NEW MEXICO AGING SERVICES

AGING AND LONG-TERM SERVICES DEPARTMENT

State Plan on Aging

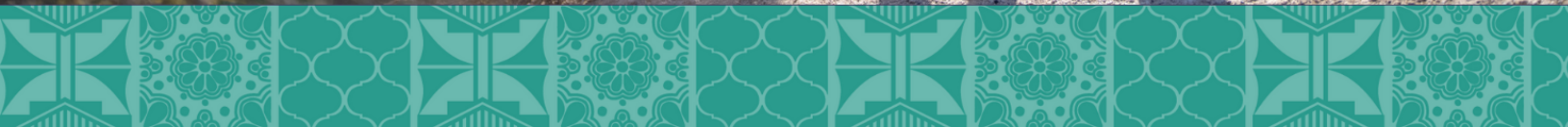OCTOBER 1, 2025 – SEPTEMBER 30, 2029

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VERIFICATION OF INTENT

The New Mexico Department of Aging and Long-Term Services (ALTSD) hereby submits this State Plan on Aging for the period of October 1, 2025, through September 30, 2029, Federal Fiscal Years (FFY) 2026 through 2029, as required under Title III of the Older Americans Act of 1965 as amended in 2020. The Plan includes all assurances and information requirements and was developed following all rules and regulations specified in the Older Americans Act, 45 CFR 1321 regulations, and the New Mexico Administrative Code.

The Governor of the State of New Mexico designates the Aging and Long-Term Services Department as the sole state agency in New Mexico to receive federal funds under the Older Americans Act. The Department has been given authority to develop and administer the State Plan on Aging following all the requirements of the Older Americans Act.
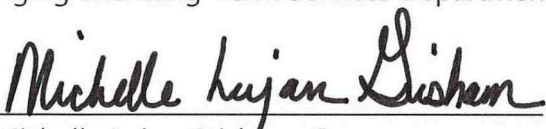
The Governor of the State of New Mexico approves the New Mexico State Plan on Aging and provides authorization to proceed with activities under the Plan upon approval by the United States Department of Health and Human Services, Assistant Secretary on Aging.

The New Mexico State Plan on Aging, hereby submitted, has been developed following all Federal statutory and regulatory requirements.

Emily Kaltenbach

Date: __06/30/2025__

Emily Kaltenbach, Cabinet Secretary
Aging and Long-Term Services Department

Michelle Lujan Grisham

Date: 6|30|2025

Michelle Lujan Grisham, Governor
State of New Mexico

EXECUTIVE SUMMARY

New Mexico's FFY 2026–2029 State Plan on Aging establishes an overarching goal and mission that New Mexico's older adults, adults with disabilities, and their caregivers have the right to remain active participants in their communities, to age with respect and dignity, to be protected from abuse, neglect, and exploitation and to have equal access to health care and social supports. Progress toward this goal is critical because opportunities for healthy aging are out of reach for too many New Mexicans. For example, New Mexicans living in urban areas experience strikingly different life expectancies than in rural areas driven by differences in community conditions and access to resources.

The Aging and Long-Term Services Department's (ALTSD) commitment to its diverse population of older adults, people living with disabilities and caregivers is unwavering in the face of these challenges. New Mexico's 2023–2029 State Plan on Aging overarching purpose is to assist older adults and their caregivers to maintain independence and live safely and autonomously. To achieve this, New Mexico will enhance the quality of programs through data standardization, program evaluation, and outcome measurement, as well as implementing the four agency goals in this plan:

> **Goal 1:** Administer and expand core programs that enable older New Mexicans to remain in their residence and community through the availability of and access to high-quality home and community services and supports, including supports for families and caregivers.
> **Goal 2:** Promote equity and well-being for older adults with greatest economic and social need across New Mexico by responding to social determinants of health, including food and housing security, social support and connection, employment and meaningful engagement, and access to information and health services.
> **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.
> **Goal 4:** Assist Tribes, Pueblos and Nations in accessing Title III funding and enhance coordination between Title III and Title VI programs.

ALTSD's longstanding mission, vision, and guiding principles continue to complement the overall purpose of the department's work and the State Plan on Aging.

The advocacy responsibilities outlined in 45CFR 1321.11 remain a quintessential aspect of the work that ALTSD engages in daily. In 2004, ALTSD, a cabinet level department, was established to provide advocacy, support and resources for older adults and people with disabilities. The Department's stewardship and oversight plans remain steadfast and the execution of the strategic plan and its data-based approach that embraces performance measurement as a top priority the Agency will be:

- Successful in supporting aging through high-quality, efficient, and innovative programs.
- Responsive to social determinants of health including food and housing security, social support and connection, employment and meaningful engagement, access to information and health services.

- Effective in addressing consumer protections, elder rights and allegations of abuse, neglect, and exploitation through nationally recognized approaches.
- Inclusive of best practices and innovations to continuously improve services and interventions and drive sustainability.
- Committed to innovations and investments that are data-driven and value-based.
- Committed to receiving input and guidance from the Department's Policy Advisory Committee and Tribal Advisory Workgroup regarding the department's programs effectiveness, opportunities, and strengthening community engagement.

ALTSD has utilized the data, findings and recommendations of the statewide needs assessment, public comment period, tribal consultations and information gathered from the Area Plan submissions to inform the development of this State Plan on Aging. Through all methods, the Department recognized key themes including the need to address service deserts/gaps throughout the state, malnutrition, improved Title III and VI Coordination as well as working towards strengthening community conditions through workforce development and capacity. ALTSD seeks to ensure that the State Plan on Aging reflects real, on-the-ground needs of older adults, adults with disabilities, and caregivers, and that the priorities of both the communities and stakeholders involved lead to more effective and impactful services.

State Unit on Aging Overview:
As the designated State Unit on Aging, New Mexico's Aging and Long-Term Services Department works to meet the needs of older adults and people with disabilities. ALTSD encompasses the Office of the Secretary and six key divisions that provide direct access to essential resources. These divisions are:

- Administrative Services Division
- Office of Indian and Elder Affairs
- Consumer and Elder Rights Division
- Aging Network Division
- Adult Protective Services Division
- Long-Term Care Division

The ALTSD's mission remains focused on empowering individuals to maintain their independence, health, and dignity, providing services that enhance their ability to live independently and participate fully in their communities.

Achieving New Mexico's State Plan on Aging through Partnership and Collaboration
The successful implementation of this plan is reliant on public, private, and Tribe, Nation and Pueblo partnerships and collaborative efforts through leveraging community strengths, key partners, engaging and empowering communities to achieve the goals, mission, and vision of ALTSD.
- The needs assessment provided the data-driven foundation for identifying priorities and emerging needs.
- The public comment periods facilitated a democratic and inclusive process, allowing stakeholders to share their insights and concerns.
- Area Plans offered localized solutions and strategies that complement the state's broader goals, ensuring that services are effectively tailored to different regions.

This State Plan provides a comprehensive roadmap to improve older New Mexicans' health and well-being. Rooted in public and private collaboration, New Mexico's plan strives to align the approaches of all partners, including Tribes, Pueblos and Nations (Figure 1). The outcomes and objectives in New Mexico's State Plan are achievable with a focus on evidence-informed strategies. This plan requires intentional, synchronous efforts to ensure everyone in New Mexico can age with grace and dignity in their chosen setting with rich, meaningful opportunities to contribute and thrive. In addition, the State Plan includes opportunities to advance elder justice and equity, which serve as key guiding principles. The Older Americans Act (OAA) has consistently emphasized these principles and required that funding be targeted to those with the greatest economic and social needs. The Plan also addresses the requirements outlined in the 45 CFR 1321 and 1324 OAA regulations.

