FY25 Performance Measures
Q1 – October 31, 2024
Aging and Long Term Services Department

Michelle Lujan Grisham
Governor

Antoinette Vigil
Deputy Cabinet Secretary

NEW MEXICO AGING SERVICES

Agency Mission:

The Mission of the Aging & Long-Term Services Department (ALTSD) is to provide accessible, integrated services to older adults, adults with disabilities, and caregivers, to assist in maintaining their independence, dignity, health, 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**   **P592**
  THE LONG-TERM CARE OMBUDSMAN PROGRAM

- **ADULT PROTECTIVE SERVICES**   **P593**

- **AGING NETWORK**   **P594**

Consumer and Elder Rights Division and the Long-Term Care Ombudsman Program

Program Description, Purpose, and Objectives: The Consumer & 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, and 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)
- Care Transitions Bureau (CTB)
- Prescription Drug Assistance Program
- NM Veteran Directed Care 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.

Program Budget (in thousands):

FY25	General Fund	Other State Funds	Federal Funds	Other Transfers	TOTAL	FTE
200	1,895.70		1,151.3	900.0	3,947.0	40
300	10.0		111.0		121.0	
400	244.6		609.5		854.1	
TOTAL	2,150.3		1,871.8	900.0	4,922.1	

FY24		General Fund	Other State Funds	Federal Funds	Other Transfers	TOTAL	FTE
200		1,830.7		1,183.9	1,300.0	4,314.6	48
300	10.0	553.8			563.8		
400	244.6	614.5			859.1		
TOTAL	2,085.3	2,352.2	1,300.0		5,737.5		

CERD Program 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.
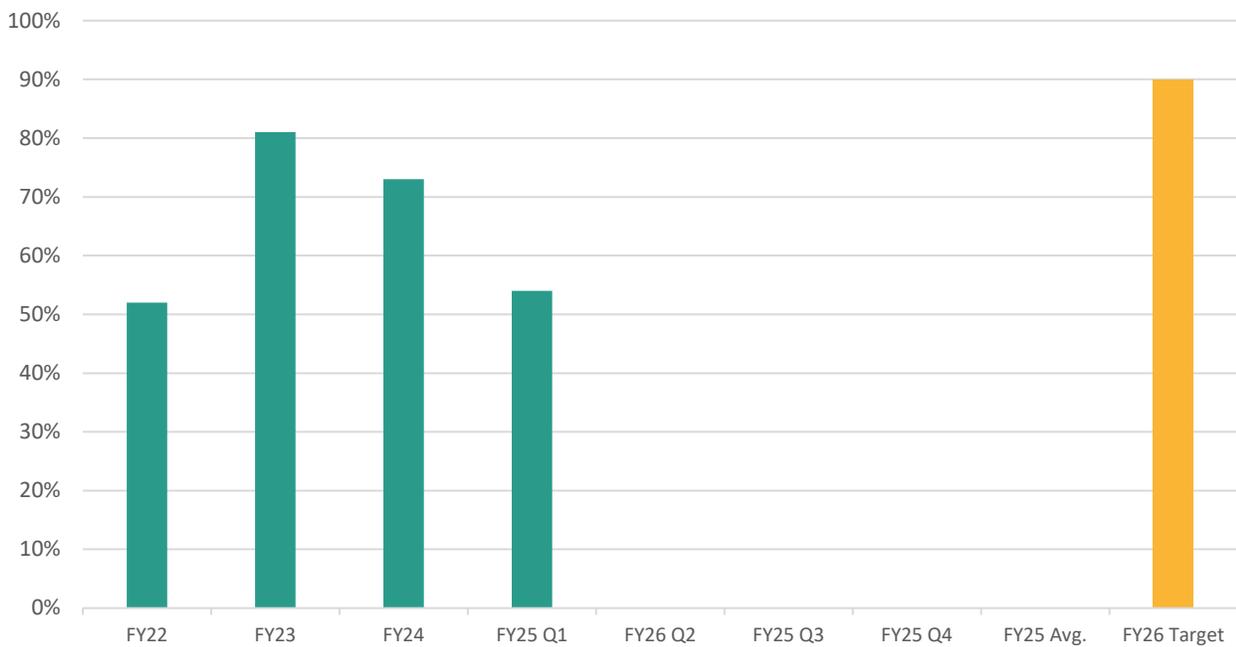7. Percent of ombudsman complaints resolved within sixty days.

