



FY25 Quarter 4 (Apr - July 2025) Performance Report

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AGENCY OVERVIEW

ALTSD Mission

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

Agency Goals:

The Aging and Long-Term Services Department's four primary goals for FY25 are:

- Goal 1: Administer 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: Expand and innovate services.
- Goal 3: Establish and expand inventive programs that support consumer control and choice.
- Goal 4: Prevent and improve response to abuse, neglect, and exploitation while preserving the rights and autonomy of older New Mexicans.

Agency Programs

Consumer and Elder Rights Division and the Long-Term Care Ombudsman Program (P592)
Adult Protective Services (P593)
Aging Network (P594)

CONSUMER AND ELDER RIGHTS DIVISION LONG-TERM CARE OMBUDSMAN PROGRAM

Program Description, Purpose & Objectives

Consumer and Elder Rights Division

The Consumer and Elder Rights Division (CERD) assists older adults, adults with disabilities, and their caregivers through telephonic, web-based, and community-based point of entry systems. CERD staff help people understand their options, access information, maximize personal choice, navigate systems to improve their quality of life.

CERD is composed of the following program areas:

- Aging & Disability Resource Center (ADRC) with Live Web Chat availability
- State Health Insurance Program (SHIP)
- Senior Medicare Patrol (SMP)
- Prescription Drug Assistance Program

Long-Term Care Ombudsman Program

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



CONSUMER AND ELDER RIGHTS DIVISION LONG-TERM CARE OMBUDSMAN PROGRAM

Program Budget (in thousands)

FY25	General Fund	Other state funds	Federal funds	Other transfers	Total	FTE
200	1,895.70		1,151.3	900	3947	53
300	10.0		111		121	
400	244.6		609.5		854.1	
TOTAL	2150.3		1871.8	900	4922.1	
FY24	General Fund	Other state funds	Federal funds	Other transfers	Total	FTE
200	1830.7		1,183.9	1,300.0	4314.60	48
300	10.0		553.8		563.80	
400	244.6		614.5		859.10	
TOTAL	2,085.3		2,352.2	1,300.0	5737.50	

CERD Performance Measures

1. Percent of calls to the Aging and Disability Resource Center, that are answered by a live operator.
2. Percentage of calls to the Aging and Disability Resource Center that are resolved in a single contact.
3. Percentage of customers satisfied with the outcome of their call to the Aging and Disability Resource Center.
4. Percent of residents who remained in the community six months following a nursing home care transition.
5. Percent of individuals provided short-term assistance that accessed services within 30 days of a referral from options counseling.
6. Percentage of facilities visited monthly.
7. Percent of ombudsman complaints resolved within sixty days.

Performance Measure #1:

Percent of calls to the Aging & Disability Resource Center that are answered by a live operator.

Results

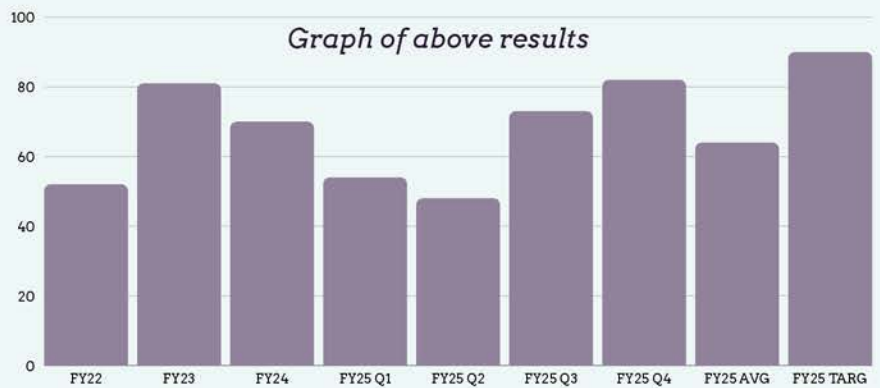
FY22	FY23	FY24	FY25 Q1	FY25 Q2	FY25 Q3	FY25 Q4	FY25 AVG.	FY25 TARGET
52%	81%	70%	54%	48%	73%	82%	64%	90%

Measure Description

This measure reflects the adequacy of the Aging & Disability Resource Center (ADRC) responsiveness to customer needs.

Data Source/Methodology

WellSky Human Services Assistance Management Systems (SAMS), the Federal Government’s Administration for Community Living (ACL) is an entry where staff track calls to obtain information, assistance, and referrals. The ADRC utilizes the CISCO call system database and the WellSky Human Services SAMS database. The percentage of calls answered by a live operator provides an indication of the demand for services and the relationship to customer service and ADRC staff resources.



Story Behind the Data

During the fourth quarter of FY25, 82% of the calls to the ADRC were answered by a live operator. The ADRC received 12,043 calls, which is an increase of 875 calls from the previous quarter. This equates to an average of 199 calls per day, an increase from the average of 180 calls per day in the previous quarter. The ADRC had an average of 10 Options Counselors during the fourth quarter. One options counselor was dedicated to appointments.

Performance Measure #1 Improvement Action Plan

CERD plans to recruit and hire for vacant positions, 2 permanent and 2 term roles and 1 supervisor role. The Zoom phone system upgraded from the initial Zoom platform to the full Zoom contact center platform, which allows the team to address additional calls through technological enhancements, such as immediate callbacks. CERD expects continued improvement with this new platform.

Performance Measure #2:

Percentage of calls to the Aging & Disability Resource Center that are resolved in a single contact.

Results

FY21	FY22	FY23	FY24	FY25 Q1	FY25 Q2	FY25 Q3	FY25 Q4	FY25 AVG.	FY25 TARGET
N/A	N/A	N/A	99%	100%	99%	98%	88%	96%	90%

Measure Description

This new measure indicates the resolution of both simple and complex calls received by the Aging and Disability Resource Center. This measure also provides an indication of the demand for services and the relationship to customer services as well as ADRC staff resources.

Graph of above results



Data Source/Methodology

The ADRC conducts an ongoing customer service survey to assess caller satisfaction with services and resources provided. At the conclusion of each telephone counseling session, all callers are asked to complete a customer satisfaction survey which is compiled for analyses. For this performance measure, the question is, "How satisfied are you that we addressed your primary reason for contacting us today?"

Story Behind the Data

During the fourth Quarter of FY25, 465 of the 529 respondents (88%) indicated the ADRC staff effectively resolved support issues the first time, eliminating the need for the customer to call back or turn to a different support channel. 529 total surveys: 397 = (5) Very satisfied, 68 = (4) Satisfied, 14 = (3) Neutral, 17 = (2) Unsatisfied, 33 = (1) Very Unsatisfied

Performance Measure #2 Improvement Action Plan

CERD will continue assessing caller survey data, hosting weekly team performance meetings, conducting ongoing training, and prioritizing individual Options Counselor development plans to inform how to improve the level of customer satisfaction through single call resolution efforts.

Performance Measure #3:

Percentage of customers satisfied with the outcome of their call to the Aging & Disability Resource Center.

Results

FY22	FY23	FY24	FY25 Q1	FY25 Q2	FY25 Q3	FY25 Q4	FY25 AVG.	FY25 TARGET
N/A	N/A	97%	100%	96%	99%	89%	96%	90%

Measure Description

This measure – the percentage of customers satisfied with the outcome of their call to the Aging & Disability Resource Center (ADRC) – quantifies the degree of satisfaction with the customer service center. This measure also provides an indication of the demand for services and the relationship to customer services as well as ADRC staff resources.

Graph of above results



Data Source/Methodology

The ADRC conducts a satisfaction survey to assess the effectiveness of their counseling services. The measure indicates caller satisfaction, as indicated by data collected from the ADRC’s customer service survey. At the conclusion of each telephone counseling session, all callers are asked to complete a customer satisfaction survey. Survey data is collected from clients who completed the survey.