MISSION:

To provide accessible, integrated services to older adults, adults with disabilities, and caregivers to assist them in maintaining their independence, dignity, autonomy health, safety, and economic wellbeing, thereby empowering them to live on their own terms in their own communities as productively as possible.

Segments around the wheel: Aging and Long-Term Services Department · Area Agencies on Aging · New Mexico State Agencies · Home Health · Housing · Behavioral Health Care Providers · Transportation · County and Local Entities · Tribes, Pueblos, & Nations · Local Health Departments · Advocacy Organizations · Consumers · Long-Term Care · Health Care Providers

Figure 1. Achieving the State Plan through Partnerships and Collaboration

CONTEXT AND STATEWIDE NEEDS ASSESSMENT

Mission: To provide 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.

Guiding Principles: Protect the safety and rights of those we serve; Promote personal choice and self-determination; Treat all people with respect; Embrace cultural diversity; Encourage collaborative partnerships; Provide fiscally responsible services.

Needs Assessment Activities
Two phases of stakeholder engagement and data collection activities were completed to assess the needs of older New Mexicans and caregivers to inform this State Plan on Aging.

Phase 1: Statewide Needs Assessment (full Assessment in Attachment F)
The Center for Applied Research and Analysis at the University of New Mexico's (UNM) Institute for Social Research was contracted by ALTSD to conduct a statewide mixed methods needs assessment with distinct attention to service gaps in rural and frontier communities.

Mixed method data was analyzed data from five focus groups of older adult participants in two urban and three rural communities in New Mexico. Two statewide surveys were conducted of OAA and state-funded providers of service. UNM analyzed U.S. Census American Community Survey data of five-year batches, 2013–2017 and 2018–2022, to identify trends in New Mexico's older adult population. Additionally, ALTSD's consumer data was assessed to report the distribution of Title III services statewide and by Planning & Service Area. UNM analyzed aggregate data on Adult Protective Services Division, the Long-Term Care Ombudsman Division, and the Consumer and Elder Rights Division.

Service Provider Survey — Part A
A 30-question online survey was distributed through Microsoft Qualtrics to ALTSD contractors, ALTSD personnel, AmeriCorps Seniors volunteer program participants, and APS contract providers. A total of 71 survey responses were received. Of the 71 respondents, 63 (88.7%) completed the survey.

Service Provider Survey — Part B
A second survey was sent to statewide providers to assess the business and financial health of providers. The Part B survey contained 41 new questions in addition to 24 questions from the initial (Part A) survey. The combined Part A and Part B surveys included 65 total questions that were distributed to an ALTSD-approved contract list of 159 providers. The contract list was comprised of administrators at senior centers, on-the-ground service providers at senior centers, and providers and administrators serving the Tribes, Pueblos and Nations (State PSAs 5 and 6). Overall, the completed survey rate was 40%. The response rate from the Tribes Pueblos and Nations was 17%.

Focus Groups

Eight focus groups were held to solicit input on older adult needs across five New Mexico counties: (1) Bernalillo, (2) McKinley, (3) Mora, (4) Santa Fe, and (5) Union. Focus group sites were selected based on three characteristics: (1) rurality, (2) percent of adults 65 and older living below poverty, and (3) percent of adults 65 and older with a disability. The largest senior centers residing in counties with the greatest vulnerability across all three measures were selected as focus group sites. People were eligible to participate in focus groups if they were 60 years or older and lived within county lines. Over the eight hours of focus groups, audio was recorded and professionally transcribed by the TranscribeMe! company. Through the UNM Needs Assessment, including the focus groups and surveys, the following needs were identified.

The overall findings of the need assessment are as follows:

1. Older adults in rural areas describe service deserts with high need for transportation assistance and access to medical supportive services like dental, vision, and hearing
2. Consumer data highlights the need for targeted service expansion to address service gaps
3. Providers identified similar needs to older adult focus group participants
4. Rural and urban vulnerabilities differ, but service gaps remain unclear
5. Providers report funding, personnel, and training as critical barriers
6. New Mexico's older adult population has grown significantly, as have several vulnerability metrics (poverty, disability, etc.)

The needs assessment established six recommendations:

1. Expand services to support unmet older adult needs: community supports, caregiver support, in-home services, health promotion & disease prevention, transportation, and legal services
2. Improve outreach and centralized information supports to older adults
3. Address workforce shortages with focused recruitment and training
4. Strategic planning and targeted service expansion
5. Conduct statewide services inventory
6. Implement a statewide consumer survey

Phase 2: Stakeholder Engagement and Data Collection (details in Attachment E)

In addition to the Statewide Needs Assessment conducted by UNM, the following activities were completed to inform the development of the State Plan on Aging:

- A QR code published in ALTSD *Generations* Magazine
- Data and service gaps analysis by the Area Agencies on Aging
- Public input opportunities and listening and roundtable sessions for the 2026–2029 State Plan on Aging took place on the following dates:
  - October 28, 2024 — Listening Session held at the Conference on Aging
  - January 15, 2025 — Roundtable Session with the AAAs
  - Senior center survey issued to gain input from older adults accessing services: January 2, 2025, through January 31, 2025.
    - Public comment period on ALTSD's website from April 15 – May 15, 2025; comment period extended to May 23rd for all stakeholders and again extended to June 23rd for Tribes, Pueblos and Nations. Methods to provide input include webform, email, and US Mail

- o Email notifications, e-newsletter publication, and digital social posts from ALTSD on behalf of the Office of Indian Elder Affairs (OIEA) to New Mexico Tribes, Pueblos, and Nation's providers
- Presentations to All Pueblo Council of Governors meeting: April 25, 2024 and May 22, 2025. OAA Title II and VI services, collaboration, and ways to provide input on the State Plan process were discussed.
- Tribal Consultation Sessions held on May 7th, May 14th, May 16th, May 19th, and June 25th. Seventeen Tribes, Pueblos and Nations were represented.
- Attachment H includes a summary of State Plan Public Comment and Response

New Mexico's Aging Network

The New Mexico Aging Network is comprised of the ALTSD, Area Agencies on Aging (AAAs), and providers within each planning and service area (PSA). The New Mexico Aging Network currently has two "federally recognized" AAAs that serve four designated PSAs, covering all the counties and older individuals in the State. New Mexico's Aging Network also includes the New Mexico portion of the Navajo Nation's Division of Aging and Long-Term Care Support which serves as the Navajo Area Agency on Aging (PSA 5) as well as the ALTSD's Office of Indian Elder Affairs which serves as the state designated Indian Area Agency on Aging (PSA 6).

The PSA areas include:
- City of Albuquerque/Bernalillo County Area Agency on Aging
  - o PSA 1—County served—Bernalillo
- North Central New Mexico Economic Development District/Non-Metro Area Agency on Aging (no changes will be made):
  - o PSA 2— Counties served—Cibola, Colfax, Los Alamos, McKinley, Mora, Rio Arriba, Sandoval, San Juan, San Miguel, Santa Fe, Taos, Torrance and Valencia
  - o PSA 3—Counties served—Chaves, Curry, De Baca, Eddy, Guadalupe, Harding, Lea, Lincoln, Quay, Roosevelt and Union
  - o PSA 4—Counties served—Catron, Doña Ana, Grant, Hidalgo, Luna, Otero, Sierra and Socorro
- PSA 5—Services for older adults were officially established on the Navajo Nation in 1974 when the first congregate nutrition site opened in Chinle, Arizona. The Governors of Arizona, New Mexico, and Utah and the U.S. Administration on Aging created a tri-state agreement in October 1979, designating the Arizona State Unit on Aging as the entity through which the Navajo Area Agency on Aging receives federal OAA Title VI and Title III funding. In New Mexico, the ALTSD awards State general funds to the Navajo Area Agency on Aging.
- PSA 6 (state designated) — Currently, the Indian Area Agency on Aging (IAAA) is designated under state authority to develop a comprehensive and coordinated service system of senior centers and adult day care centers in partnership with New Mexico's 19 Pueblos and 2 Apache Tribes who receive state general funds to administer services. Many of the Pueblos and Tribes also receive Title VI funding directly from Administration for Community Living. During the first year of this state plan, FFY 2026, ALTSD will be consulting with Tribes, Pueblos and Nations to identify opportunities to increase access to Title III funding and enhance collaboration between Title III and Title VI providers.

