to establish a Food Box Emergency Initiative. This initiative would provide essential food supplies for clients experiencing food insecurity during investigations and in emergency situations. As demonstrated in FY25, APS clients affected by natural disasters such as wildfires and floods require immediate and flexible support. This initiative would allow APS staff to distribute food boxes during both routine and emergency responses and statewide crisis events, ensuring timely care and stabilizations for vulnerable adults in need.



APS at an community engagement outreach event in the SE of NM.

STATE PLAN GOAL 3

As part of federal requirements, ALTSD is required to produce a State Plan on Aging every four years. Within the 2025-2029 State Plan, there are four goals for ALTSD, with Goal 3 being specifically relevant for APS.

Goal 3

Reduce occurrences of abuse, neglect and exploitation while improving outcomes in communities and long-term care settings and preserving the rights and autonomy of older New Mexicans.

Objective 3.1

Expand Adult Protective Services to vulnerable adults to support access to services and provide resources.

- Expand transportation and in-home services, including personal care, homemaker assistance, meal delivery, respite care and emergency placements.
- Enhance legal aid partnerships to provide older adults with comprehensive support for guardianship issues, elder financial abuse, and property disputes, ensuring that legal barriers do not exacerbate existing challenges.
- Assess opioid misuse to focus on prevention, intervention, and support services to reduce the associated risks that lead to abuse, neglect, and exploitation.
- Combat isolation and foster social connectedness by collaborating with programs for social engagement, senior centers, and virtual connections to foster community involvement, emotional support, and volunteer companions.
- Strengthen financial exploitation prevention by collaborating with financial institutions to develop policies and procedures that identify and report financial exploitation of older adults.
- Create a proactive risk assessment tool to allow individuals to self-identify risk of abuse, neglect, or exploitation to integrate community resources, mental health services, and family engagement.
- Expand Multidisciplinary Teams to include ALTSD, law enforcement, health professionals, social workers, and legal experts to collaborate on complex cases to ensure a holistic response to addresses needs of individuals and communities.
- Upgrade to an integrated case management system to enhance tracking, reporting, and case prioritization.

SUMMARY

In Fiscal Year 2025, APS received a total of 15,302 reports of abuse, neglect and exploitation involving vulnerable adults across New Mexico. Of these reports, approximately 46% were accepted for investigation, resulting in 7,007 investigations conducted by APS by the end of fiscal year. Remarkably, less than 1% of these investigations involved repeat allegations, demonstrating a recidivism rate below 1%. This outcome reflects the effectiveness of two particular approaches: 1) APS' Prevention, Intervention and Harm Reduction model, and 2) the commitment of APS investigators to a person-centered, trauma-informed approach when addressing abuse, neglect and exploitation.

As abuse trends and vulnerabilities continue to shift across the state, APS remains proactive in its response. Through strengthened inter-agency collaborations and partnerships with community organizations, APS continues to build upon a strong foundation aimed at reducing harm and supporting vulnerable adults over the age of 18 to safely age in place.

APS also benefitted from three key federal grants in FY25:

The Opioid Pilot Project Grant: A Pilot project launched by APS to strengthen assessment practices for individuals experiencing substance use disorder in a targeted region. This initiative aims to improve how APS identifies, responds to, and supports vulnerable adults impacted by substance use. By testing new assessment and engagement strategies, the pilot provides critical insight into enhancing statewide practices for more effective and compassionate service delivery to individuals suffering from substance use disorder.

Title XX Grant: This grant was instrumental in strengthening the resources and supports APS provides, particularly in expanding access to home care and emergency placements. This funding also allowed APS to maintain a dedicated Community Engagement Specialist whose role is critical in connecting vulnerable adults to essential services. Through these efforts, APS has been able to enhance client support and outreach across New Mexico communities.

American Rescue Plan Act (ARPA) Grant: Used to enhance staff development, training, and expand wraparound services and emergency placements for adults at risk.

Elder Justice Act (EJA) Funding : Supported the development of a robust quality assurance and data tracking system to help APS identify trends and improve its response strategies to abuse, neglect and exploitation across New Mexico.

Together, these efforts underscore APS' ongoing dedication to improving service delivery, protecting vulnerable adults, and ensuring a coordinated compassionate response across the state.

If you suspect an adult is being
abuse, neglected or exploited, call
Adult Protective Services
statewide intake at **866-654-3219**



Adult Protective Services
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