

**NEW MEXICO AGING & LONG-TERM SERVICES DEPARTMENT**

# **ADULT PROTECTIVE SERVICES**

## **ANNUAL REPORT FY24**

Jen Paul Schroer, Cabinet Secretary

Antoinette Vigil, Deputy Secretary

Esperanza Lucero, APS Director



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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 2024, we received a total of 14,368 reports of abuse, neglect, and exploitation. This 4.4 percent increase from last year's total underscores both the growing awareness of adult maltreatment as well as the continued trust placed in our agency to protect vulnerable adults.

I am pleased to announce that our New MexiCare program was successfully launched in all but two counties across the state, far exceeding our initial target of 13 counties. This program enhances the continuum of care for many New Mexicans, and is already making a difference in the lives of our clients and their families, allowing more adults to remain safely in their communities of choice.

Additionally, APS has the honor of being the title sponsor and host for this year's National Adult Protective Services Association Conference, held in Albuquerque. It is set to be the largest gathering in the organization's history, bringing together leaders and professionals from across the country to share best practices, innovations and strategies to better serve our clients.

Looking ahead, we remain committed to broadening access to services and continuing to implement unique practices that improve outcomes for the individuals we serve. Our goals for the next fiscal year include expanding New MexiCare to every county in the state, as well as deepening partnerships with community organizations to ensure comprehensive support and improve service delivery and outcomes.

This report reflects the tireless efforts, compassion, and expertise of our APS team and our partners. I extend my sincere gratitude to all who have contributed to our progress, and I am confident that together we will continue to make a meaningful difference in the lives of our fellow New Mexicans.

Warm Regards,

A handwritten signature in blue ink, appearing to read "Jen Paul Schroer".

Jen Paul Schroer

# 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.



# INTRODUCTION

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. APS is one of six divisions within ALTSD and comprises over 50% of the Department's 250+ 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; attendant care; or legal services (filing of guardianship petitions in district court).

# 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. APS is one of six divisions within ALTSD and comprises over 50% of the Department’s 250+ full-time employees.

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.

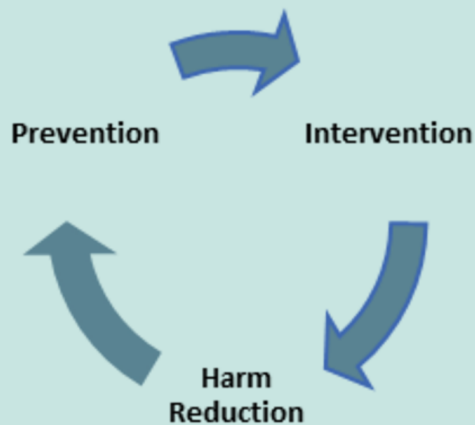
When an APS caseworker encounters evidence of a crime, the case is referred to law enforcement. Substantiated cases may also be referred to the Attorney General’s Office, Health Care Authority (HCA) Incident Management, the Ombudsman, the Employee Abuse Registry, or other state agencies as appropriate.



# 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

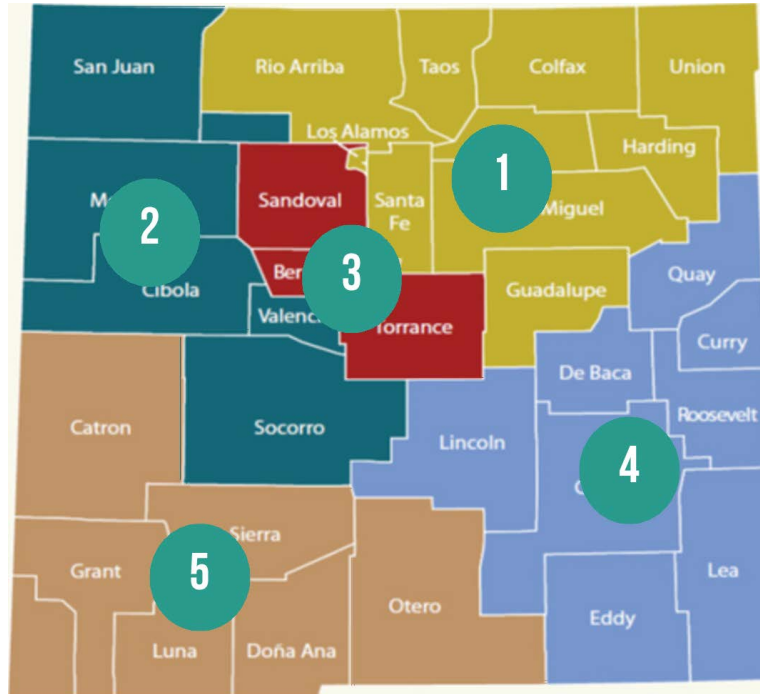
Focus on prevention helps adults to stay safely in their homes & communities before they become an APS client.