All services are targeted to those with the greatest economic and social needs, with particular attention on minority older adults with low income and older adults residing in rural, Tribal, and frontier areas. New Mexico provides state general funds to all the AAAs.

Title III funding is based on the Intrastate Funding Formula that utilizes the US Census 60+ population data, ensuring no overlap of population totals in the physical county locations.

The following Older Americans Act Title III services are available throughout the state.

- Nutrition
- Transportation
- Homemaker
- Adult Day Care
- Respite
- Evidence-Based Health
- Case Management
- Grandparents Raising Grandchildren
- Assisted Transportation
- Physical Fitness

The state designated IAAA general operational functions include contract management, program compliance monitoring, and the provision of technical assistance, advocacy, and training. Changes to ALTSD's annual allotment of OAA Title III funds will not be modified unless a federally designated Indian AAA is approved through a state plan amendment. The OAA funds are allocated based on the Intrastate Funding Formula (IFF). The Navajo Nation's Division of Aging and Long-Term Care Support which serves as the Navajo Area Agency on Aging receives OAA Title III funding through the state of Arizona and OAA Title VI funding directly from the Administration on Aging and this will remain unchanged in FFY 2027.

NEW MEXICO'S AGING LANDSCAPE

New Mexico's Population Growth
The following data characterizes New Mexico's rapidly aging population[1]:
- New Mexico currently ranks 13th in the United States for the percentage of the population 65 and over.
- 75% of older adults in New Mexico want to age in place.[2]
- The 65+ population is projected to grow 122% by 2030 to 475,687, from 391,207 in 2020.[3]
- From 2010 to 2020, New Mexico's total population increased by 3%, while the population of people ages 65+ increased by 44%.[4]
- The University of New Mexico[5] projects the number of adults 85 and older to more than double from 2020 to 2040.

Life Expectancy in New Mexico[6]
Life expectancy is defined as the average number of years a person is expected to live. In 2020, New Mexico had the 7th lowest life expectancy in the United States. This creates vast

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[1] https://data.census.gov/profile/New_Mexico?g=040XX00US35
[2] https://stateline.org/2023/11/02/older-adults-want-to-age-in-place-but-their-options-are-limited-in-most-states/
[3] University of New Mexico, Geospatial Population Studies. 2020
[4] University of Virginia Weldon Cooper Center. National Population Projections. 2018
[5] https://news.unm.edu/news/new-mexico-population-projections-an-aging-population-and-minimal-growth
[6] https://usafacts.org/topics/health/state/new-mexico

opportunities for improvement in comparison to the national average. In 2020, New Mexicans could expect to live on average, until age 74.5. This life expectancy is almost 2.5 lower than the average life expectancy in the U.S. (76.9 years).

Premature Death[7]
Each year, thousands of New Mexicans die before they reach 75 years of age. New Mexico ranks 48 out of the 50 states and Washington, DC, on premature death. In 2021, New Mexico experienced an estimated 13,946 years of potential life lost due to premature death before the age of 75 per 100,000 population.

Elder Abuse, Neglect, and Exploitation
Many older New Mexicans face the devastating consequences of elder abuse, neglect, and exploitation. In 2023, 35,392 Critical Incident Reports were made to New Mexico's Adult Protective Services, a division of ALTSD. In 2023 there was a total of 6925 investigations and 7632 in 2024, which represents a 10% increase. The National Academies of Science, Engineering, and Medicine suggest that only 4-7% of cases of elder abuse are reported to authorities.

As one of four majority-minority states in the U.S., along with California, Hawaii, and Texas[8], New Mexico has the highest percentage of Hispanic or Latino Americans in the country and has the second-highest percentage of Native Americans in the country, after Alaska. New Mexico is home to 23 federally recognized tribes including the Navajo Nation, 19 Pueblo tribes, and 3 Apache tribes.

TABLE 1: RACE AND ETHNICITY ESTIMATES FOR ALL AGES: NEW MEXICO AND UNITED STATES

RACE ESTIMATES[9]	NEW MEXICO	%	UNITED STATES	%
American Indian and Alaska Native	188,610	18.0%	2,251,699	0.9%
Asian	35,261	3.4%	19,618,719	7.7%
Black or African American	38,330	3.7%	39,940,338	15.6%
Native Hawaiian and Other Pacific Islander	1,451	0.1%	622,018	0.2%
Some Other Race	10,340	1.0%	1,689,833	0.7%
White alone	772,952	73.8%	191,697,647	74.9%

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[7] https://www.americashealthrankings.org/explore/measures/YPLL/NM
[8] https://www.forbes.com/sites/chuckdevore/2015/06/21/america-majority-minority-by-2044-with-four-states-already-there-minorities-do-best-in-texas/
[9] https://data.census.gov/profile/New_Mexico?g=040XX00US35#race-and-ethnicity

ETHNICITY ESTIMATES[10]	NEW MEXICO	%	UNITED STATES	%
Hispanic or Latino	1,010,811	47.7%	62,080,044	18.7%
Not Hispanic or Latino	1,106,711	52.3%	269,369,237	81.3%

Note: Race is reported as a single race with race and ethnicity percents calculated separately. Source: 2023 U.S. Census. The U.S. Census Bureau11 distinguishes between race and ethnicity as two separate concepts, both based on self-identification. Race is defined by a social and political construct used to group people based on physical characteristics and ancestral origins. Ethnicity refers to whether a person is of Hispanic, Latino, or Spanish origin, regardless of race.

English Proficiency

The population in New Mexico who speaks English only is 67.4%, while 32.6% speak a language other than English. Of those who speak English, 22.6% speak it "very well," and 10% speak it less than "very well."[12]

New Mexico's Priority Populations

New Mexico defines priority populations as groups of New Mexicans with the greatest economic or social needs and who are most at risk for poor outcomes. The New Mexico Administrative Code 9.2.1.7 NMAC defines these terms of "Greatest economic need" as a need resulting from an income level at or below the federal poverty level. New Mexico's poverty rate for adults 65 years and over was 13.7% in 2024[13]. "Greatest social need" is need caused by noneconomic factors which include physical and mental disabilities; language barriers; and cultural, social or geographical isolation, including isolation caused by racial or ethnic status, that restricts an individual's ability to perform normal daily tasks, or which threatens an individual's capacity to live independently. Many priority populations are systematically disadvantaged groups of older adults who often have inadequate access to resources and lack the vital support needed to live long, healthy lives with dignity and autonomy. As a result, New Mexico's priority populations are more likely to experience poor outcomes as they age.