PERFORMANCE MEASURE #1

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

Results

FY22	FY23	FY24	FY25 Q1	FY25 Q2	FY25 Q3	FY25 Q4	FY25 Avg.	FY26 Target
52%	81%	73%	54%				54%	90%

Graph of Data Above

MEASURE DESCRIPTION: This measure reflects the adequacy of the Aging and Disability Resource Center (ADRC) responsiveness to customer needs.

DATA SOURCE/METHODOLOGY: The ADRC utilizes the Cisco call system database and Wellsky Social Assistance Management System (SAMS) database. The ADRC model required by the Federal Government's Administration for Community Living (ACL) is an entry where consumers obtain information, assistance, and referrals. The percentage of calls answered by a live operator provides an indication of the demand for services and its relationship to customer service and ADRC staff resources.

STORY BEHIND THE DATA: During the first quarter FY25, 54% of the calls to the ADRC were answered by a live operator. The ADRC received 11,062 calls in the first quarter of FY25, an increase of 925 calls from Q4 FY24. This equates to an average of 174 calls per day, an increase from the average of 165 calls per day in Q4 FY24. The ADRC had an average of 8 Options Counselors during the first quarter. Three counselors were dedicated to appointments. All other Options Counselors addressed live calls, walk-ins, return calls, and overflow appointments. There were three permanent position vacancies during this timeframe. We received approval for 4 temporary positions, for which we posted and conducted interviews. The time required to train 5 new staff members impacted the number of available trained operators to answer calls. Initial training requires extensive time investments from the supervisors and tenured employees to achieve the training requirements. There were 2 Holidays, 2 training meetings (3.0 hours total), 5 staff meetings (6.25 hours total), and multiple instances where technological systems were down (approximately 3.25 hours total) during the first quarter. We also worked through staffing shortages due to scheduled and unscheduled leave.

IMPROVEMENT ACTION PLAN: We are recruiting for the vacant temporary Options Counselor positions. We are in the process of upgrading our phone system from Cisco to Zoom, which should reduce the issue of abandoned calls because it should allow immediate callbacks and Chat options as additional assistance to callers. The system upgrade is expected to occur in the first half of FY25.

Alliance for Information and Referral Taxonomy is used to track the topics discussed and reviewed during each counseling session. Topic entries are entered into the SAMS database which includes entries by non-ADRC staff. The top five topics of concern in this quarter were:

- Medicaid: 7,698 consumers
- Medicare: 3,209 consumers (benefit explanation, enrollment, counseling)
- Disability: 125 consumers
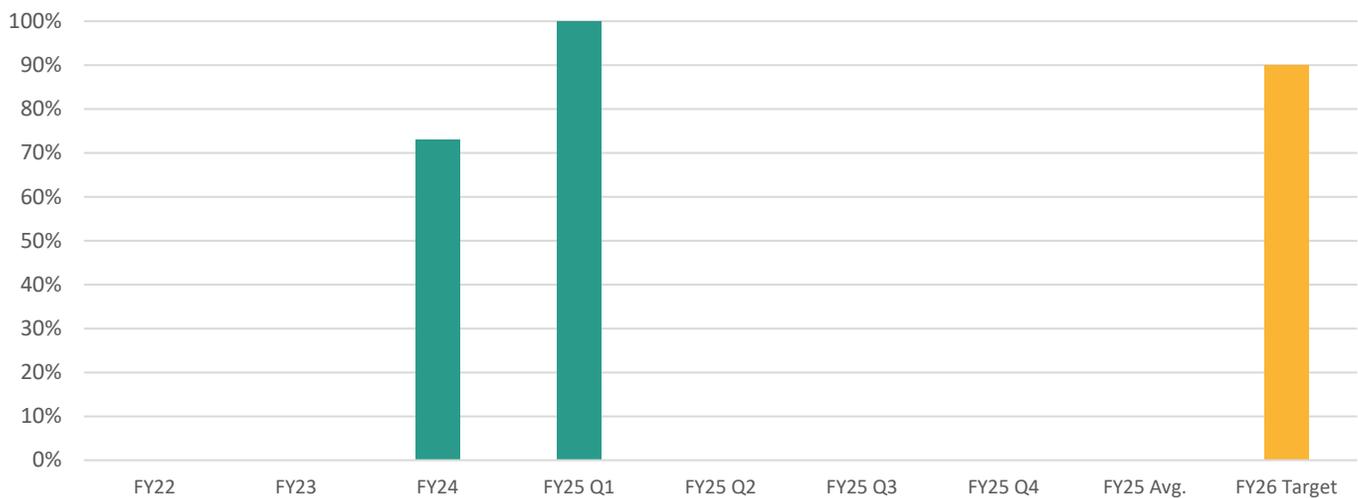- VA: 27 consumers
- Social Security: 22 consumers