APS created 5 community health worker positions 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

# APS REGIONS BY COUNTY



## NORTHEAST

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



## NORTHWEST

San Juan  
McKinley  
Cibola  
Valencia  
Socorro  
Sandoval



## METRO

Bernalillo  
Torrance  
Sandoval



## SOUTHEAST

Lincoln  
De Baca  
Quay  
Curry  
Roosevelt  
Chaves  
Eddy  
Lea



## SOUTHWEST

Catron  
Grant  
Hidalgo  
Sierra  
Luna  
Doña Ana  
Otero

# SCREENING

A report occurs when a member of the public informs APS of a suspected situation where an adult could be experiencing abuse, neglect or exploitation.

A report becomes a case if the report is accepted (screened-in) for an investigation.

## REASONS A REPORT MAY NOT BE ACCEPTED

- The report does not contain a specific allegation of abuse, neglect, or exploitation.
- There is insufficient information to locate the victim.
- No jurisdiction; for example: the alleged victim lives on Tribal land.
- The report duplicates a previously received report.
- The adult has capacity.
- The report is directed to a more appropriate agency (i.e., Dept. of Health, law enforcement, Tribal Social Services, etc.).

## SCREEN IN VS. SCREEN OUT



After a report arrives at APS, it is electronically sent to the APS supervisor nearest to the alleged victim. The supervisor generates additional information, if necessary, and either accepts the report for investigation or screens it out if it does not meet criteria.

Once a case is accepted, the supervisor establishes the response time and assigns an APS caseworker to the investigation.



**Emergency:** within 3 hours

**Priority 1:** within 24 hours

**Priority 2:** within 2-5 calendar days

# REPORTING

In FY24, 1,031 Critical Incident Reports (CIR's) were made to APS. In addition, to the 1,031 Critical Incident reports (CIR's) made in FY24, the public made 14,368 reports of adult abuse, neglect, or exploitation.



## 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. \*

# REPORTING TABLES

**TABLE 1** provides a breakdown by region of the following information for FY24:

- Total number of reports made to APS.
- Number of reports screened-in and screened-out.
- Percentage of reports made to APS.
- Total number of Critical Incident Reports (CIR) reviewed.

Region	Total Reports	Screened In	Screened Out	Screen In %	Reports -% of NM	*CIR's Reviewed
Metro	6147	3064	3078	50%	43%	401
NE	1898	1097	796	58%	13%	158
NW	1792	806	984	45%	12%	101
SE	1651	884	766	54%	11%	112
SW	2880	1781	1097	62%	20%	259
<b>Grand Total</b>	<b>14368</b>	<b>7632</b>	<b>6721</b>	<b>53%</b>	<b>100%</b>	<b>1031</b>

CIRs are now currently filtered by HSD/MCO to reflect more accurate reporting to APS.  
 \* FY24 Intake report compiled on July 1, 2024 \* 14 were in Pending status

**TABLE 2** identifies the reporting methods used to make reports of abuse, neglect or exploitation in FY24.

*Reporting Methods	
Telephone	7797
Web Intake	4145
Fax	478
Email	1808
Mail	55
Walk-In	81
Web	4
<b>Grand Total</b>	<b>14368</b>

Reporting methods facilitate secure, prompt APS concern submissions

**TABLE 3** provides the type of each allegation and total in FY24.

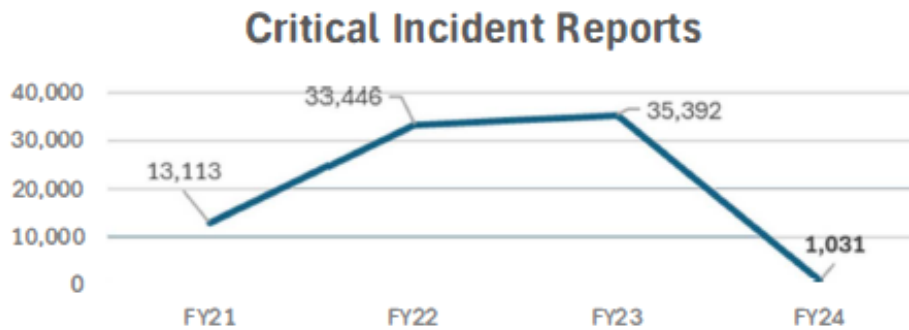
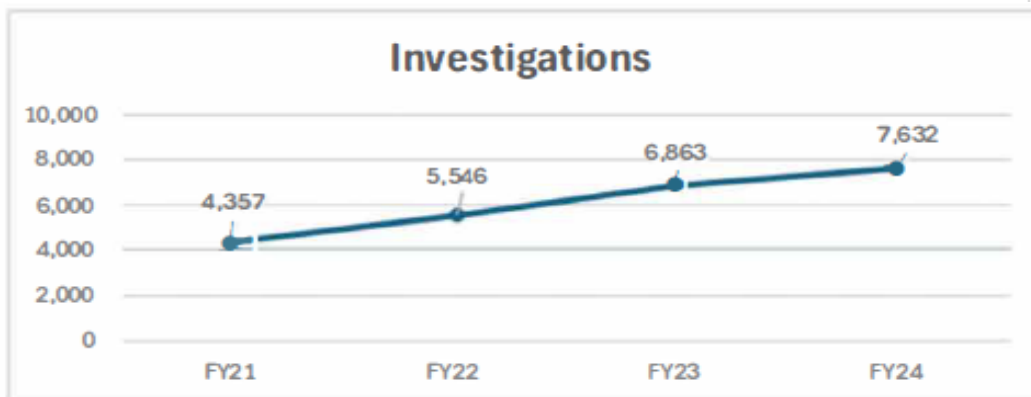
*Allegations - Total	
Neglect	3819
Self - Neglect	4922
Exploitation	5126
Abuse	3383
Other	2911
Sexual Abuse	38
<b>Total</b>	<b>20199</b>