Story Behind the Data

During the fourth quarter FY25, 421 of the 473 surveyed were either very satisfied or satisfied with the outcome of their call to the Aging and Disability Resource Center. Of the respondents, 362 were very satisfied, 59 were satisfied, 23 were neutral, 10 were unsatisfied, and 19 were very unsatisfied. CERD will continue to expand customer feedback efforts to assist in delivering the highest quality service possible.

Performance Measure #3 Improvement Action Plan

CERD will regularly evaluate processes, maintain current resources and knowledge, and incorporate customer feedback. These actions will continue to help us earn high customer service feedback as measured through regularly administered surveys.

Performance Measure #4:

Percent of residents who remained in the community six-months following a nursing home care transition.

Results

F22	FY23	FY24	FY25 Q1	FY25 Q2	FY25 Q3	FY25 Q4	FY25 AVG.	FY25 TARGET
86%	98%	99%	97%	94%	94%	93%	94%	90%

Measure Description

The percent of residents who left a nursing facility and have remained in the community six months after their transition.

Data Source/Methodology

Data is obtained through WellSky Human Services Software and SAMS databases as well as from the Care Transition Specialists (CTS). This percentage data is

quantified using the number of people served by LTCOP CTS staff and the subsequent wellbeing check provided six months following community re-entry or transfer.

Graph of above results



Story Behind the Data

During the fourth quarter of FY25, 97% of residents remained in the community for six months following a nursing facility transition. The Care Transitions Unit (CTU) continues to utilize individualized care planning for the person’s transition. This includes engaging with clients, families, nursing and assisted living facilities and other agencies. This process guides CTU’s advocacy for the rights and wishes of those wanting to move to a less restrictive environment. As a result of engagement efforts with individuals, CTU has seen a decrease in readmissions to a hospital setting and overall better care of these clients in any type of setting.

Additionally, CTU maintains a working rapport with Managed Care Organizations (MCO), nursing facility staff and many other state agencies, providing education about community resources and Medicaid. These ongoing efforts position the program to have success in its advocacy for all clients on the continuum of least restrictive environments-community-based settings to long-term care settings.

Performance Measure #4 Improvement Action Plan

CTU will continue to provide updated information on community resources, the community reintegration process to a less restrictive environment, and access and supports for residents transitioning from a nursing or assisted living facility to another facility.

The program will continue to work with the Managed Care Organizations (MCO's), facility staff, many other state agencies and with the NM Ombudsman program to increase Medicaid outreach and education among facility staff and residents.



Performance Measure #5:

Percent of individuals provided short-term assistance that accessed service within 30 days of a referral from options counseling.

Results

FY22	FY23	FY24	FY25 Q1	FY25 Q2	FY25 Q3	FY25 Q4	FY25 AVG.	FY25 TARGET
81%	84%	93%	100%	97%	98%	99%	99%	92%

Measure Description

This measure quantifies the proportion of individuals who accessed services because of an effective referral process.

Data Source/Methodology

Data are collected from WellSky Human Services Software, Sharepoint and ALTSD’s Short-Term Assistance (STA) program. Reports are pulled from each system to obtain the necessary data for reporting.

Graph of above results



Story Behind the Data

In the first quarter of FY25, 97% of constituents accessed services within 30 days, exceeding the FY25 target for the Short-Term Assistance measure. The Short-Term Assistance Program utilizes State Health Insurance Assistance Program (SHIP) Regional Coordinators to assist consumers in obtaining services such as Medicaid, Medicare, home modifications, and meals that allow them to remain in the community. The program, when fully staffed, has five coordinators throughout the State. Ongoing training is in place to maintain a high level of performance.

Performance Measure #5 Improvement Action Plan

ALTSD expects to maintain a high level of service in this category. All staff positions have been filled with the exception of the SHIP/SMP Supervisor position which is in process of being hired.

Performance Measure #6:

Percent of facilities visited monthly.

Results

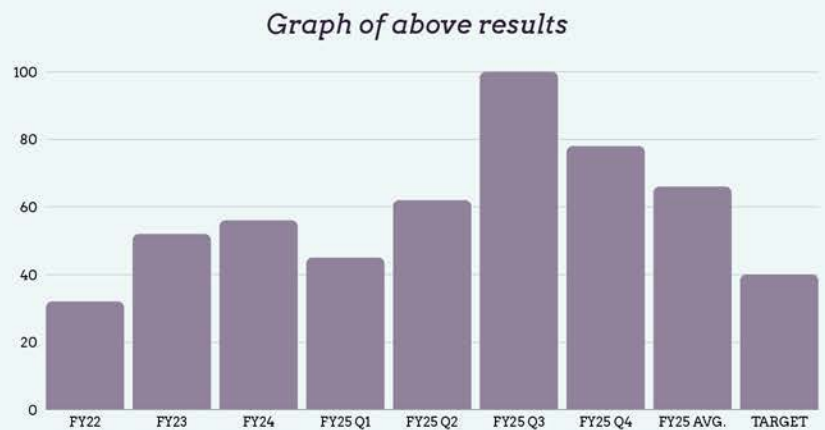
FY22	FY23	FY24	FY25 Q1	FY25 Q2	FY25 Q3	FY25 Q4	FY25 AVG.	FY25 TARGET
32%	52%	56%	45%	62%	100%	78%	66%	40%

Measure Description

This measure quantifies the percentage of long-term care facilities visited in-person by Ombudsman staff and volunteers each month (averaged across months within each state fiscal year and quarter).

Data Source/Methodology

The Ombudsmanager database is a comprehensive nursing home complaint and case management system that allows users to manage facility data, complaints, complainants, activities, residents, investigations, and resolutions. Ombudsmanager fully automates data collection for the National Ombudsman Reporting Systems (NORS). All complaint automated reports and statistics are aggregated automatically into the format required by the federal Administration on Community Living (ACL). Ombudsmanager is the industry standard for long-term care facilities complaint data management and is used by 34 State Long-Term Care Ombudsman Program offices throughout the U.S.



Story Behind the Data

During FY25 Q4, the Long-Term Care Ombudsman Program (LTCOP) staff and volunteers completed 661 facility visits, successfully reaching all the 283 long-term care (LTC) facilities statewide. This meets the federal requirement that each LTC facility must be visited by an Ombudsman representative at least once per quarter.

Facility visits trend has increased throughout the fiscal year, increasing from 471 in Q1 to 563 in Q2, 625 in Q3 and 661 in Q4. This reflects a consistent and steep rise in visits to facilities from Q1 to Q4. An updated facility list was provided by HCA at the start of FY25 Q3, which is reflected in the facility count for that quarter. Visits included both routine check-ins and non-routine responses such as complaint investigations, presentations, and meetings with residents and facility staff.

Facilities with higher volumes of resident concerns were visited multiple times to ensure timely and thorough follow-up. The increase in visits this year is attributed in part to changes in reporting procedures and a shift to fully digital documentation. This transition required the implementation of training sessions and documentation best practices, which are ongoing. Ombudsman staff continue to collaborate with the program's consultant to refine and update policies and procedures.

Performance Measure #6 Improvement Action Plan

The LTCOP remains committed to ensuring consistent access to residents' rights advocacy through in-person visits by Regional Coordinators and trained volunteers. In-person engagement continues to be the most effective method of advocacy. Regular facility visits will continue, and the number of visits is expected to rise further as more staff and volunteers join the program. The Department is hiring for a volunteer manager which will also help to increase LTCOP volunteers and visits.



Performance Measure #7:

Percent of Ombudsman complaints resolved within sixty days.