Allocating Resources to Meet the Needs of Priority Populations

Resources allocated to the strategies identified in this plan are tailored and adapted to meet the needs of priority populations (i.e., older New Mexicans with the greatest economic or social need). Additionally, many other groups of older New Mexicans require custom strategies and resources, including tribal members, veterans, people living in rural areas, people who are at risk of elder maltreatment, people with Alzheimer's Disease and related disorders, persons with chronic conditions such as people living with HIV, and the LGTBQ communities. The allocation of OAA Title III funds to AAAs is based on the economic and social needs of the older New Mexicans and caregivers in each planning and service area after base-level funding is assured to each agency. The awards for FFY 2024 are included in the intrastate funding formula in Attachment C. For details with the percentage of individuals with the greatest economic and social need receiving OAA services, see Attachment B of this State Plan.

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[10] https://data.census.gov/profile/New_Mexico?g=040XX00US35#race-and-ethnicity
[11] https://www.census.gov/topics/population/race/about.html and https://www.census.gov/newsroom/blogs/random-samplings/2021/08/measuring-racial-ethnic-diversity-2020-census.html
[12] https://www.migrationpolicy.org/data/state-profiles/state/language/NM
[13] https://www.dws.state.nm.us/Portals/0/DM/LMI/Poverty_in_NM_2023.pdf

Aging Services in New Mexico: Older Americans Act Core Programs

New Mexico's federal Older Americans Act funding and significant state funding support a comprehensive array of services and the administrative infrastructure to deliver those services. OAA core programs are the foundation of the work of ALTSD and the New Mexico Aging Network. These core services include nutrition, transportation, legal services, in-home services, caregiver support, health promotion, disease prevention, the Senior Community Service Employment Program, elder rights advocacy, elder abuse prevention, and the Long-Term Care Ombudsman Program. These services provide crucial support to older adults so that they can live in the community with dignity and independence for as long as possible.

Many factors contribute to the need for supportive services. Factors such as where people live, learn, work, play, and age affect a wide array of health, functioning, and quality-of-life outcomes. These conditions are known as social determinants of health and are largely responsible for health inequities. OAA core services positively impact social determinants of health, enhance quality of life, and significantly influence health outcomes for older adults. The core programs support a range of home and community-based services intended to assist older adults in maintaining their independence and avoiding or delaying hospitalization and long-term care.

While anyone age 60 or older is eligible for services (50+ in Tribal communities), assistance is targeted to persons with the greatest social or economic need, such as low-income or underserved persons, older adults with limited English proficiency, and those residing in rural and tribal areas. OAA programs also support family caregivers and adults 18 or older with disabilities. Over the next four-year period, ALTSD will continue to implement core OAA programs and services by providing OAA and State General Funding to the AAAs, Tribes, Pueblos, and Nations in New Mexico. From state fiscal years 2021 through 2025, ALTSD increased funding by 76% to allow for expanded services and increase minimum wage for lowest paid positions within the AAA network to support skilled staffing levels for consistent service delivery.

Title V and Employment Programs

The Employment Programs Bureau at ALTSD utilized a grant from ACL titled "Expanding the Public Health Workforce within the Aging Network" to improve coordination between the Title V Senior Community Service Employment Program, the State funded employment programs, and the OAA funded programs, across the state. In collaboration with the Office of Community Health at the University of New Mexico, the Employment Programs Bureau developed a program to train and certify older workers as Community Health Workers (CHWs). These CHWs serve rural New Mexico's older adults, acting as the social drivers of health through referral and follow-up. State funding is sustaining this important work.

The Employment Programs Bureau has host agency agreements with senior centers, including home-delivered meals, Ombudsman Division, the Senior Services Bureau, and the Aging and Disability Resource Center of ALTSD. In addition, several other host agencies are not directly affiliated with the Older Americans Act. The Bureau collaborates with the Workforce Innovation and Opportunity Act (WIOA) Title I services at one-stop locations throughout New Mexico and contributes to a combined State Workforce Plan with all WIOA partners.

The Employment Bureau is developing relationships with the State Division of Vocational Rehabilitation and the Commission for the Blind to identify specialty training opportunities for Senior Employment Program accommodations. A new non-profit called "New Mexico NEW" is building software to offer a job and volunteer search platform for older workers. The Employment Bureau continually establishes new host agency agreements and seeks additional collaborations and partnerships.

Coordinate Title III programs with Title VI Native American Programs for Senior Services & Programs

New Mexico is home to 23 sovereign Tribes, Pueblos, and Nations, each with unique histories, diverse cultures, and communities. These include the Navajo Nation, the Apache Tribes (Jicarilla and Mescalero), and the 19 Pueblos: Acoma, Cochiti, Isleta, Jemez, Laguna, Nambe, Ohkay Owingeh, Picuris, Pojoaque, San Felipe, San Ildefonso, Sandia, Santa Ana, Santa Clara, Santo Domingo, Taos, Tesuque, Zia, and Zuni.

ALTSD's Office of Indian Elder Affairs (OIEA) efforts aim to ensure and support healthy aging through culturally appropriate, accessible, and equitable services for Native elders throughout the state.

A key structural element of this coordination is New Mexico's participation in a tri-state agreement with Arizona and Utah. Because the Navajo Nation spans all three states, Section 305(b)(3) of the Older Americans Act mandates an agreement that adjusts Title III allotments from New Mexico and Utah, transferring those funds to Arizona for implementation across the Navajo Nation. New Mexico has designated two specialized planning and service areas (PSAs) for Native American populations:

PSA 5 – Navajo Nation: This PSA covers the New Mexico portion of the Navajo Nation and is served by the Navajo Nation Division of Aging and Long-Term Care Support, operating as the Navajo Area Agency on Aging. It administers services funded through state general funds, facilitated by ALTSD's Office of Indian Elder Affairs, and other funds they may receive.

PSA 6 – Indian Area Agency on Aging (IAAA): This PSA includes the 19 Pueblos and the Jicarilla Apache Nation and Mescalero Apache Tribes. Managed by ALTSD's OIEA, the state IAAA works directly with Tribes, Pueblos, and Nations to advocate for and allocate supplemental state general funds, provide technical assistance and training, and support service delivery to tribal elders.

While other PSAs in New Mexico (such as PSA 1 through PSA 4) include Native lands within their geographic boundaries, they do not currently maintain direct contractual relationships with Tribal governments. To bridge this gap, the state has committed to enhancing direct coordination through OIEA, as the state designated IAAA, to assure that Tribes, Pueblos and Nations providers and elders have the opportunity to access or benefit from Title III funding.

The Office of Indian Elder Affairs leads the state's efforts to support Native elders by managing tribal relationships, administering state contracts and funding, and providing advocacy, outreach, and technical assistance. OIEA plays a central role in identifying service gaps through

targeted outreach, assessing barriers such as geographic remoteness, transportation challenges, and disparities in health, infrastructure, and staffing.

One of the primary functions of ALTSD's Office of Indian Elder Affairs is to ensure regular, consistent, and culturally appropriate communication with all Tribal entities, including Title VI providers. OIEA communicates regularly with tribal service providers, elders and stakeholders through newsletters, virtual and in-person meetings, training sessions, and community engagement events. OIEA conducts both monthly and quarterly Tribal provider meetings. During these meetings an array of topics are discussed, including notification of the opportunity to review the state plan draft and request for feedback (Attachment E). Tribal entities received a notification of the opportunity to engage in discussion with OIEA, and ALTSD Cabinet Secretary, and provide feedback. One of the primary purposes of the monthly and quarterly meetings is for OIEA to receive meaningful feedback as it relates to services. OIEA uses the information gathered to conduct planning and implementation of services and training development.