\*Cases can have more than one allegation.

# INVESTIGATION INCREASE & CRITICAL INCIDENT REPORT DECREASE

Between FY23 and FY24, APS experienced a 10% Increase in Investigations and a \*97% decrease in Critical Incident Reports.

The charts below identify the increases and decreases.



\* In FY23, there were 35,392 critical incident reports submitted to Adult Protective Services (APS). For FY24, this number has dramatically decreased to 1,031 reports, a 97.09% reduction. This decrease is attributed to the Human Services Department's focused efforts to refine the criteria for what constitutes an APS report and better define report guidelines for Managed Care Organizations (MCOs). Consequently, APS investigative supervisors can now monitor and process reports more effectively and in greater detail. This improvement has also enabled caseworker supervisors to manage their daily operations more efficiently with their staff. Overall, the decrease in reports signifies a significant improvement in the efficiency of the APS reporting process that began a few years ago.

# 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.

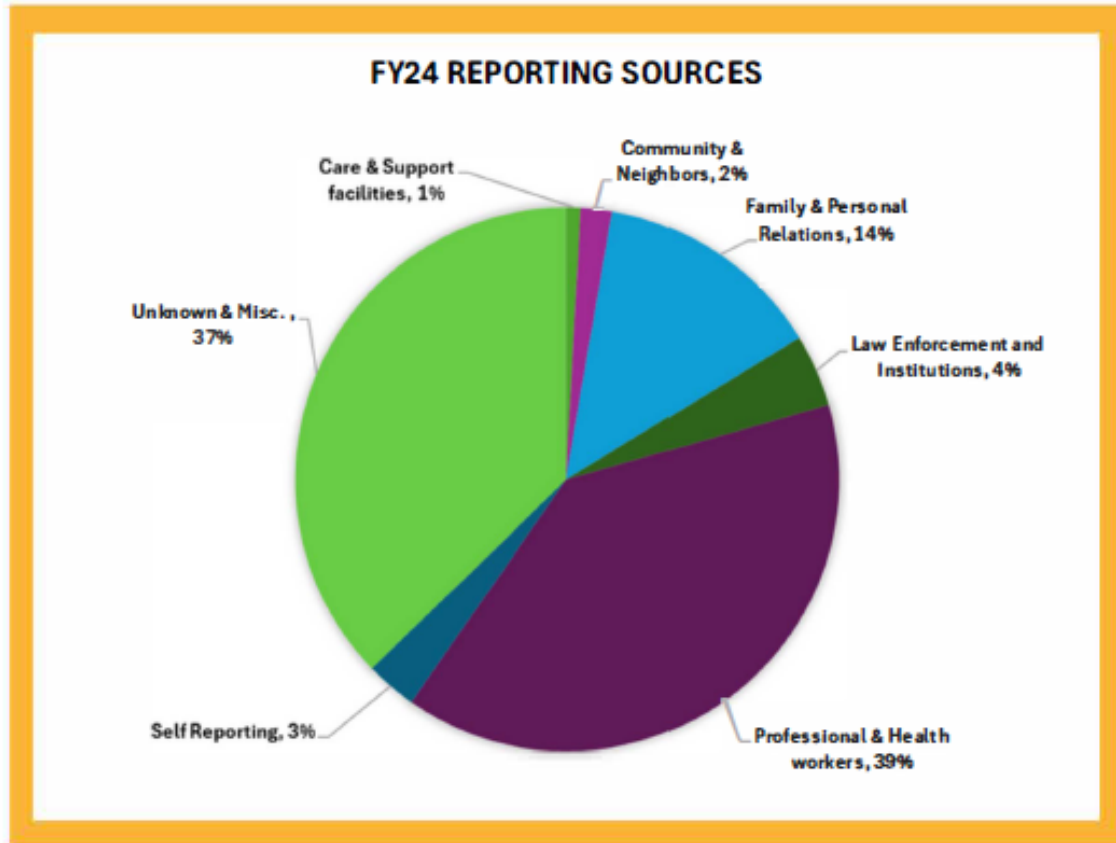


## PRIORITY TWO

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.