Results

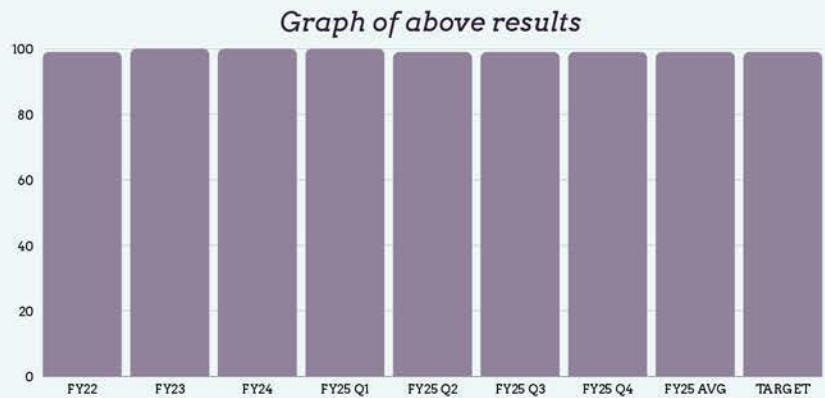
FY22	FY23	FY24	FY25 Q1	FY25 Q2	FY25 Q3	FY25 Q4	FY25 AVG.	FY25 TARGET
99%	100%	100%	100%	99%	99%	99%	99%	99%

Measure Description

The percent of complaints the Ombudsmen resolved in 60 days or less.

Data Source/Methodology

The Long-Term Care Ombudsman Program (LTCOP) defines a complaint as a concern relating to the health, safety, welfare, or rights of one or more residents in a nursing home or assisted living facility which requires an LTCOP representative to conduct an investigation or take another action on behalf of the resident. Complaints and the associated investigation findings and the dates when the complaints are opened and closed are tracked in Ombudsmanager, a database platform provided by WellSky Human Services Software. Data from this system of record is used to calculate the number of days necessary to resolve each complaint, and subsequently the percentage of complaints resolved in 60 days or less.



Story Behind the Data

During the Q4 reporting period, 216 cases were referred to the Ombudsman Program, with 214 resolved within 60 days—reflecting a 99% timely resolution rate. The LTCOP continues to prioritize prompt complaint resolution and has implemented strategies to support timely data entry and case management.

Performance Measure #7 Improvement Action Plan

The LTCOP remains committed to resolving all cases within 60 days. This quarter’s strong performance is due in part to timely reporting practices. Moving forward, the program will continue to prioritize prompt resolution of resident complaints—an essential component of protecting residents’ rights. Ongoing staff training, monthly case reviews, and consistent oversight of documentation are critical to sustaining this high level of performance.



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ADULT PROTECTIVE SERVICES

APS Performance Measures

1. Number of Adult Protective Services investigations of abuse, neglect, or exploitation.
2. Percent of emergency or priority one investigations in which a caseworker makes initial face-to-face contact with the alleged victim within prescribed timeframes.
3. Percentage of repeat abuse, neglect, or exploitation cases within six months of a substantiation of an investigation.
4. Number of outreach presentations conducted in the community within adult protective services' jurisdiction.
5. Percentage of contractor referrals in which services were implemented within two weeks of the initial referral.
6. Number of referrals made to and enrollments in home care and adult day care services resulting from an investigation of abuse, neglect, or exploitation.
7. Percentage of priority two investigations in which a caseworker makes initial face-to-face contact with the alleged victim within prescribed time frames.
8. The percent of consumers for whom referrals were made, that accessed services and remained in a community setting for six or more months.



Performance Measure #1:

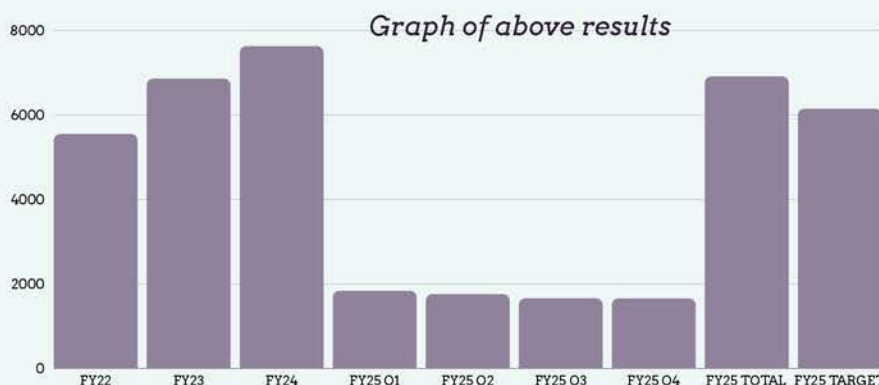
Number of Adult Protective Services investigations of abuse, neglect, or exploitation.

Results

FY22	FY23	FY24	FY25 Q1	FY25 Q2	FY25 Q3	FY25 Q4	FY25 TOTAL	FY25 TARGET
5,550	6,863	7,632	1,838	1,760	1,660	1,657	6,915	6,150

Measure Description

This measure is the number of investigations of abuse, neglect or exploitation initiated by Adult Protective Services in each time period (e.g., quarterly and/or annually).



Data Source/Methodology

Adult Protective Services staff utilize the WellSky Human Services Software system to maintain a database of investigation details. To gather information for this performance metric, APS relies on a report integrated within the WellSky Human Services Software system. The agency is currently upgrading its software to 8.8.2, the latest version for the WellSky database.

Story Behind the Data

In Q4 FY25, APS conducted 1,657 investigations a slight decrease of 0.18% compared to the 1,660 investigations in Q3 FY25. APS has surpassed its FY25 annual goal of 6,150 investigations, with nearly 7,000 conducted statewide. This highlights the ongoing and critical demand for APS across NM. Vulnerable adults continue to face complex risks, and the volume of investigations underscores APS's essential role in responding to those in need.

The slight decline in reports may indicate growing community awareness, more effective early interventions, and improved outcomes of investigation. PM3 supports this by showing the recidivism of cases reopening within six months continue to remain low at just 0.61% for Q4. This suggests APS interventions are both timely and effective, addressing root causes and reducing the likelihood of repeated harm. Each new investigation represents a distinct case, not a repeat call for help, reinforcing the impact and efficiency of APS's work.

This data reaffirms APS's dedication to protecting vulnerable adults through a balanced approach of rapid response and proactive prevention, while upholding community trust and safety.

Performance Measure #1 Improvement Action Plan

Our agency remains continuously vigilant in maintaining a strong public presence. Regional managers actively lead public education efforts centered on referral methods, ensuring that community members are well-informed about how to report concerns and access critical resources.

Procedures instituted have strengthened our cross-reporting processes to ensure consistency and accountability in investigations statewide, with supervisors closely overseeing timely responses. A 24-hour telephone reporting system guarantees uninterrupted access, further supported by assertive supervisors and managers who monitor and intervene when necessary. APS also has an online reporting tool to allow all reports access to complete an intake at any time and without any wait time.

Given the stability of these established practices and their proven effectiveness in supporting timely intervention, prevention, and harm reduction, no formal improvement plan is necessary at this time. Current strategies are meeting the needs of vulnerable adults across the state and sustaining strong performance. APS remains committed to continuous monitoring and refinement to maintain these high standards and respond proactively to any emerging trends or needs.



Performance Measure #2:

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

Results

FY22	FY23	FY24	FY25 Q1	FY25 Q2	FY25 Q3	FY25 Q4	FY25 AVG.	FY25 TARGET
99	99	99	99	98	99	99	99	100

Measure Description

This performance measure quantifies APS responsiveness to cases' prompt needs. Reports to APS are first assessed to determine priority. Cases assigned to "emergency priority" occur when there is an alleged victim in a situation of serious harm or danger of death from abuse or neglect. Cases assigned to "emergency priority" require an APS caseworker who conducts face-to-face contact with the alleged victim within three (3) hours of case assignment. Cases assigned a "priority one" status require an APS caseworker to make face-to-face contact within 24 hours of case assignment.