Expanding Access to Home and Community-Based Services (HCBS)
ALTSD has been purposefully working to expand access to home and community-based services through the strategic alignment of Department services. ALTSD acknowledges that the aging population in New Mexico is growing, institutional care beds are decreasing and there is a strain on and lack of personal caregivers. The Long-Term Care Division, established under Section 9-23-9 (D) NMSA 1978, has been re-activated with an appropriation and is being charged to administer caregiver-based programming and support not otherwise provided or administered by the New Mexico Health Care Authority. The Division will oversee the following programs:

- Care Transitions
- Veterans self-directed services
- New MexiCare
- Alzheimer's and dementia programs
- Kinship caregiving programs

Collaborating to Reduce Elder Abuse, Neglect, and Exploitation
The New Mexico State Unit on Aging, ALTSD, has an integrated a tiered method to accomplish the critical work of to prevent and address elder abuse, neglect, and exploitation by utilizing a multi-disciplinary approach. Reducing elder mistreatment requires collaboration among various public and private partners at the state and local levels. Adult Protective Services (APS) is committed to actively developing and enhancing Multi-Disciplinary Team (MDT) responses. Through partnerships with long-term care ombudsman programs, social service providers, healthcare professionals, financial institutions, and criminal and civil justice system stakeholders, APS fosters collaboration to support vulnerable adults. The agency engages in MDT meetings with local medical providers, law enforcement, and social service agencies to discuss protocols, cross-reporting practices, and challenging cases. Internal case reviews, including input from APS clinical and legal teams, ensure shared accountability and holistic decision-making. APS's Peer-to-Peer review team further strengthens these efforts by offering diverse perspectives on complex cases. Training sessions for staff and external partners promote a shared understanding of elder abuse indicators, reporting protocols, and trauma-informed practices. Through monthly outreach and education campaigns, APS raises public awareness about elder abuse, neglect, and exploitation, thereby encouraging community

involvement in recognizing and reporting suspected cases of elder abuse, neglect, and exploitation. These efforts reflect APS's dedication to comprehensive care and support for the communities it serves.

The following definitions will be used to comply with the Stewardship and Oversight section of the New Mexico State Plan on Aging submitted annually with the ALTSD budget on September 1.

- **Stewardship**—The efficient and effective management of the public funds entrusted to ALTSD.
- **Oversight**— Ensuring that the federal programs and projects implemented by ALTSD are delivered in a manner that complies with all applicable laws, regulations, and policies.

ALTSD's current stewardship and oversight activities include
- Annual fiscal and programmatic monitoring of contractors
- Monthly fiscal and programmatic data analysis and reconciliation prior to reimbursement of funds
- Fiscal and programmatic training and technical assistance; this activity will become stronger as the processes, policies and procedures come into alignment and compliance with the federal regulations.

Since the promulgation of the updated Older Americans Act Regulations, 45CFR 1321 and 1324, in March 2024, ALTSD has established policies, procedures and processes that are compliant with the rule. This includes fulfilling 1321.9(a)(1) where the Department shall have quality and effective standards in its programmatic and fiscal monitoring. The policies, procedures and processes will meet all the established requirements for monitoring the programmatic and financial activities of its contractors (subrecipients) and subcontractors (subgrantees) including but not limited to:

- Evaluating each contractor's risk of noncompliance to ensure proper accountability and compliance with program requirements and achievement of performance goals;
- Reviewing contractor policies and procedures; and
- Ensuring that all contractors and subcontractors complete audits as required in 2 CFR part 200, subpart F and 45 CFR part 75, subpart F.
- 60+ is 24% of the overall population in New Mexico
- An estimated 22% of the 60+ population is being served with OAA Title III Services.

INTRASTATE FUNDING FORMULA (IFF) DATA[14]					
	Population	**60+**	**60+ Rural**	**60+ Below Poverty (65+)**	**60+ Minorities**
Total	2,130,256	526,541	161,027	49,709	245,632

FFY 2024 TITLE III OLDER AMERICANS ACT SERVICE DATA	
Total estimated unduplicated number of persons served	114,771

New Mexico's definition of greatest economic need and greatest social need is defined as need resulting from an income level at or below the federal poverty level and need caused by noneconomic factors which include physical and mental disabilities; language barriers; and cultural, social or geographical isolation, including isolation caused by racial or ethnic status, that restricts an individual's ability to perform normal daily tasks, or which threatens an individual's capacity to live independently. The IFF data demonstrates the number of New Mexicans who are isolated, who are at or below the federal poverty level and New Mexicans who are minorities. ALTSD collaborates with the New Mexico Health Care Authority and Department of Health to target older New Mexicans who are at greatest economic need and those receiving state and federal administered benefits.

ADULT PROTECTIVE SERVICES RELATED DATA FFY 2024

INTAKE REPORTS	INVESTIGATIONS	FOOD BOX DELIVERY NUMBER	NUMBER OF REFERRALS MADE TO OUTSIDE/COMMUNITY AGENCIES
14,553	7,452	568	1,445

STATE LONG-TERM CARE OMBUDSMAN PROGRAM RELATED DATA

10/1/23-9/30/24	DESCRIPTION	DEFINITION
Number of Facilities	71 SNF+215 ALF=286	Skilled Nursing Facility or Assisted Living Facility
Facility Visits	1,649	In person visit to a Skilled Nursing Facility or Assisted Living Facility by an Ombudsman or Ombudsman Volunteer

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[14] https://www.census.gov/quickfacts/fact/table/NM/PST045223

Cases	701	A case is comprised of a complainant, complaint code(s), a perpetrator for Abuse/Neglect and Exploitation codes, a setting, verification, resolution, and information regarding whether a complaint was referred to another agency. Each case must have a minimum of one complaint
800 Calls Answered	870	800 Phone call answered by Ombudsman Representative in which information was given or information was taken to give to an ombudsman
Community Education/ Training	55	Event where an Ombudsman Representative conducted a Residents Rights presentation to a group of Facility Staff

STATE PLAN GOALS, OBJECTIVES, STRATEGIES, AND OUTCOMES

This section of the State Plan on Aging contains four goals that align with the ALTSD's legislatively established performance measures, the strategic plan, as well as the associated objectives, strategies and outcomes fulfilling the mandate as the State Unit on Aging to effectively administer the Older Americans Act.

GOAL 1

Administer and expand core programs that enable older New Mexicans to remain in their residence and community through the availability of and access to high-quality home and community services and supports, including supports for families and caregivers.

Objective 1.1 Expand access to information, referral and assistance to evidence-based services that support continuum of care and support resources throughout New Mexico to improve the autonomy, awareness of options, and outcomes for consumers through the Consumer and Elder Rights Division (CERD).

Strategies
- Enhance the Aging and Disability Resource Center operations to increase staff levels to facilitate warm handoffs to ALTSD programs and external partners.
- Modernize and integrate information technology systems to communicate with Medicaid programs across agency programs such as APS and Aging Network.
- Increase Medicare knowledge and eligible benefits access through the Senior Health Insurance Program (SHIP)
- Increase outreach efforts to senior centers, Aging Network, and community partners, including with Tribes, Pueblos, and Nations to help prevent healthcare fraud through Senior Medicare Patrol (SMP).
- Update information access with texting capabilities, on-demand case management, and website updates.

- Enhance resource education and offerings for individuals who live with disabilities and their caregivers.
- Strengthen collaboration with NM Health Care Authority divisions who support these constituents.
- Expand facilitation of counseling sessions with expansion of a CERD presence across New Mexico at Family Resource Center's including in Espanola, Albuquerque, Los Lunas, Roswell and Las Cruces.
- Increase awareness and access to assistive technology by promoting the New Mexico State Assistive Technology Program to ensure information is disseminated to aging service providers and consumers.
- Promote the integration of core OAA programs with non-formula grant programs such as SHIP and SMP to ensure seamless access to services and supports.
- Establish coordinated referral protocols and joint outreach between OAA core programs SHIP and SMP to streamline access and improve service navigation.