# 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.



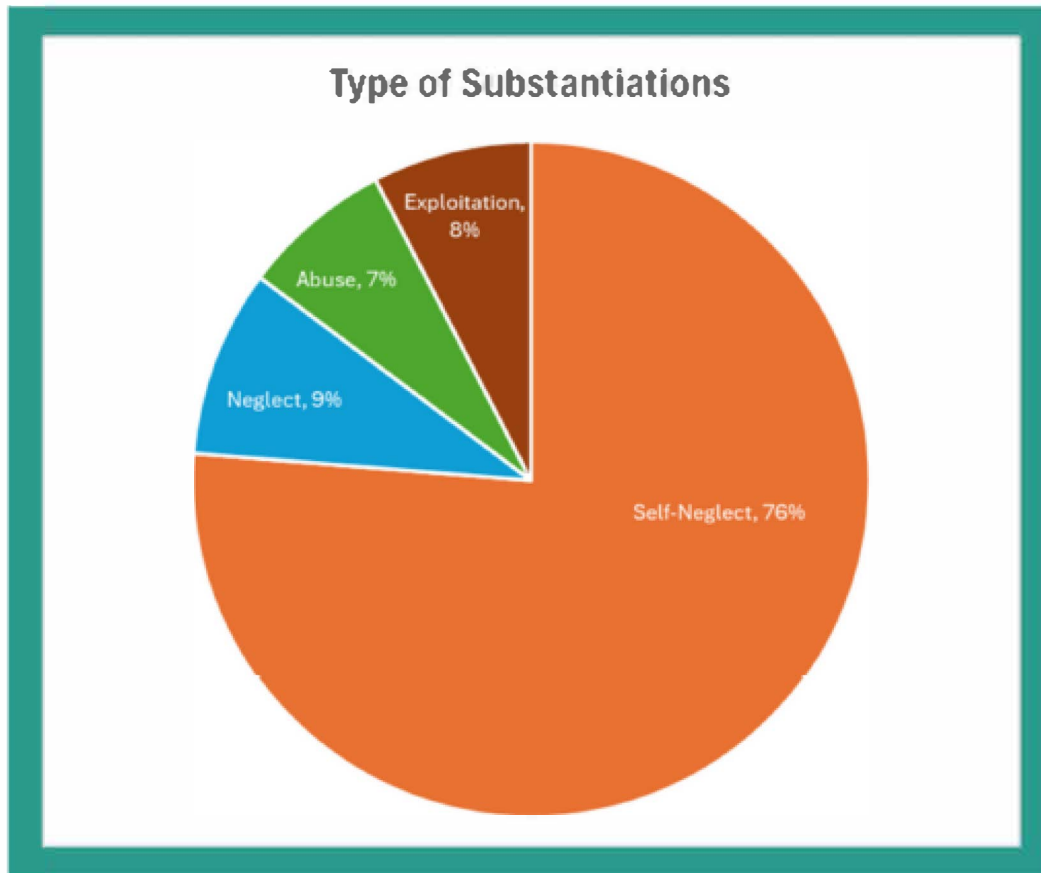
## BREAKDOWN OF REPORTING SOURCES - FY24

- **31%** of reporters were unwilling or refused to disclose their capacity in relation to the victim(s).
- Professional & healthcare workers were the second highest group at **39%** of reports.
- Law enforcement and institutions made **4%** and care facilities came to **1%**.
- Family and friends represented **14 %** of reporters, and the broader community represented **2%**.
- Only **3%** of victims requested assistance for themselves.

# SUBSTANTIATED ALLEGATIONS

In FY24, the most frequently reported and substantiated allegations APS addressed were, Self-Neglect at 76%.