Graph of above results



Data Source/Methodology

Adult Protective Services relies on the WellSky Human Services Software system to manage investigation data. To gather data for this metric, APS utilizes a report within the software. The calculation for this measure involves averaging the emergency investigations responded to within three hours and priority one investigations within 24 hours, per specified timeframes (quarterly and annually).

Story Behind the Data

APS maintained a 99% on-time visitation rate from Quarter 3 to Quarter 4, reflecting consistent standard practices of the investigative team. This achievement demonstrates our staff's commitment to timely client engagement, ensuring vulnerable adults receive prompt attention and support. The sustained performance highlights the effectiveness of our statewide investigators and their critical role in delivering responsive, person-centered services.

Investigators across all five regions remain available 24/7 to respond to reports of abuse, neglect, and exploitation. Regional managers and supervisors continue to play a key role in keeping field investigators on top of the timelines for meeting this measure. While it's not always possible for every caseworker to reach 100% immediately, quick follow-up actions are consistently taken to ensure client safety and well-being.

Performance Measure #2 Improvement Action Plan

No improvement plan is necessary, as caseworkers and supervisory managers are already diligent in addressing any challenges in meeting our goals and standard operating procedures support the goal. APS consistently meets its targets for timely face-to-face initiations, and proactive measures remain in place to maintain this performance. The agency is, however, committed to ongoing monitoring.

(While APS has sustained high initiation rates, ongoing staffing vacancies—especially in key areas—could impact maintenance of this level of service. Continued investment in staffing is essential to ensuring consistent, statewide support.)



Performance Measure #3:

Percentage of repeat abuse, neglect, or exploitation cases within six months of a substantiation of an investigation.

Results

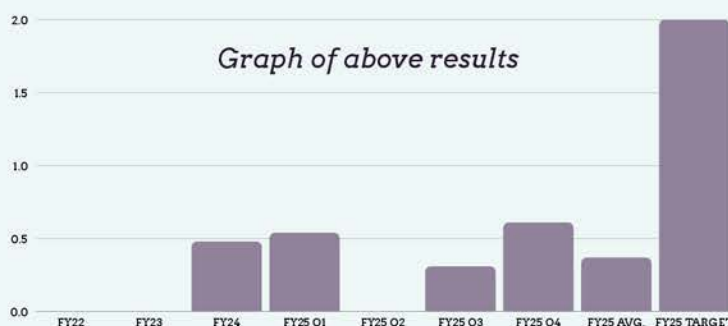
FY22	FY23	FY24	FY25 Q1	FY25 Q2	FY25 Q3	FY25 Q4	FY25 AVG.	FY25 TARGET
0.00	0.00	0.48	0.54	0.00	0.31	0.61	0.37	≤ 2.00

Measure Description

The percentage of those repeat cases of abuse, neglect, or exploitation that occur within six months of a substantiation of an investigation.

Data Source/Methodology

Adult Protective Services relies on the WellSky Human Services Software system to manage its investigation data. To gather data for this performance metric, APS utilizes a report within the WellSky Human Services Software system. Currently, we are in the process of upgrading the software to the latest version offered by the vendor. This upgrade will provide APS with access to the most recent technology and software updates available.



Story Behind the Data

In Q4 FY25, the repeat maltreatment rate was 0.61% among cases closed during the quarter, with seven instances recorded. This metric is calculated based on investigations closed during Q4, regardless of when the original report was filed, and reflects continued strong performance.

Self-neglect continues to pose a complex challenge, particularly among older adults striving to maintain independence while facing increasing care needs. APS's harm reduction model—supported by New MexiCare and Title XX initiatives—plays a critical role in helping vulnerable adults safely remain in their homes. Strong community engagement and partnerships across the state further empower investigators to connect clients with long-term support and essential services.

Performance Measure #3 Improvement Action Plan

No improvement plan is necessary, as the agency continues to do well in addressing repeat maltreatment. For Q4, the repeat maltreatment rate was still less than 1%, with only 7 cases identified. The agency continues to perform well in addressing abuse, neglect, and exploitation.

These results reflect the effectiveness of APS's current strategies and the diligence of investigators in addressing concerns early in the process. No improvement plan is needed in this area, but the agency remains committed to ongoing monitoring to ensure continued success in managing these challenges.

Performance Measure #4:

Number of Outreach Presentations conducted in the community within Adult Protective Services' jurisdiction.

Results

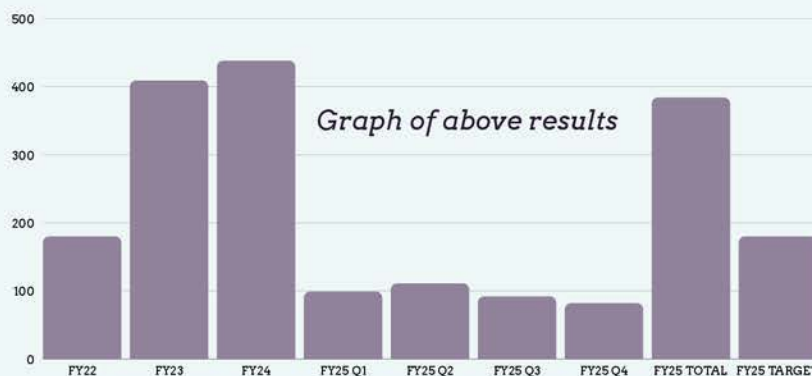
FY22	FY23	FY24	FY25 Q1	FY25 Q2	FY25 Q3	FY25 Q4	FY25 TOTAL	FY25 TARGET
180	409	438	99	111	92	82	384	180

Measure Description

The number of outreach presentations conducted by APS staff in communities that align with APS jurisdiction.

Data Source/Methodology

Adult Protective Services relies on the WellSky Human Services Software system to manage its investigative data. To gather data for this performance measure, APS utilizes a report within the WellSky Human Services Software system. Additionally, staff reports are used to quantify community outreach presentations.



Story Behind the Data

In Q4 FY25, APS conducted 82 outreach presentations across all regions—a decrease from the 92 presentations held in Q3. While this represents a slight dip, APS remains deeply committed to public education and awareness efforts aimed at preventing abuse, neglect, exploitation, and self-neglect, particularly in underserved and rural communities.

These outreach efforts continue to be a vital part of fostering community awareness and encouraging early intervention. Presentations are tailored to engage stakeholders—including service providers, local agencies, and the general public—by providing education on the APS intake process, reporting methods, and our broader mission. Through these ongoing partnerships and community-based strategies, APS seeks to reduce instances of repeat maltreatment and strengthen protections for New Mexico's vulnerable adults.

Performance Measure #4 Improvement Action Plan

The agency as a whole has demonstrated great performance in outreach efforts, far exceeding the expected yearly target of 180 outreach events. The agency's proactive approach to community outreach and education, particularly in rural areas, has proven highly effective in fostering community responsibility and addressing critical issues such as self-neglect.

Performance Measure #5:

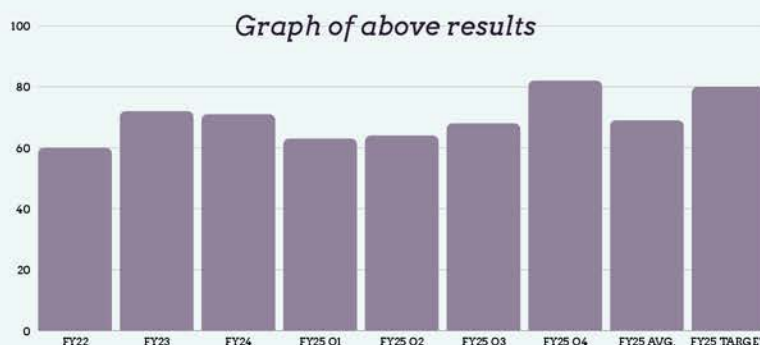
Percentage of contractor referrals in which services were implemented within two weeks of the initial referral.