Outcomes
- Increase numbers of Medicare-eligible beneficiaries reporting a greater knowledge of the program benefits, policies, and guidelines.
- At least 250 constituents who participate in SHIP counseling surveyed to assess satisfaction. On a 5-point assessment scale, where 3 is 'neutral' and 5 is highly satisfied, the target is that at least 85% of respondents report an average satisfaction score of at least 4 (satisfied).
- Increased outreach activities to educate about identity protection, reporting errors on health care bills, and identifying deceptive health care practices or fraud.
- 10% increase in SHIP/SMP volunteers to grow community outreach efforts.
- 10% increased call volume to the Aging and Disability Resource Center for disability-related topics and resource requests.
- Every CERD colleague or team assigned to a Family Resource Center will meet the per-colleague expectation for facilitating an average of at least 12 options counseling discussions with consumers per business day.
- Each CERD team at a Family Resource Center will participate in at least one community outreach event per quarter in the local community to help educate on Agency services and resources.
- Increase the number of older adults and service providers who report awareness of and access to assistive technology options through NMATP resources.
- Demonstrate collaboration between the NMATP and service providers with outreach events, training sessions, or materials distributed across the state.
- Increase number of older adults and caregivers receiving coordinated services through cross-program referrals and shared outreach activities.

Objective 1.2 Implement Office of Alzheimer's and Dementia state plan to provide education, training and support for direct care workforce and caregivers.

Strategies
- Update ALTSD's Office of Alzheimer's and Dementia Care State Plan for 2026 – 2029 to include strategies that meet the needs of local communities throughout New Mexico by gathering input from various internal and external stakeholders.

- Develop Alzheimer's and Dementia Care Advisory Council to provide subject expertise and guidance and inform office strategy and community needs.
- Gather input from internal and external stakeholders to train and educate direct care workers and caregivers and guide office strategies.
- Establish a standardized statewide data collection system to guide program planning and policy development. Identify and support evidence-based and tested training programs to train and education direct care workers and family caregivers that demonstrate effectiveness and share that information that is easily accessible to family caregivers.

Outcomes
- Raise overall persons reached through outreach by 5% each year.
- Maintain advisory council structure with network and stakeholders.
- Expand reach to caregivers by 5% each year.
- Increase the number of caregivers accessing services (respite care, adult day care services, training, education)
- Increase public awareness on early signs of Alzheimer's
- Assess availability of county level data on Alzheimer's diagnosis and resources

Objective 1.3 Expand community supports, referrals, transportation and legal assistance with Title III B Supportive Services

Strategies
- Implement a Community Health Worker program to inform seniors of local resources for referral and outreach in appropriate internal and external programs.
- Collaborate across state agencies, local governing bodies, MCO and hospital services, and religious groups to support transportation services.
- Prioritize legal assistance in each planning and service area with Legal Developer input and oversight.
- Expand Care Companion Program volunteers in long term care facilities statewide to provide companionship to residents.

Outcomes
- Increase access to transportation options every year, by legal percent required
- Increase legal assistance services in underserved areas.
- Train and certify 100% of the Community Health Workers as Long-Term Care Ombudsman and maintain a 75% retention rate year over year.
- Increase Care Companion volunteer opportunities

Objective 1.4 Reduce hunger, food insecurity, and malnutrition while promoting socialization and overall well-being. Title III-C Nutrition Services

Strategies
- Partner with AAAs and providers to expand meals to rural and identified gap areas.
- Implement grab-n-go meals services to consumers with behavioral health barriers.
- Expand in-house food pantries and food box availability for at-risk older adults and individuals with disabilities.
- Promote and develop nutrition education and "meal programming" with AAAs

- Establish pilot programs such as restaurants or grocery store vouchers to address food insecurity and related social determinants of health.
- Collaborate with AAAs, partner state agencies, and MCOs on value added benefits for older adult nutritional needs and those eligible or accessing SNAP, food box distribution, and senior farmers market vouchers.
- Senior Cafe model at health clinics to address gap in food services and socializing.
- Conduct statewide nutrition risk screening using standardized tools such as the DETERMINE checklist or Nutrition Screening Initiative in congregate and home-delivered meal programs.
- Increase access to nutritious meals through enhanced outreach to underserved populations, including rural communities, Tribal elders, and isolated older adults.
- Expand nutrition education and counseling services focused on healthy aging, chronic disease prevention, and culturally relevant dietary practices.
- Collaborate with Adult Protective Services staff to complete nutritional assessment of consumers and referrals for home delivered meals and referral process to AAAs.

Outcomes
- Implement formal referral process for APS clients to AAA and direct service providers in year 1this plan to reduce food insecurity.
- Improve other social determinants of health such as mental health, stress levels, social isolation, and community engagement.
- Evaluate cost-effectiveness, funding opportunities, and interest from local policymakers or community organizations to continue or scale up the model or pilot programs after the initial phase.
- Reduce the risk and prevalence of malnutrition among older adults in New Mexico

Objective 1.5 Build infrastructure for Long-Term Care Division to align services and provide person-centered home and community-based services.

Strategies
- Establish organizational structure for LTC division including staff model and roles.
- Integrate home and community-based services technology to promote person-centered services and case management.
- Streamline operations to enhance process efficiency and customer experience.
- Enhance caregiver support to include Alzheimer's and dementia programming and support transitions from facility-based care back to the community.
- Conduct long-term care facility assessment report to analyze and assess quality of facility with aims to offer recommendations and strategies to improve quality.
- Establish and strengthen community partnerships, including with Tribes, Pueblos and Nations to improve access to home and community-based services programs including caregiver training, tools, respite and adult day care resources.
- Develop data system to track long-term care utilization, service gaps, and outcomes of those being served
- Increase long-term care caregiver workforce through career development
- Assess caregiver needs and resources with internal and external stakeholders

- Implement participant-directed, person-centered service planning to ensure clients are actively engaged in care planning decisions, supported by culturally responsive tools and guidance.

Outcomes
- Improve caregiver knowledge and confidence through training and supports
- Include person-centered care models in ALTSD's HCBS programs.
- Increase the number of community partnerships formed with healthcare providers, community-based organizations, and advocacy groups.
- Reduce caregiver burnout, as measured by standardized tools.
- Data driven decision making and planning
- Create a caregiver action plan to address needs in year 1 of this plan
- Percent of participants with personalized care plan goals and meeting goals

Objective 1.6 Strengthen home and community-based supports (HCBS) and services

Strategies
- Expand HCBS services via the New MexiCare program, Veteran Directed Care Program, and Care Transitions focused on older adult continuum of care.
- Develop strategies for long-term financial sustainability to include financial assistance to caregivers, respite care, adult day care, training, and resources.
- Partner with state agencies, Tribes, Pueblos and Nations, community organizations, and technical assistance partners to develop strategies to increase and retain caregiver workforce.
- Implement Care Transition Program via Community Care Corp to support older adults in underserved and rural communities transitioning from nursing facilities to homes with volunteer-based transportation, chore services, and companionship.
- Provide technical assistance under the Community Care Corp grant to Tribes, Pueblos and Nations interested in developing volunteer-based transportation programs.
- Integrate participant-directed care plan models into case management for HCBS.
- Integrate aging network services with ADRC and other HCBS programs
- Develop shared referral tools and electronic communication systems between AAAs and Medicaid HCBS providers.
- Provide ADRC personnel on cross-program eligibility/ service coordination training.
- Facilitate community-based options for older adults at risk of institutionalization
- Implement monthly targeted outreach to increase awareness of programs and provide service coordination for older adults who are community-dwelling and at risk of institutionalization and residents of nursing facilities who can transition home.
- Expand collaboration among nursing facilities, MCOs, PACE, Albuquerque Housing Authority, and AAAs for discharge planning and HCBS supports.