**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.

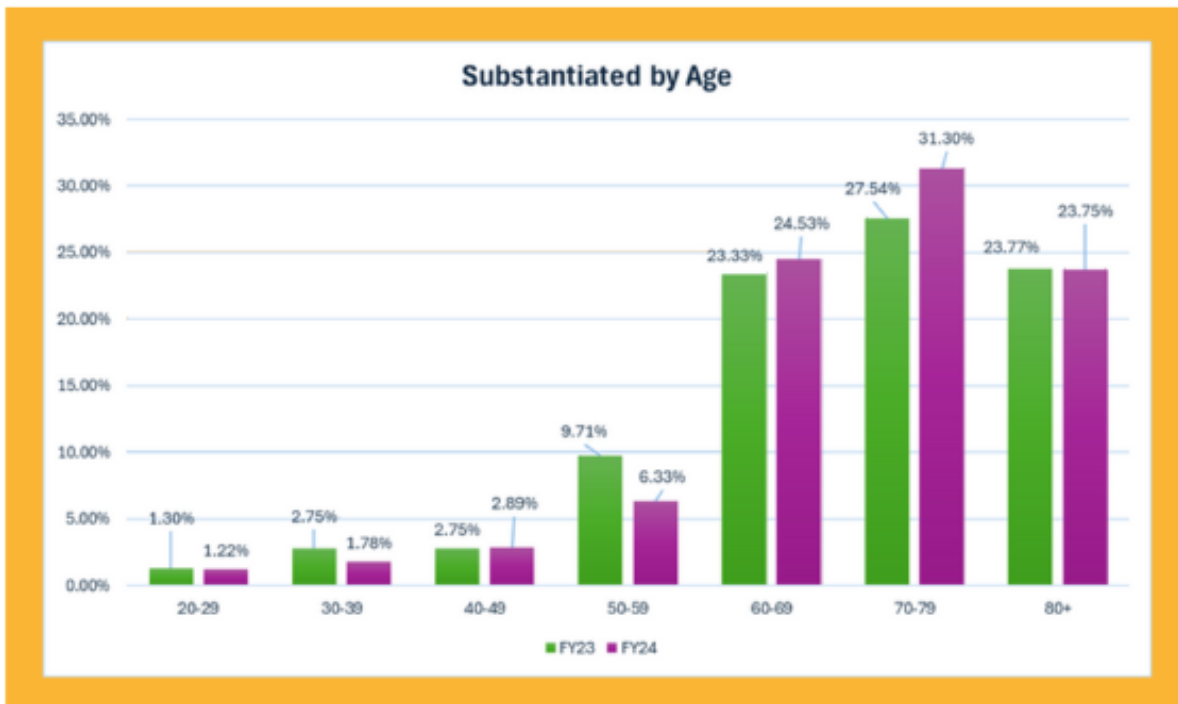


It is not uncommon for abuse, neglect, exploitation, and self-neglect to be alleged in the same case. In FY24, there was an average of **1.4** allegations per case.

# VICTIM DEMOGRAPHICS

## REPORTED AGE OF VICTIMS

In FY24, the majority of victims were aged 70-79, showing an overall increase in this age group. This group saw an increase of approximately 4% from FY23.



## REPORTED GENDER & ALLEGATIONS

**Women** consistently outnumber men as victims in abuse, neglect, and exploitation cases, accounting for **53%** of substantiated cases in FY24, which is 1% lower than FY23.

# PIHR MODEL IMPLEMENTATION

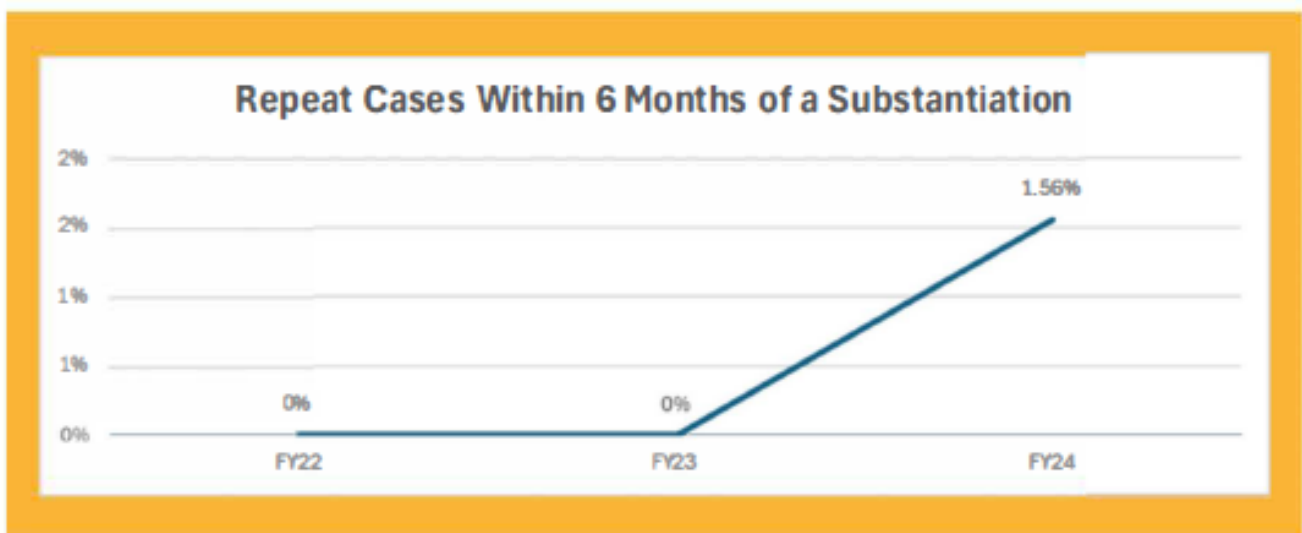
The implementation of the nationally recognized Prevention, Intervention, and Harm Reduction (PIHR) model has been instrumental in APS' overall progress in identifying issues up front and working to stop situations before they get worse. By implementing this framework, there should be fewer repeat occurrences of maltreatment and better supports to prevent abuse, neglect, and exploitation.