PERFORMANCE MEASURE #2

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

Results

FY22	FY23	FY24	FY25 Q1	FY25 Q2	FY25 Q3	FY25 Q4	FY25 Avg.	FY26 Target
N/A	N/A	73%	100%					90%

Graph of Data Above

MEASURE DESCRIPTION: This 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 their relationship to customer service and ADRC staff resources.

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, callers are asked to complete a customer satisfaction survey which is compiled for analyses. For this performance measure, we ask the question "How satisfied are you that we addressed your primary reason for contacting us today?" On a scale of 1 – 5 with 1 as *very unsatisfied* and 5 as *very satisfied*, respondents communicate their experience.

STORY BEHIND THE DATA: During the first Quarter of FY25, all of the 47 respondents (100%) indicated that they were either satisfied or very satisfied that the ADRC staff member successfully addressed or resolved their primary reason for contacting us in a single contact.

IMPROVEMENT ACTION PLAN: Through regular assessment of caller survey data, weekly team performance meetings, ongoing training, and individual Options Counselor development plans, we expect to maintain a high level of customer satisfaction through single call resolution efforts on a regular basis. We plan to collect more customer service survey responses through the automated feature anticipated through the updated phone system.
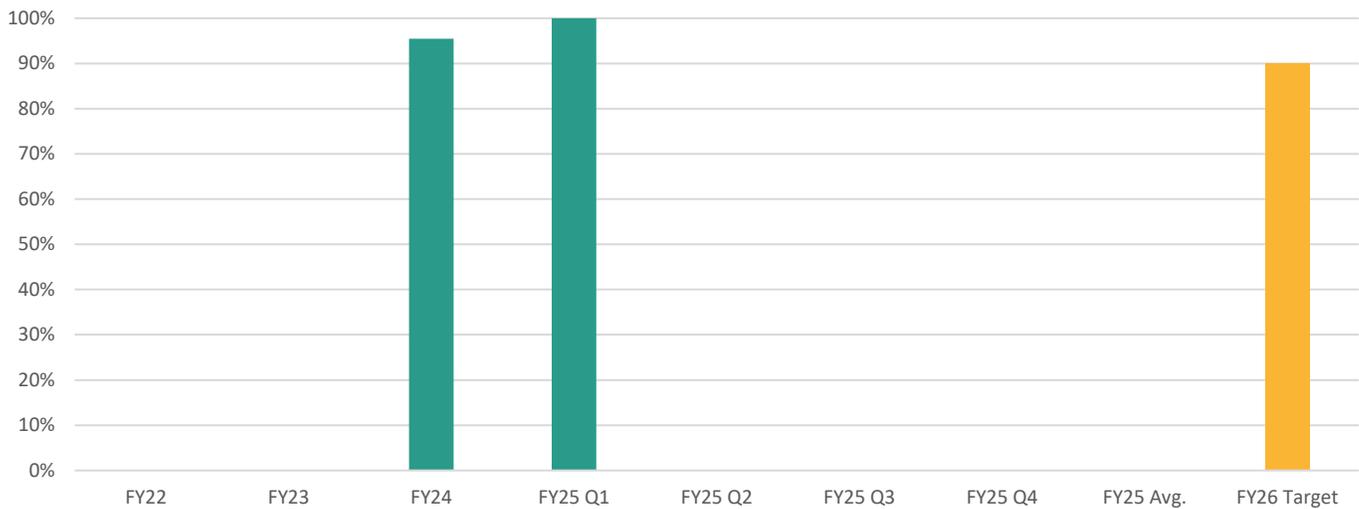
PERFORMANCE MEASURE #3