Outcomes
- Increase New MexiCare program participants by 50% in first year of this plan.
- 10% participant growth each year in Veteran-Directed and Care-Transition program.
- 75% of caregivers in ALTSD self-directed care programs attend caregiver training.
- ALTSD caregiver plan created and implementation to start in year 2 of this plan.

- Administer Community Care Corps volunteer program and increase the number of volunteer hours supporting older adults, adults with disabilities, or caregivers
- Increase number of referrals between OAA and Medicaid HCBS services.
- Increase the number of training sessions or joint initiatives conducted.
- Increase number of successful transitions from facilities to home with HCBS.
- 90% of discharged nursing facility residents who do not return within 6 months

Objective 1.7 Strengthen and support New Mexico's direct care workers and caregivers across New Mexico

<u>**Strategies**</u>

- Develop work group and partnership across state agencies including the HCA, Workforce Solutions, and the National Direct Care Workforce Strategies Center to identify and prioritize key actions to streamline efforts to support caregivers and direct care workers.
- With state agencies, community partners, including Tribes, Pueblos, and Nations, advocate for workforce development training, promote recruitment, and retention of direct care workers.
- With partners, advocate for improved wages, benefits, and career pathways for direct care workers and caregivers serving older adults.
- Coordinate Title III-E caregiver services with Lifespan Respite Care Program Align National Family Caregiver Support Program efforts with New Mexico's federally funded Lifespan Respite Care Program to improve access to respite services, adult daycare services, caregiver training, and referral systems.
- Promote training, referral systems between community partners, Tribes, Pueblos and Nations, self-directed caregivers, and respite providers.
- Coordinate with the Administration on Aging's National Technical Assistance Center to support Kinship Families
- Establish formal coordination with National Technical Assistance Center to share best practices, access resources, and enhance local kinship care program.
- Support kinship and grandfamily caregivers through outreach, support groups, legal assistance, referrals, and individualized care plans with goal setting.

<u>**Outcomes**</u>

- In collaboration with state agencies, develop and present business case to promote and advocate to advance HCBS systems.
- Increase the number and accessibility of joint professional training for caregivers and direct care workers with community partners
- Expand the number of respite services available for caregivers and families, focused in rural and tribal communities.
- Launch pilot program in five counties over 3 years to increase access and the number of formal supports and referrals to kinship families.
- Document the number of grandparent/kinship caregivers served with specialized programs, legal support, or information/referral services.

GOAL 2

Promote equity and well-being for older adults with greatest economic and social need across New Mexico by responding to social determinants of health, including food and housing security, social support and connection, employment and meaningful engagement, and access to information and health services.

Objective 2.1 Provide opportunities for consumers, caregivers, and providers to develop sustainable opportunities to address determinants of health within the Aging Network Division.

<u>**Strategies**</u>
- Expand volunteer transportation program to new AAA non-metro counties
- Launch a pilot program for specialized pharmacy services to provide medication management, reviews, and consultation with a focus on needs of seniors.
- Assess feasibility of pilot program for mobile health services for seniors. The pilot may include check-ups, vaccinations, health screenings, support chronic conditions, and other preventive care.
- Develop partnerships with the NM Department of Veteran Services, hospitals, and new specialized passenger services to implement transportation of older adults to medical appointments.
- Provide technical assistance and training to NM's four AAAs, including Indian and Navajo AAAs, to broaden consumer base and implement a non-profit business, entrepreneur management structure with diverse services and funding streams.
- Crosstrain ALTSD staff to support consumers to provide integrated services.
- Collaborate across state agencies to address digital divide to apply various formats and languages to reduce barriers to receiving information.

<u>**Outcomes**</u>
- Increase transportation volunteers by 10% in each county every year of plan
- Implement at least two pharmacy pilot programs during three years of this plan
- Assess effectiveness of volunteers and pilot programs each year
- Increase the number of licensed and insured transportation passenger services
- Access to information with digital media in senior centers via SMART TVs and live information sharing.

Objective 2.2 Improve coordination between the Senior Community Service Employment Program (SCSEP/Title V) and other Older Americans Act programs to enhance service integration and support economic security for older adults.

<u>**Strategies**</u>
- Facilitate regular coordination meetings between Title V program staff and AAAs to align outreach, referral, and service delivery efforts.
- Develop shared training opportunities for Title V and OAA program staff to strengthen cross-program understanding and collaborative case management.
- Expand training opportunities for older adults returning to the workforce in collaboration with NM Higher Education institutions.

- Implement senior employee liaison support into ALTSD programs
- In partnership with the Department of Workforce Solutions, quantify and qualify the economic impact this demographic contributes to both consumer spending and tax revenues.

Outcomes
- Target a 10% change in older adults' enrollment in educational institutions in fields that require specific skills or certifications.
- Formulate collaborations higher education institutions and local employers, resulting in job opportunities for older adults.
- Increase number of referrals between SCSEP and OAA programs (e.g., nutrition, caregiver support, transportation).
- Improve employment and service outcomes for older adults through integrated support services.

Objective 2.3 Target services using standardized definitions of greatest economic and social need

Strategies
- Adopt and disseminate standard definitions consistent with 45 CFR § 1321.3 across the aging network and integrate into AAA contracts, Area Plans, and service delivery policies.
- Provide training for AAA staff and providers to ensure consistent application in client assessments and outreach.

Outcome
- Increase the number of AAAs incorporating standardized definitions in local targeting plans.Provide training for AAA staff
- Increase the percentage of clients served who meet the criteria for greatest economic/social need.

Objective 2.4 Assess and address access barriers to expand service needs of older adults from rural, underserved, and culturally diverse communities, including LGTBQ communities, and adults living with chronic conditions, such as HIV/AIDS [15]

Strategies
- Review and align service planning with the focus areas of the FY19 OAA Title IV funded resource centers[16] (e.g., transportation, mental health, disabilities).
- Conduct regional needs assessments and stakeholder engagement with corresponding populations, including disability advocates, with Tribes, Pueblos and Nations, and community health workers to design and implement targeted outreach strategies.
- Prioritize linguistically and culturally competent materials to improve awareness and access.

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[15] https://acl.gov/programs/strengthening-aging-and-disability-networks/national-resource-centers

[16] IBID

- Assess needs of LGTBQ older adults to improve access to services.
- Partner with state agencies, community partners, Tribes, Pueblos, and Nations, and local organizations to advocate, expand and enhance referral pathways.
- Conduct training to increase provider awareness of aging with chronic conditions and HIV-related needs.
- Expand use of mobile units, virtual service delivery, and community-based volunteers to reach rural and frontier areas.
- Replicate and share successful rural access models across regions.

Outcomes

- Number of program modifications implemented based on assessment results.
- Increase the number of outreach events targeting populations reflected in underserved, rural, culturally diverse and historically marginalized communities.
- Number of innovative strategies to be implemented to increase rural access.
- Growth in service delivery to rural ZIP codes.

Objective 2.5 Address social determinants of health (SDOH) among high-need older adults including social isolation and health effects

Strategies

- Incorporate SDOH indicators into client assessments across AAAs.
- Expand service offerings to address housing, transportation, nutrition, social engagement, and digital inclusion.
- Provide training for staff and volunteers to recognize and respond to social isolation risk.
- Support engagement programs such as senior companion services, virtual classes, and intergenerational activities.