## REPEAT CASES WITHIN SIX MONTHS

In FY24, self-neglect substantiations rose to 1.56%, contrasting previous years' focus on abuse, neglect, or exploitation. Elderly individuals' struggles with basic needs like hygiene and medical care drive self-neglect findings. Metro and NE regions notably faced recurring self-neglect cases, revealing ongoing challenges in elderly care. APS also noted sporadic cases mixing self-neglect with abuse or neglect in some areas of the state.

APS introduced the PIHR model in FY24 to proactively address these challenges.

This approach aims to reduce maltreatment recurrence and enhance support systems, reflecting APS's commitment to efficient case management that meets all needs at onset to prevent future abuse or neglect.

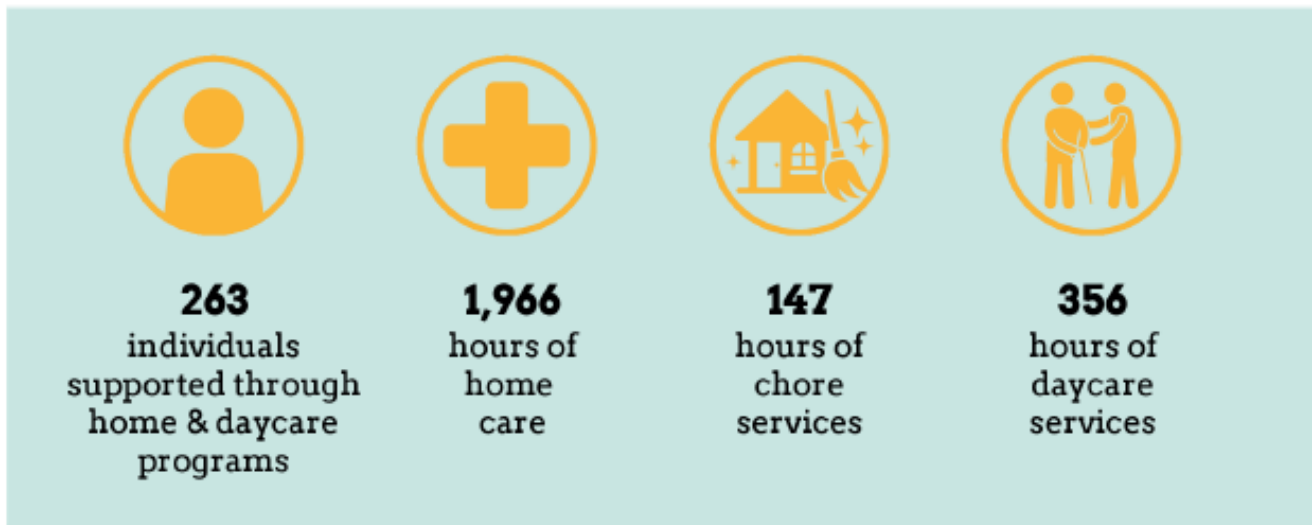


# SERVICES & STRATEGIES

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 in part by state general funds, Title 20 funding and ARPA grant funding for APS programs.

## IN FY 24:



**99 %** of these participants remained engaged with APS' services for longer than a month, showcasing the consistent value and trust in our care.

APS also links clients to Medicaid-funded services and will serve as a stopgap until home and community-based services are approved. This contributes to a percentage of adults being transitioned off of APS-funded services.

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 homes placements.

# PROVIDING SUPPORT

APS proactively engages community engagement specialists to support caseworkers, particularly for post-investigation cases deemed to require ongoing services. Typically, such cases are directed to home care services. APS requires staff to link adults to services and interventions and ensure they are effective prior to closing the case.

For the FY24, Key Performance Measurements, APS implemented a measurement to quantify the percentage of consumers who successfully engage with the recommended services and remain in a community setting for at least six months.

Initial findings indicate a success rate of **95 %** for participants who remained in their homes and communities for six months after APS in-home contracted services were implemented.



The PIHR 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 **5%** were transitioned to various long-term care facilities, suggesting a need for them to move from their homes to a higher level of care.

# NEW MEXICARE

## PROGRAM OVERVIEW

The 2023 Legislative Session invested \$5 million to the State General Fund, for ALTSD to provide services and support to older adults and disabled individuals who are not Medicaid eligible.

The New MexiCare program is a caregiver health model designed to provide financial assistance and training to caregivers who are assisting loved ones with daily activities due to physical or cognitive limitations.

Program participants are provided with an allotment of up to \$12,000 per year for services such as home, respite, or day care, transportation, and home health and safety monitoring.