Results

FY22	FY23	FY24	FY25 Q1	FY25 Q2	FY25 Q3	FY25 Q4	FY25 AVG.	FY25 TARGET
60%	72%	71%	63%	64%	68%	82%	69%	80%

Measure Description

This measure is quantified using the number of contractor referrals in which services were implemented (numerator) within two weeks divided by the total number of referrals (denominator).



Data Source/Methodology

Regional managers receive reports from field Community Engagement Specialists (CES) that detail the ongoing progress of Title XX initiatives. These reports include updates on the referrals sent to vendors in their respective regional areas within the state, providing a comprehensive overview of the program's effectiveness and reach.

Story Behind the Data

In Q4 FY25, the rate of initiating services within two weeks rose to 82%, reflecting an improvement over the previous quarter. While progress has been made, challenges remain—including a continued shortage of caregivers, difficulty securing available staff in rural areas, and occasional delays due to client scheduling conflicts. However, in Q4, APS successfully met and passed the goal of 80%.

Performance Measure #5 Improvement Action Plan

APS successfully met its goal this quarter and is implementing key structural changes to sustain and enhance performance. Supervision of the Community Engagement Specialist, who oversee Title XX and referral processes has been moved under the supervision of APS Regional Managers.

Under the new supervision, Regional managers will conduct monthly check-ins with providers to develop improvement plans, address challenges, and support timely service delivery. APS Regional Managers and CES's will also hold monthly coordination meetings to troubleshoot issues and ensure provider staffing is completed within two weeks. These actions will help maintain consistent, high-quality service each quarter moving forward. Management is also currently assessing all contracts and conducting follow-ups to ensure contractors comply with contractual requirements and timelines.

Performance Measure #6:

Number of referrals made to and enrollments in home care and adult day care services as a result of an investigation of abuse, neglect, or exploitation.

Results

FY22	FY23	FY24	FY25 Q1	FY25 Q2	FY25 Q3	FY25 Q4	FY25 AVG.	FY25 TARGET
238	147	248	68	75	50	79	68	400

Measure Description

This measure identifies the number of referrals and enrollments into home care and adult day services, resulting from an APS investigation regarding abuse, neglect, or exploitation.

Data Source/Methodology

Regional managers work closely with field staff to gather referrals from investigators, assessing the need for services to uphold self-determination. They maintain spreadsheets to track referrals received from staff. This data is also documented in the WellSky system, which records services and referrals to vendors. However, direct tracking of these referrals within the system is limited, relying on narrative entries and completion of active date fields during investigations. As a result, managers rely on spreadsheets for more detailed tracking.



Story Behind the Data

In Q4 FY25, APS made 79 Title XX referrals, representing approximately 5% of all investigations, a slight improvement from previous quarters. This upward trend highlights the growing effectiveness of our partnerships with contracted providers. Title XX services are proving to be a vital tool for investigators, enabling timely support for clients who need essential services to remain safe in their homes. This reflects stronger collaboration and the continued value these contracts bring to APS service delivery.

Performance Measure #6 Improvement Action Plan

APS experienced an increase in referrals from Q3 to Q4, reflecting the continued efforts of investigative staff. Recognizing that participation in services is voluntary, APS will remain focused on a person-centered approach that prioritizes client safety and well-being. Moving forward, APS will enhance efforts to educate and empower clients on available service options, supporting informed decision-making while respecting individual choice.

Performance Measure #7:

Percentage of priority two investigations in which a case worker makes initial face to face contact with the alleged victim within prescribed time frames.

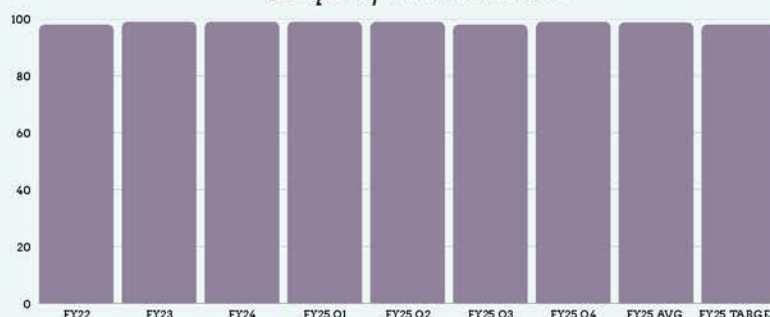
Results

FY22	FY23	FY24	FY25 Q1	FY25 Q2	FY25 Q3	FY25 Q4	FY25 AVG.	FY25 TARGET
98%	99%	99%	99%	99%	98%	99%	98.75%	98%

Measure Description

Percentage of “priority two” investigations, where a case worker has made initial face-to-face contact with the alleged victim within the priority two investigative time frames. A “priority two” investigation is assigned no later than 24 hours from the time the referral is received and face to face contact with the alleged victim must be made no later than five calendar days after having been received by the screening supervisor.

Graph of above results



Data Source/Methodology

Adult Protective Services relies on the WellSky Human Services Software system to efficiently manage investigation data. For this metric, APS extracts information from a designated report within the software. The calculation involves averaging the number of investigations responded to within 5 days, offering insight into APS’s promptness in addressing urgent cases. This process is conducted on a demand basis, allowing leadership to assess the effectiveness of approaches in meeting the needs of vulnerable clients.

Story Behind the Data

Adult Protective Services (APS) categorizes reports based on urgency. A priority 2 report requires APS to initiate an investigation and establish face to face contact with the alleged victim waiting five calendar days.

In Q4 FY25, APS achieved a 99% success rate in timely case initiations, with 1,454 cases initiated within the required timeframe. This performance reflects continued alignment with APS’s standards for prompt response, particularly in handling Priority 2 reports.

Performance Measure #7 Improvement Action Plan

Our field teams work diligently to ensure rapid responses to referrals, thereby protecting those at risk. Proactive recruitment efforts will be explored to ensure we continue to have the staff needed to meet these quarterly measures. Having a sufficient work force ensures APS' ability to continue to ensure compliance and also address the needs of the community.

FY26 goal is to ensure we are filling vacancies and bolstering our resource capacity through comprehensive training and a dedicated workforce. This strong foundation enables APS to have exceptional service standards in addressing abuse, neglect, exploitation, and self-neglect.



Performance Measure #8:

The percent of consumers for whom referrals were made, that accessed services and remained in a community setting for six or more months.

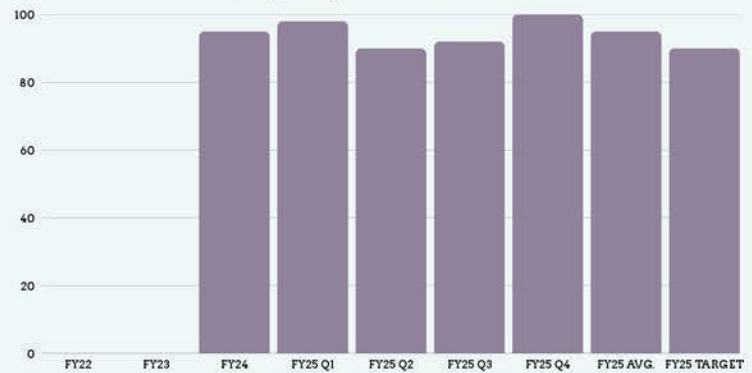
Results

FY22	FY23	FY24	FY25 Q1	FY25 Q2	FY25 Q3	FY25 Q4	FY25 AVG.	FY25 TARGET
N/A	N/A	95%	98%	90%	92%	100%	95%	90%

Measure Description

This measure quantifies the percentage of consumers who, after provided with referrals to home services, successfully engaged with ALTSD’s recommended services and remained in a community setting (non-institutionalized) for at least six months. The prolonged stay of a consumer in a community setting depends on their regular access to and use of the designated services, crucial for their ongoing safety and well-being.