Percentage of customers satisfied with the outcome of their call to the aging and disability resource center.

Results

FY22	FY23	FY24	FY25 Q1	FY25 Q2	FY25 Q3	FY25 Q4	FY25 Avg.	FY26 Target
N/A	N/A	96%	100%					90%

Graph of Data Above

MEASURE DESCRIPTION: The measure indicates the complexity of calls received by the Aging and Disability Resource Center.

DATA SOURCE/METHODOLOGY: The Aging and Disability Resource Center (ADRC) conducts a satisfaction survey to assess the effectiveness of their counseling services. At the conclusion of each telephone counseling session, callers are asked to complete a customer satisfaction survey, and the data are compiled for analyses. For this performance measure, we ask, "Overall, how satisfied are you with the outcome of your call to the Aging and Disability Resource Center?" On a scale of 1 – 5 with 1 as *very unsatisfied* and 5 as *very satisfied*, respondents communicate their experience.

STORY BEHIND THE DATA: During the first quarter FY25, all of the 47 respondents (100%) were satisfied with the outcome of their call to the Aging and Disability Resource Center.

IMPROVEMENT ACTION PLAN: Regularly evaluating our processes, maintaining current resources and knowledge, and incorporating customer feedback will continue to help us earn high customer service feedback as measured through regularly administered surveys.
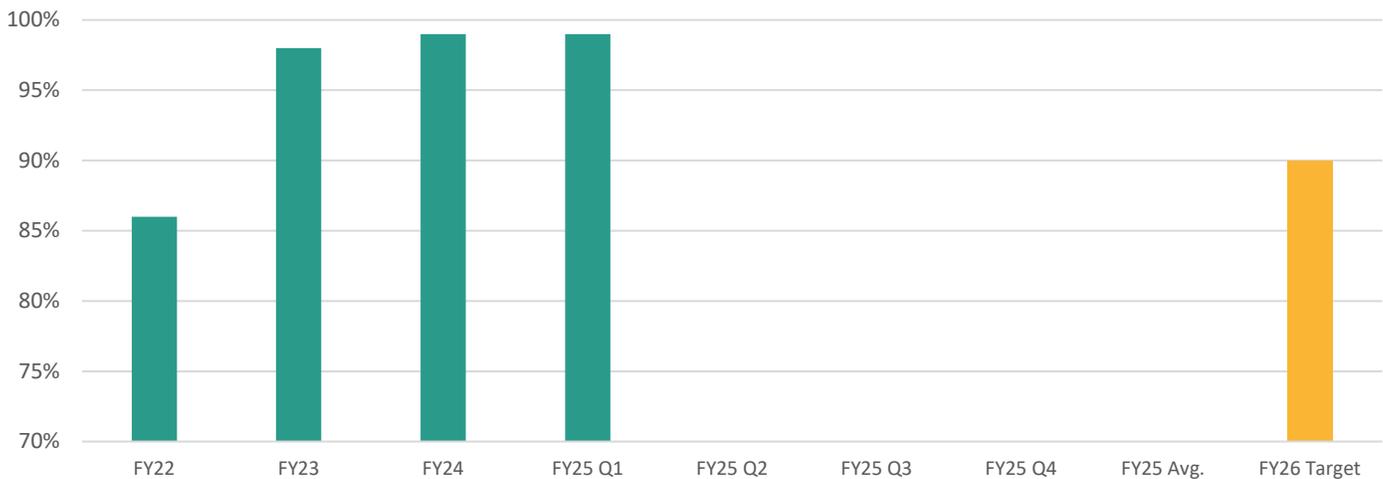
PERFORMANCE MEASURE #4

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

Results

FY22	FY23	FY24	FY25 Q1	FY25 Q2	FY25 Q3	FY25 Q4	FY25 Avg.	FY26 Target
86%	98%	99%	99%					90%

Graph of Data Above

MEASURE DESCRIPTION: The percentage of residents who left 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 Care Transition Specialists (CTS). This percentage data is quantified using the number of people served by LTCOP CTS staff and the subsequent well-being check provided for six months following community re-entry or transfer.