## PROGRAM GOALS

The program is designed to provide support services to participants and their caregivers by

- keeping older adults in their homes and communities of choice and out of nursing homes.
- preventing abuse, neglect and exploitation
- reducing emergency room visits
- reducing involvement with law enforcement
- supporting and educating caregivers to prevent burnout by providing online and in-person trainings.



Are you a senior receiving care?  
Are you the family caregiver?

### New MexiCare

is providing service and support for participants and caretakers.  
Serving Caribou, De Baca, Harding, Lincoln, McKinley, Otero, Rio Arriba, San Juan, San Miguel, Santa Fe, Sandoval, Tewa, and Valencia counties.

Receive up to **\$1,000** per month in the new \$

**Applicant Eligibility Requirements:**  
Must be age 60+  
Have cognitive or physical limitations requiring assistance  
Cannot be eligible for Medicaid

**Maximum Gross Income Level:**  
**\$3,300/Mo** for Individuals  
**\$6,600/Mo** for Couples  
**Maximum Financial Holdings:**  
**\$10,000/Mo** for Individuals  
**\$20,000/Mo** for Couples

Scan to Apply

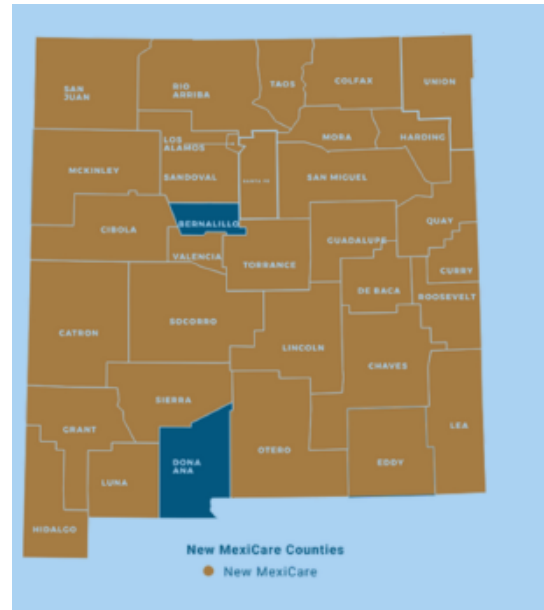
Learn more and register:

NEW MEXICO AGING & LONG-TERM SERVICES DEPARTMENT  
**1-866-654-3219, opt. 4**  
**NewMexiCare.org**

# NEW MEXICARE

New MexiCare is in the following counties, in addition to referrals from APS:

- Harding, Rio Arriba, Santa Fe, San Miguel, Mora, Taos, Los Alamos, Colfax, Union, Guadalupe, San Juan, McKinley, Valencia, Socorro, Sandoval, Cibola, Torrance, Lincoln, De Baca, Quay, Curry, Roosevelt, Chavez, Eddy, Lea, Catron, Otero, Sierra, Grant, Hidalgo, Luna, Otero



New MexiCare Counties  
New MexiCare

## NEW MEXICARE PROCESS FLOWCHART



# AMERICAN RESCUE PLAN ACT (ARPA) GRANTS

On September 3, 2021, the US Department of Health and Human Services (HHS) Administration for Community Living (ACL) awarded roughly \$85.4 million authorized by the American Rescue Plan Act (ARPA) of 2021 to 55 state and territorial APS programs.

Along with \$93 million provided by the Corona Virus Response and Relief Supplemental Appropriations Act, New Mexico's APS was awarded funding for two ARPA grants in the amount of \$1,995,000.

## ARPA GRANTS

1

August 2021 - September 2023  
\$645,450

2

August 2022 - September 2024  
 $\$704,100 + \$56,450 = \$1,349,550$

## GOALS FOR PROGRAM IMPROVEMENT

1

Customer Service & Outreach

2

Home & Community-Based Supports

3

Increase capacity & maintain a highly effective, cost-efficient and highly trained program.

# ARPA PROJECTS

## ARPA GRANT 1

### **Project 1: Wrap-Around Services**

Need for wrap-around services such as elder shelter, home modifications, hotel vouchers, food vouchers, transportation assistance, and other emergency housing.

### **Project 2: Staff**

APS program is understaffed.

### **Project 3: Training & Support**

Need for additional training around leadership, supervision, and community health worker training.

### **Project 4: Outreach Program & Homebound Companion Program**

Improve community understanding of APS and referrals.

## ARPA GRANT 2

### **Project 1: Wrap-Around Services**

Need for wrap-around services such as elder shelter, home modifications, hotel vouchers, food vouchers, transportation assistance, and other emergency housing.

### **Project 2: Staff**

APS program is understaffed.

### **Project 3: Training & Support**

Need for additional training.