Graph of above results



Data Source/Methodology

Adult Protective Services (APS) utilizes the Title XX Tracker System to collect critical data for performance metrics. This system supports ongoing monitoring of consumer status and service effectiveness. Community Engagement Specialists (CES) play a key role by maintaining contact with consumers or their representatives as part of an ongoing service plan. Their interactions ensure continued oversight, tracking whether consumers remain in the community or transition into long-term care (LTC). All relevant details are carefully documented in the Title XX Tracker System, creating a comprehensive record of referrals and service engagement.

The calculation methodology provides a structured approach to assessing program impact and service effectiveness. It determines the percentage of consumers who remain in the community by analyzing quarterly data. Specifically, it takes the number of new referrals from the previous quarter and compares it to the number of individuals who moved into LTC during the current quarter.

Story Behind the Data

In FY25 Q4, Adult Protective Services (APS) assessed 34 new referrals for in-home support through Title XX services, which include personal care, homemaker assistance, and adult day care. These services help vulnerable adults remain safely in their communities and avoid premature institutionalization.

All 34 clients remain safely in the community, demonstrating the effectiveness of APS's coordination efforts and the vital role of Community Engagement Specialists in connecting clients to the appropriate care and monitoring outcomes. This success highlights how targeted, collaborative support enables clients to age in place with dignity and stability.

Performance Measure #8 Improvement Action Plan

With the Community Engagement Specialist's transition back to APS supervision, APS will focus on refining how the data is being entered and monitored. APS will be refining the tracking methodology by using confirmed service start dates—not referral dates—for performance metrics. Other actions include: cross-checking with vendor records to address delays or missed service activations; enhancements to the CES training and support that requires focused training on timely documentation; and streamlining workflows to reduce administrative burden and improve data consistency.

The Division will also conduct regular data audits to identify unclosed or incomplete cases and correct reporting gaps. These steps will improve the reliability of the Title XX Tracker, ensure better oversight, and strengthen care outcomes for vulnerable adults in New Mexico.



AGING NETWORK

Program Description, Purpose & Objectives

The Aging Network Division (AND) is comprised of the Senior Services Bureau (SSB); Aging Network (contract monitoring of federal and state Older Americans Act services), AmeriCorps Seniors Volunteer Program (Foster Grandparent (FGP), Senior Companion Program (SCP), Retired and Senior Volunteer Program (RSVP); and Senior Employment Programs (SEP/SCSEP)). Additionally, the budgets for the Office of Alzheimer's and Dementia Care as well as the Office of Indian Elder Affairs (OIEA) are under AND.

The Aging Network advocates for older adults, people with disabilities, families, and caregivers; funds services and support provided primarily by networks of community-based programs; and invests in training, education, research, and innovation. These activities are accomplished by providing assistance on health and wellness, protecting rights, and preventing abuse, supporting consumer control, strengthening networks of community-based organizations, funding research and services (e.g., home-delivered meals, homemaker assistance, transportation) to support independent living. Strengthening the Aging Network includes promoting evidence-based programs and practices, enhancing diversity and cultural competency, improving quality of services, and targeting employment initiatives as a critical part of community inclusion to access meaningful and integrated employment.

The Aging Network Division (AND) also serves older adults, people with disabilities, families, and caregivers through contractual agreements with the New Mexico Area Agencies on Aging (AAAs) and the AmeriCorps Seniors Volunteer Programs for the provision of supportive services. The AAAs contract with local and tribal governments and private organizations to deliver services throughout New Mexico.



AGING NETWORK

Program Budget (in thousands)

FY23	General Fund	Other state funds	Federal funds	Other transfers	Total	FTE
200	1,682.6	34.5	455.3		2,172.4	31
300	1,810.7	10.0	119.20		1,939.9	
400	42,596.9	71.3	11,450.10		54,118.3	
TOTAL	46,090.2	115.8	12,024.6		58,230.6	

FY24	General Fund	Other state funds	Federal funds	Other transfers	Total	FTE
200	1,067.8	34.5	555.3		1,657.6	24
300	1,410.7	10.0	119.2		1,539.9	
400	38,576.9	71.3	11,142.5		49,790.7	
TOTAL	41,055.4	115.8	11,817.0		52,988.2	

Aging Network Performance Measures

1. Percentage of older New Mexicans receiving congregate, and home delivered meals through Aging Network programs that are assessed with "high" nutritional risk.
2. Number of hours of services provided by senior volunteers, statewide.
3. Number of outreach events and activities to identify, contact and provide information about aging network services to potential aging network consumers who may be eligible to access senior services but are not currently accessing those services.
4. Number of meals served in congregate, and home delivered meal settings.
5. Number of transportation units provided.
6. Number of hours of caregiver support provided.

Additional context on the Aging Network

The AAAs and AAA providers have been flexible with services offered during the COVID-19 pandemic. The Administration for Community Living (ACL) allowed modifications of services during the COVID-19 pandemic, and these modified services include providing wellness calls to consumers, educating consumers (i.e., regarding COVID-19 prevention), hosting COVID-19 vaccine clinics, and allowing volunteers to telework.

Specific issues regarding data collected for the AND performance measures include:

- AAA provider staff shortages have influenced timely, accurate reporting of numbers of clients and services, and have created difficulty providing consumer direct service. Due to staff shortages, some providers are threatened with closure.
- Other issues regarding AAA providers include:
 - Some Tribes and Pueblos have remained closed; therefore, the AAA providers on tribal lands have not resumed activity.
 - Raw food costs have increased, creating the necessity for menu and meal revision while maintaining Required Dietary Intake (RDI).
 - Fuel costs have increased significantly, thereby impacting services such as transportation and delivery of meals.
- Reasons for reporting each of these measures are numerous and complex. These performance measures are beyond the control of AND or providers. They are dependent upon targeting those most in need of direct services.
- AND urges AAAs and AAA providers to make decisions about these measures because they are measures that require case-by-case decision-making to determine what is best for the clients served.
- Types and amounts of services provided are based on local considerations: such as a project location, the type of assistance provided, and/or the subpopulations served.

Please note that recovery efforts that may impact provider services may be ongoing due to FY2024 events, and current fires, flooding, and power outages that have impacted four New Mexico counties (South Fork Fire: Otero, Lincoln; Salt Fire: Mescalero Apache Reservation, Village of Ruidoso Downs; Fisher Fire: Cibola National Forest, Moser Fire near Cloudcroft, and flooding in San Miguel).

Performance Measure #1:

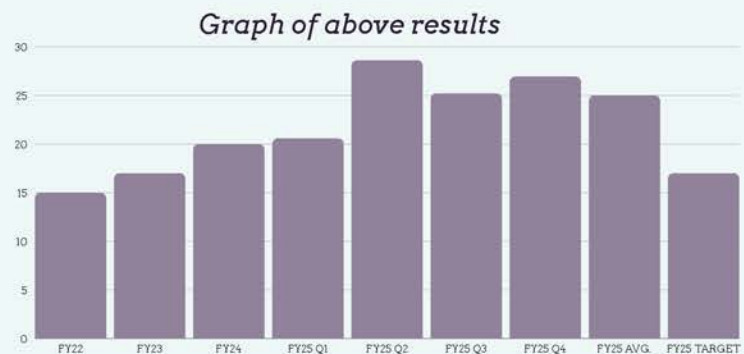
Percentage of older New Mexicans receiving congregate, and home delivered meals through aging network programs that are assessed with “high” nutritional risk.