Outcomes
- Number of clients assessed for SDOH-related risk factors.
- Number and type of interventions provided to address SDOH needs.
- Increase the number of clients screened for social isolation.
- Increase the number of interventions implemented to promote social connection.

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.

Strategies
- 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.

Outcomes
- Implement a proactive risk assessment tool to screen at least 1,000 individuals within three years to identify risks of abuse, neglect, or exploitation and connect to appropriate resources.
- In two years, each APS region will form an MDT with at least five new partners from fields such as healthcare, first responders, legal aid services, and senior services providers. Measured by attendance and meeting records.
- Within two years, APS will establish partnerships with at least five financial institutions to improve identification and reporting of elder financial abuse to mitigate financial abuse. Success measured by number of reports received by financial institutions and number of investigations completed and reports received.
- Within two years, 200 older adults will join in-person or virtual social programs, with at least 60% reporting increased well-being. APS will recruit 15-20 new volunteers to support these efforts and collaborate with public libraries and senior centers to host monthly community companion events. Assess monthly and yearly participants and number of events completed in a calendar year.

Objective 3.2: Grow the LTC Ombudsman volunteer program to one volunteer assigned per facility to supplement the staff Ombudsman facility responsibilities

Strategies
- Expand and strengthen networks to recruit volunteers via collaboration with other ALTSD divisions, community partners, and local schools.
- Develop and maintain a volunteer training plan implementing updated training materials and resources.
- Create a volunteer retention plan to prioritize retention and recognition and support in-person, coordinated peer support with training opportunities with volunteer coordinator.
- Routinely gather feedback from volunteers and monitor recruitment and retention strategies for effectiveness and ongoing development.

<u>Outcomes</u>
- Participate in at least four community events a month for volunteer outreach and recruitment by Ombudsman team.
- Increase number of volunteers by at least 25% each year.
- Raise the number of weekly volunteer visits by 25%.
- Target a 50% retention of new volunteers.

Objective 3.3 Enhance systems and supports to mitigate abuse, neglect, exploitation for vulnerable adults

<u>Strategies</u>
- Increase APS funding for emergency placement and related home services including personal care, chore assistance, meal delivery, and respite care.
- Establish a Mobile Behavioral Health and Nurse Response Team to address high-risk self-neglect cases and provide immediate intervention for at-risk seniors and to assess cases needing placement and guardianship.
- Strengthen partnerships with community organizations (e.g., food banks, senior centers, and home modification programs) to improve resource accessibility.
- Expand investigative caseworker staffing statewide to enhance response capacity to a growing aging population.
- Leverage technology to improve resource navigation, referrals, and service coordination.
- Increase transportation access for APS clients in rural areas.

<u>Outcomes</u>
- Over three years, APS will expand access to in-home services, including personal care, homemaker assistance, meal delivery, and emergency placements by 20%, as funding allows. Progress will be tracked through service utilization data, number of individuals served, and funding changes
- Within three years, APS will launch mobile behavioral health and nurse response teams in at least two high-need areas (areas will be identified by highest reports of self-neglect) to provide immediate help in high-risk self-neglect cases. Outcomes will include the number of clients assessed and stabilized, faster response times and fewer repeated self-neglect reports.
- APS will increase investigative caseworker staffing by 10% statewide within three years to improve responsiveness to the growing aging population. This will be measured by new hires, changes in caseload distribution, and improvements in response time to 100%.
- A digital resource navigation and referral system will be created within three years to help APS clients better access services. Success measured by referral counts and reduced reports of service gaps.

GOAL 4

Assist Tribes, Pueblos and Nations in accessing Title III funding and enhance coordination between Title III and Title VI programs

Objective 4.1: Analyze current Title III/Title VI systems and develop recommendations to improve access and coordination.

Strategies
- Hire a TPN consultant to conduct an analysis and develop recommendations with the input from Tribal stakeholders, including Tribal elders, Title VI Coalition, NM Indian Council on Aging, existing providers, AAA's and the ALTSD Policy Advisory Board, among others.
- Form a tribal advisory workgroup.
- Map and assess current funding, age requirements, provider capacity and readiness, and service delivery landscapes.
- Review best practices and collect appropriate qualitative and quantitative data to inform the planning.
- Present findings and recommendations on a new Title III service delivery mechanism to Tribal stakeholders for final review and input.
- Integrate recommendations into State Plan and/or State Plan amendments.

Outcomes
- Improved partnership with Tribal stakeholders, better coordination between Title III and Title VI programs and ongoing planning that reflects the unique legal and political status of TPNs and tribal citizens.

Objective 4.2 Improve communication and outreach regarding Title III opportunities

Strategies
- Conduct stakeholder analysis to tailor messaging and outreach methods
- Develop a multi-channel communications plan
- Create a centralized Title III information hub that includes Title III allocations to NM Tribes.
- Customize materials
- Establish feedback loops to improve communication effectiveness

Outcome
- Expanded outreach efforts resulting in improved effectiveness and efficiency in TPN's access to Title III funding.

Objective 4.3: Address and develop opportunities for tribal providers to apply and access Title III funding and provide Title III core program sources.

Strategies
- Develop and disseminate a culturally appropriate funding opportunity guide.

- Provide technical assistance workshops to support Title VI providers in understanding eligibility, application processes, partnership opportunities, etc. for accessing Title III funding.
- Provide sample reporting tools and access to peer learning sessions to support compliance.
- Based on Title III/Title VI analysis and stakeholder input, develop a Title III funding mechanism and management processes.
- Provide support and training of Title III compliance and reporting requirements, and core program services benefiting elders, with a focus on those with the greatest economic and social needs, in efforts to support independent living within communities. These services may include nutrition programs, senior center or adult day care operations, caregiver support, health promotion and disease prevention, transportation or legal assistance.

Outcomes
- Establish a process for the New Mexico Tribes, Pueblos and Nations interested in applying for Title III funding.
- Establish at least three ongoing collaborative networks (e.g., regional forums, advisory councils, or peer support groups) that engage tribal providers in regular dialogue and knowledge-sharing.

Objective 4.4: Strengthen coordination between Title III and Title VI programs to promote equitable access and service delivery for American Indian Elders

Strategies
- Implement and sustain a Tribal consultation and coordination process and continue regular meetings with Title VI program directors and Tribal AAAs.
- Enhance outreach and communication between Title III AAAs and Title VI programs by developing outreach materials and expanding access to information through newsletters, webinars, and public forums in both Title III provider centers and Tribal provider centers.
- Build referral pathways and establish shared protocols for coordination between Title VI, Title III and state general funded programs.
- Increase participation of Title VI representatives in advisory councils, public hearings, and planning workgroups to elevate tribal perspectives in service planning and oversight.
- Ensure future services provided under Title III and related programs are culturally appropriate and offer training to providers to support integrating traditional knowledge into service models.
- Require AAAs to develop and implement targeted outreach plans for older Native Americans residing off reservation, in coordination with Title VI programs, Tribal partners and stakeholders.
- Incorporate feedback from Tribal consultation into state planning and resource allocation to identify service gaps and support programmatic integration.

Outcomes
- A consistent and respectful Tribal Consultation process is implemented.
- Communication and coordination between Tribal and non-Tribal AAAs are strengthened.

- Increased awareness and access to Title III and VI services for Tribal providers, American Indian elders and caregivers.
- Increased network and referral systems established between Title VI and Title III programs.
- Tribal voices are actively included in participation, planning and oversight.
- Satisfaction with services among Tribal elders and caregivers improves and tribal provider services provision are supported both on and off reservations.