### **Project 4: Technology Upgrade**

Upgrades to existing technology systems

### **Project 5: Outreach**

Improve community understanding of APS and referrals

# ACCOMPLISHMENTS BY THE NUMBERS



**1%**

APS staff  
turnover rate in  
FY24



**263**

Clients who received  
APS- funded  
homecare services



**438**

outreach  
presentations  
conducted by  
APS staff



**41**

guardianships  
pursued using  
the APS person-  
centered model



**1,557**

referrals to  
outside  
communities



**41**

Emergency  
placements pursued,  
using the APS person-  
centered model



**917**

food boxes  
delivered to  
APS clients

# PHOTO HIGHLIGHTS



**NW Region Community Health Fair**



**Ribbon Cutting - New Hillcrest Senior Center in Clovis**



**Clinical Operations - Prevention, Intervention and Harm Reduction training**



**APS 2024 Core Training**



**Outreach Event at Espanola Plaza**



**2024 Caregiver Day in Santa Fe**

# RECOMMENDATIONS



## AGREEMENTS & CONTRACTS

Update the existing Intergovernmental Agreements (IGAs) with the Health Care Authority (HCA), in order to strengthen investigations in long-term care facilities and for individuals receiving developmental disability support services.

Contract with a forensic accountant to bolster exploitation cases.

Establish an agreement between the Development Disability Supports Division and APS. This agreement should include a referral and triage process for incapacitated DD-qualified adults and establishing consultation and presumptive eligibility to quickly identify and get approval for waiver services.



## PROGRAMMATIC

Advocate for permanent federal funding for APS, to assist the ongoing programmatic objectives at the conclusion of the existing federal funding in 2025.

# RECOMMENDATIONS

## 3

### UNLICENSED BOARDING HOMES

**Background:** The State of New Mexico has experienced several unlicensed boarding homes that victimize vulnerable adults. This has had a significant impact on the individuals residing in these homes, many of whom are vulnerable adults. The lack of an oversight structure for accountability places these residents at a higher risk of abuse, neglect, and exploitation.

**Issue:** Unlicensed boarding homes operate without the necessary regulatory oversight, leading to potential safety and well-being issues for residents. Without accountability, owners and operators of these facilities are not held to the standards required to ensure a safe and healthy living environment. This situation poses a serious risk to the health and safety of vulnerable adults.

**Recommendation:** It is the division's recommendation that a concerted effort be made to convert these unlicensed boarding homes into licensed boarding homes. Converting unlicensed boarding homes to licensed boarding homes is a critical step in protecting vulnerable adults from the risks associated with unregulated living environments. By taking proactive measures to regulate these homes, we can significantly reduce the potential for abuse, neglect, and exploitation, while ensuring that all residents have access to safe and supportive housing

# RECOMMENDATIONS

## 4

### MENTAL HEALTH - RURAL COMMUNITIES

**Background:** The State of New Mexico Adult Protective Services continues to see a growing need for comprehensive mental health services in rural communities. The limited availability of accessible mental health resources, services, and educational programs significantly impacts these communities, particularly those who suffer from mental health illnesses.

**Issue:** Individuals in rural communities who experience mental health challenges often face barriers to accessing the care and support they need. These barriers include a shortage of mental health providers, insufficient educational outreach on mental health, and limited access to treatment facilities. As a result, these individuals are more vulnerable to victimization, including abuse, neglect, and exploitation.

**Recommendation:** It is the division's recommendation that efforts be made to enhance the availability, accessibility, and education surrounding mental health services in rural communities. Addressing the mental health service needs in rural communities is key to reducing the risk of victimization among individuals with mental health illnesses

# SUMMARY

Throughout FY24, Adult Protective Services received 14,368 reports of adult abuse, neglect, or exploitation, with approximately 53% of those reports accepted. By the end of FY24, APS conducted 7,632 Investigations. In addition, there were 1,031 Critical Incident reports reviewed.

Reports to APS are increasing as a result of society's growing recognition of the particular difficulties encountered by the aged and handicapped population. 961 of instances in FY24 were confirmed, with the majority of them being cases involving self-neglect. APS moved quickly to put corrective measures in place, providing impacted parties with resources to stop abuse, neglect, or exploitation in the future. Premature transitions to institutionalized care have been avoided, recurring abuse in high-risk settings has been less likely, and safety levels have been markedly enhanced by in-home assistance.

Over \$1.9 million in grant money under ARPA was awarded to APS, enabling it to enhance its fleet, offer additional outreach opportunities, improve staff training, and provide wrap-around services. Additionally, \$5 million was given to New Mexicare to support participants and their caregivers. As demonstrated by our achievements, APS staff members continue to be a positive influence on the communities they serve. Our unwavering commitment at APS is to empower, educate, and enlighten people in our communities.



**SOUTHWEST REGION TEAM - LAS CRUCES**

# CONTACT US

## ADULT PROTECTIVE SERVICES DIVISION

If you suspect an adult is being abused, neglected, or exploited, call Adult Protective Services Statewide Intake at **1-866-654-3219**

**Aging & Long-Term Services Department**  
2550 Cerillos Road  
Santa Fe, NM 87502