STORY BEHIND THE DATA: During the 1st quarter of FY25, 99% of residents remained in the community for six months following a nursing facility transition. CTS continues to utilize an individualized process to develop a plan for the individual's transition to engage with clients, families, nursing and assisted living facilities and other agencies. This process guides CTS'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, CTS has seen a decrease in readmissions to a hospital setting and overall, better care of these clients in any type of setting. Additionally, CTS 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.

IMPROVEMENT ACTION PLAN: CTSU will continue to provide updated information on community resources, the community reintegration process to a less restrictive environment, access and support 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, and many other state agencies and with the NM Ombudsman program to increase Medicaid outreach and education among facility staff and residents.
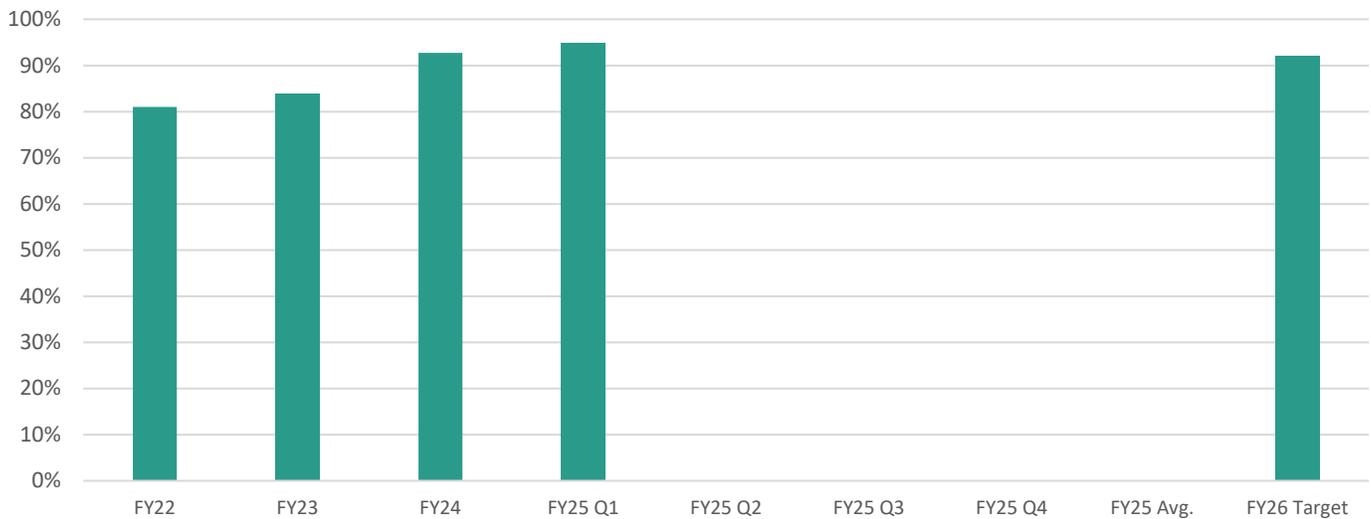
PERFORMANCE MEASURE #5

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.	FY26 Target
81%	84%	93%	95%					92%

Graph of Data Above

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 accessed from each system to obtain the necessary data for reporting.

STORY BEHIND THE DATA: In the first quarter of FY25, 95% 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.