Results

FY22	FY23	FY24	FY25 Q1	FY25 Q2	FY25 Q3	FY25 Q4	FY25 AVG.	FY25 TARGET
15%	17%	20%	20.58%	28.61%	25.21%	26.94%	25%	17%

Measure Description

This measure quantifies the percentage of older adults and people with disabilities benefiting from Aging Network meal services (denominator) who are determined to have “high nutritional risk” (numerator).



Data Source/Methodology

The WellSky Aging and Disability Database is used by providers contracted through the AAAs to document services provided. The Aging Network Division and the Office of Elder Affairs compile the data for performance measure reporting. All AAAs, except for the Navajo Area Agency on Aging (NAAA), use this database to capture monthly service and expense data from the senior centers and providers. Thus, the Q3 total for this measure includes PSAs 1–4 and PSA 6 and does not include data from PSA-5 (the Navajo Nation). Nutritional risk is determined for those currently receiving nutritional services (specifically, congregate or home delivered meals); “high nutritional risk” is determined for those who score 6 or higher on the nutritional assessment section of the state required state needs assessment, based on ACL/OAA and New Mexico Administrative Code (NMAC) regulations.

Story Behind the Data

For FY25 Q4 the data reflects an increase of 1.7% from Q3. The overall average exceeds the FY26 target by 8.335%.

Performance Measure #1 Improvement Action Plan

As a result of implementing the new UCIT consumer assessment tool, we anticipate more older persons will be identified as being nutritionally at-risk.

Performance Measure #2:

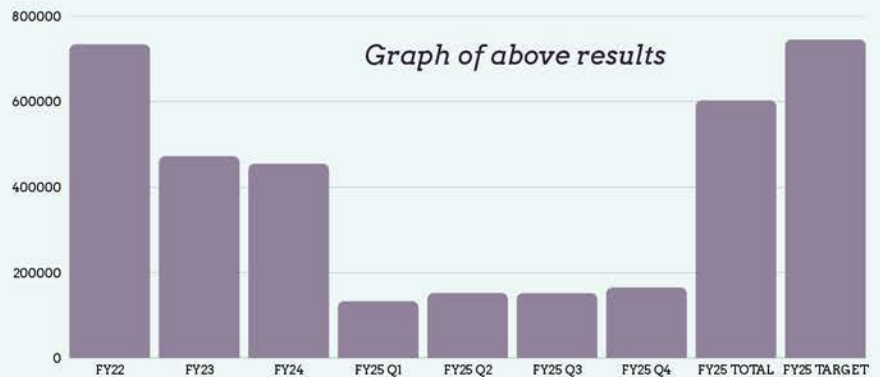
Number of hours of services provided by senior volunteers, statewide.

Results

FY22	FY23	FY24	FY25 Q1	FY25 Q2	FY25 Q3	FY25 Q4	FY25 TOTAL	FY25 TARGET
733,910	472,250	454,772	133,168	152,291	152,121	165,273	602,853	745,000

Measure Description

This measure quantifies the number of hours provided by New Mexico senior volunteers in the following AmeriCorps Seniors Programs: Foster Grandparent Program (FGP), Senior Companion Program (SCP), and the Retired and Senior Volunteer Program (RSVP).



Data Source/Methodology

New Mexico providers participating in the AmeriCorps Seniors FGP, SCP, and RSVP submit data to AND's Senior Services Bureau. Subsequently, Bureau staff perform quality assurance approaches to verify data submitted by the providers. In the unlikely event the provider does not provide their data during the applicable quarter, those data are reported in the next state fiscal quarter.

Story Behind the Data

Although the FY25 volunteer service hours are under target by 21%, the data reflects an increase from FY24 of 28% and 24% from FY23. Both volunteers and beneficiaries gain from senior volunteerism. According to current AmeriCorps Seniors survey data, 84% of volunteers report having better or stable health, 88% report feeling less alone, and 78% report feeling less melancholy. It is essential for volunteer programs to maintain a balance of activities that are permissible while also allow for flexibility in volunteer activities.

Performance Measure #2 Improvement Action Plan

In September 2024, ALTSD released a strategic plan, which included volunteer recruiting as a key priority for the next three years. As a result, volunteer program providers have increased retention efforts and redirected marketing tactics to boost interest in volunteerism among older adults. The division has increased trainings targeted at increasing volunteer recruitment and retention, along with the additional outreach efforts. The Department also implemented a Care Companion Volunteer program where volunteers are providing companionship to resident in long-term care facilities and implemented a pilot program with NCNMEDD Non-Metro AAA for a volunteer transportation program to fill the gap in transportation services.

Performance Measure #3:

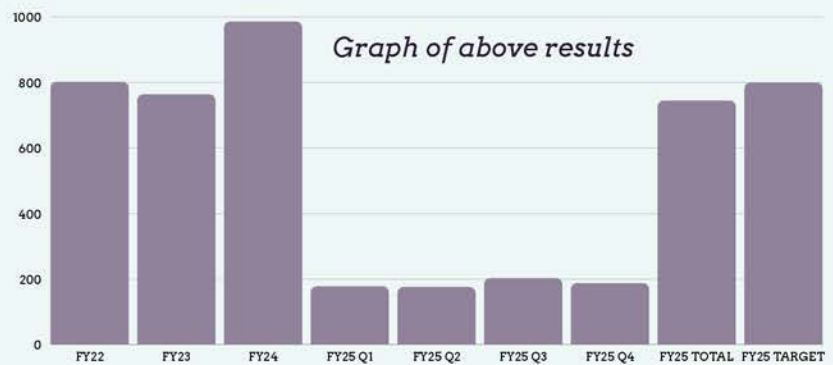
Number of outreach events and activities to identify, contact and provide information about aging network services to potential aging network consumers who may be eligible to access senior services but are not currently accessing those services.

Results

FY22	FY23	FY24	FY25 Q1	FY25 Q2	FY25 Q3	FY25 Q4	FY25 TOTAL	FY25 TARGET
802	764	986	178	176	203	188	745	800

Measure Description

This measure quantifies the number of outreach events disseminated to the public. During these outreach events, ALTSD staff disseminate information regarding the types and availability of services provided by the Aging Network.



Data Source/Methodology

The Aging Network Division collects the number of outreach events provided by program providers; State Program Report Outreach Events; ALTSD’s Consumer and Elder Rights Division (CERD); and ALTSD’s Long-Term Care Ombudsman Program (LTCOP). Subsequently, all outreach events regarding the types and availability of services provided by the Aging Network are included in the total number of events per time-period.

Story Behind the Data

Recruiting individuals who may benefit from Aging Network services is just one form of outreach. Other efforts include sharing information through local employers, websites, social media, newspapers, radio, and television. Additionally, outreach extends to community sources such as religious organizations, civic groups, educational institutions, senior centers, congregate meal sites, and other places commonly visited by older adults.

Performance Measure #3 Improvement Action Plan

ALTSD works across department divisions to ensure the populations served are provided with relevant, current, and applicable information. AND collaborates with several ALTSD divisions and external partners and service providers to distribute relevant Older American Act services and ALTSD state funded programming, and provider information to older adult populations statewide.