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.
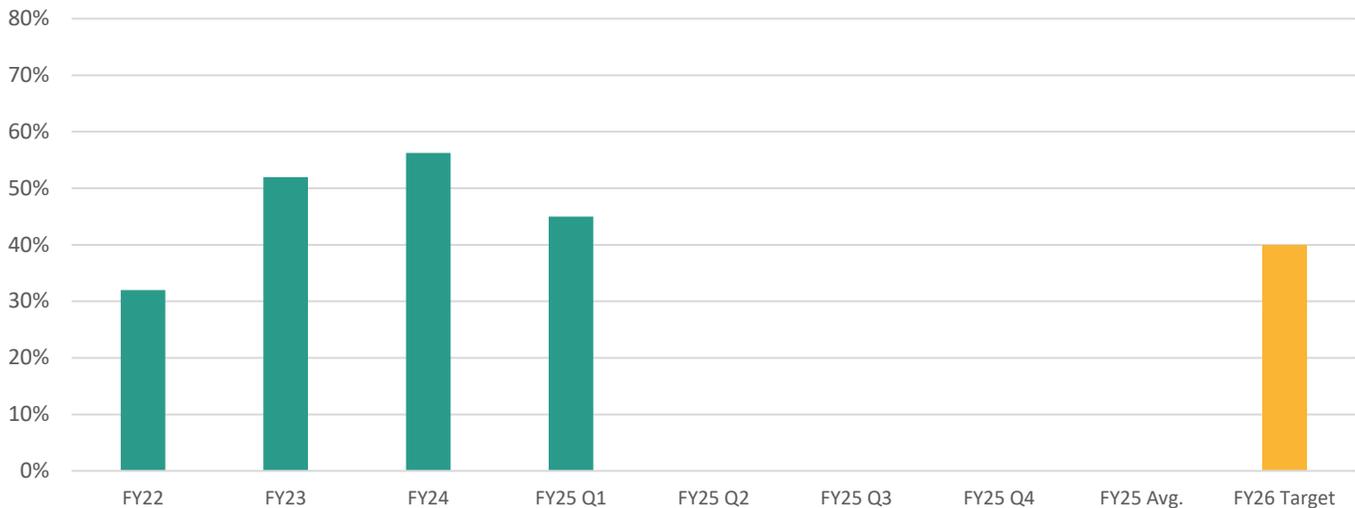
PERFORMANCE MEASURE #6

Percent of Facilities Visited Monthly

Results

FY22	FY23	FY24	FY25 Q1	FY25 Q2	FY25 Q3	FY25 Q4	FY25 Avg.	FY26 Target
32%	52%	56%	45%					40%

Graph of Data Above

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, complainant information, activities, resident data, investigations, and resolutions. Ombudsmanager fully automates data collection for the National Ombudsman Reporting Systems (NORS). All complaint automated reports and statistics aggregate automatically into the format required by the federal Administration on Community Living (ACL). Ombudsmanager is the industry standard for long-term care facility 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 Q1, the Long-Term Care State Ombudsman Program (LTCOP) staff (e.g., LTCOP Regional Coordinators) and LTCOP volunteers visited 45% of long-term care (LTC) facilities, exceeding the 40% target that was originally set for that period. LTCOP Supervisors continued to make visits in addition to regional coordinators and volunteers' visits. An additional focus this quarter was on interviewing and hiring new personnel, as well as recruiting volunteers. In Q1, we recruited 5 new volunteers and are in the process of planning a training program for them. As new hires on-board and new volunteers earn certification over the next couple of quarters, visits should continue to increase. With the increase in LTCOP staff, including three

who are currently in the hiring process, the number of facility visits is expected to stay above the projected goal. We will continue to increase visits to LTC facilities to investigate complaints, attend care plan meetings, provide educational presentations, and consult with LTC staff on residents' rights.