Performance Measure #4:

Number of meals served in congregate, and home delivered meal settings

Results

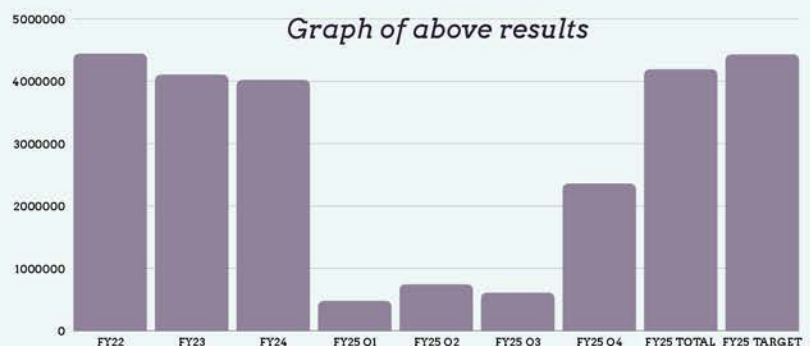
FY22	FY23	FY24	FY25 Q1	FY25 Q2	FY25 Q3	FY25 Q4	FY25 TARGET	FY25 TARGET
4,443,066	4,105,279	4,020,390	478,048	744,110	610,768	2,358,230	4,191,156	4,430,000

Measure Description

This measure includes the number of meals served in congregate, home delivered, "grab and go" settings. Meals are reported for breakfast, lunch, dinner, and weekends.

Data Source/Methodology

The WellSky Aging and Disability Database is used by providers contracted through the AAAs to document services provided. The Aging Network Division and the Office of Indian Elder Affairs compile the data for performance measure reporting. All AAAs, except for the Navajo Area Agency on Aging (NAAA), use this database to capture monthly service and expense data from the senior centers and providers. Thus, the Q3 total for this measure includes data collected from PSAs 1-4, PSAs 5 and 6.



Story Behind the Data

***The FY25 Q1-Q3 unit data was under-reported so to correct, the missing units were calculated and subsequently added to Q4. The error stemmed from incorrect data being compiled that did not include units of service for unregistered consumers and user groups. The error resulted in an undercount in the number of units reported. The error has been identified and corrected for future reporting purposes. Correct data: Q1: 546,605, Q2: 289,956, Q3: 429,670 under reported units.

FY25 congregate and home delivered meals increased by 4% from FY24. Aging Network providers are capable of increasing units and persons serviced; however, they are limited to funding and capacity availability.

Performance Measure #4 Improvement Action Plan

Strategies for expanding client services and enhancing performance measure outcomes include efforts by the AAAs to increase client registration and increase targeted outreach. ALTSD will increase Older American Act training in collaboration with the AAAs to improve thorough, timely data reporting.

Performance Measure #5:

Number of Transportation Units Provided

Results

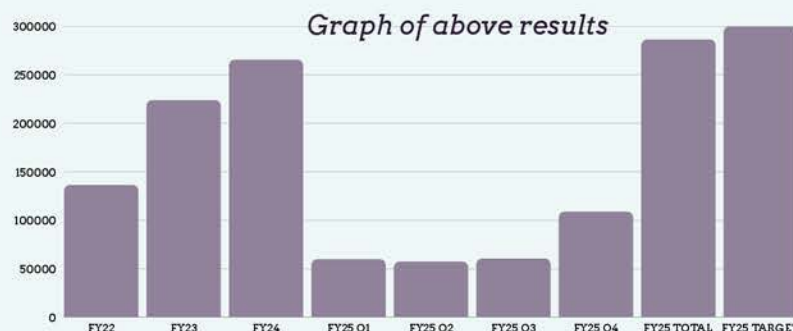
FY22	FY23	FY24	FY25 Q1	FY25 Q2	FY25 Q3	FY25 Q4	FY25 TOTAL	FY25 TARGET
136,426	223,938	265,565	59,806	57,319	60,519	108,826	286,470	300,000

Measure Description

This measure quantifies transportation service units for older adults and adults with disabilities. One unit of service represents a one-way trip provided to an older adult or a person with a disability.

Data Source/Methodology

The WellSky Aging and Disability Database is the repository used by providers contracted through the AAAs to document services. All AAAs, except for the Navajo Area Agency on Aging (NAAA), use this database to capture monthly service and expense data from the senior centers and report it to ALTSD. NAAA has the flexibility to use their allocation of New Mexico general funds in the service categories they deem necessary. ALTSD and the Office of Indian Elder Affairs compile the data for quarterly and annual performance measure reporting.



Story Behind the Data

***The FY25 Q1–Q3 unit data was under-reported. The missing units were calculated and subsequently added to Q4. The error stemmed from incorrect data being compiled that did not include units of service for unregistered consumers and user groups. The error resulted in an undercount in the number of units reported. The error has been identified and corrected for future reporting purposes.

FY25 data reflects a 7.5% increase in units from FY24. Senior transportation services are crucial for maintaining the independence, well-being, and social engagement of older adults to aid in access to essential services like healthcare, social activities, reducing isolation and improving overall quality of life.

Performance Measure #5 Improvement Action Plan

Care Transition Volunteer Program (CTVP) was introduced as a pilot in FY25 and is in the planning and implementation phase. Volunteers use their personal vehicles to drive clients sixty (60) years of age and older home upon discharge from long-term care facilities and to scheduled non-emergency medical appointments and/or pharmacy trips during the client’s recovery period. The program includes other supports such as companionship, respite, light housekeeping/in-home assistance, fall prevention, and referrals to other services to ensure client’s safe occupancy and movement around the home, during the recovery period.

Performance Measure #6:

Number of hours of caregiver support

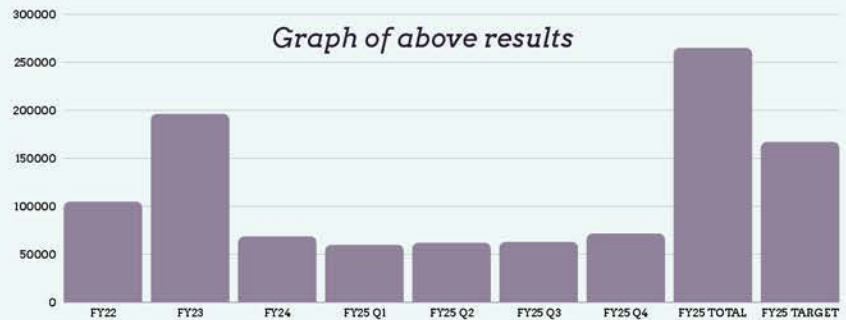
Results

FY22	FY23	FY24	FY25 Q1	FY25 Q2	FY25 Q3	FY25 Q4	FY25 TOTAL	FY25 TARGET
104,730	196,246	222,922	68,508	61,943	62,895	71,560	264,906	167,000

Measure Description

Caregiver support is a strategic priority for ALTSD. Services reported for this measure include home care, adult day care, respite care, and other support services. The description of this measure expanded in FY23 to include training, counseling, and support groups, to

reflect the wide array of support services more comprehensively provided to New Mexico caregivers. The training data reported includes evidence-based caregiver training, such as that provided through the Savvy Caregiver training program. As of FY24 Q1, data for this measure no longer includes services provided by the New Mexico Chapter Alzheimer’s Association or by ALTSD’s ADRC Caregiver Information Services; therefore, data for this measure collected during FY21, FY22, and FY23 should not be compared to data collected during FY24.



Data Source/Methodology

Caregiver support is a priority for ALTSD. Services reported for this measure include home care, adult day care, respite care, and other support services. The description of this measure expanded in FY23 to include training, counseling, and support groups, to reflect the wide array of support services more comprehensively provided to New Mexico caregivers.

The training data reported includes evidence-based caregiver training, such as that provided through the Savvy Caregiver training program. As of FY24 Q1, data for this measure no longer includes services provided by the New Mexico Chapter Alzheimer’s Association or by ALTSD’s ADRC Caregiver Information Services; therefore, data for this measure collected during FY21, FY22, and FY23 should not be compared to data collected during FY24.

Story Behind the Data

Hours of caregiver support increased by 17% from FY24. Home care, respite care, and adult day care provides temporary relief for caregivers and are among the services reported for this metric.

Performance Measure #6 Improvement Action Plan

Funding to support caregivers and improving awareness of existing programs is crucial to increase caregiver support services in New Mexico.



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