IMPROVEMENT ACTION PLAN: The LTCOP recognizes the importance of access to residents' rights advocacy provided by LTCOP Regional Coordinators and Ombudsman volunteers. The most effective advocacy occurs via in-person visits to LTC facilities by a LTCOP representative. The LTCOP will continue to hire qualified staff and actively recruit and train ombudsman volunteers.
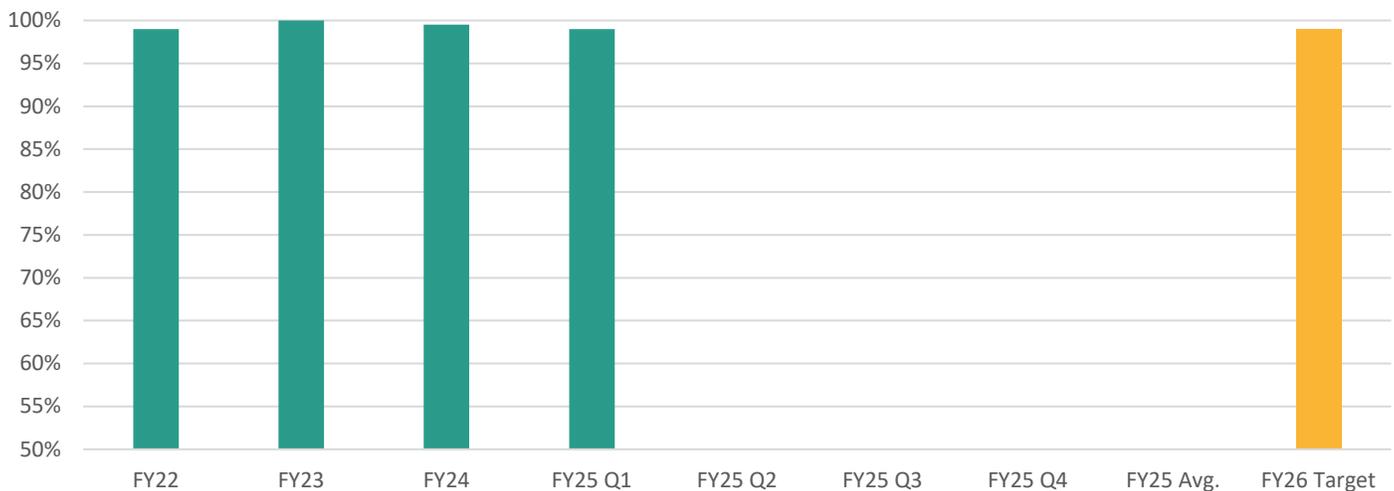
PERFORMANCE MEASURE #7

Percent of Ombudsman complaints resolved within sixty days.

Results

FY22	FY23	FY24	FY25 Q1	FY25 Q2	FY25 Q3	FY25 Q4	FY25 Avg.	FY26 Target
99%	200%	100%	99%					99%

Graph of Data Above

MEASURE DESCRIPTION: The percentage 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, including 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 this reporting period, 208 cases were referred to the Ombudsman program and 205 were closed within 60 days, a 99% resolution rate. The LTCOP always prioritizes timeliness in resolving complaints prior to 60 days and has implemented strategies to ensure timeliness of data entry.

IMPROVEMENT ACTION PLAN: The LTCOP will continue to work towards resolving all cases within 60 days. As this quarter's performance for this measure is attributed in part to the timeliness of reporting due, the LTCOP will continue to focus on resolving resident complaints in a timely manner, supporting one of the residents' rights. Staff training, monthly reviews, and oversight of staff documentation are key in maintaining this high percentage.

Adult Protective Services

Program Description, Purpose, and Objectives:

To investigate reports of abuse, neglect, or exploitation of adults who do not have the capacity to protect themselves and to provide short-term services to prevent continued abuse, neglect, or exploitation.

ALTSD's Adult Protective Services (APS) program is mandated by New Mexico state law to provide a system of protective services and to ensure availability of those services to abused, neglected, or exploited adults 18 years of age or older and who do not have the ability to self-care or self-protect. APS staff respond to situations in which functionally incapacitated adults are being harmed, are in danger of mistreatment, are unable to protect themselves, and/or have no one else to assist them. There are five APS geographic regions serving all 33 counties of New Mexico.

Program Budget (in thousands):

FY25	General Fund	Other State Funds	Federal Funds	Other Transfers	TOTAL	FTE
200	9,370.6		55.7	2,957.5	12,383.8	
300	5,826.8		442.8	1,926.3	8,195.9	128
400	821.4		5.0	250.0	1,076.4	
TOTAL	16,018.8	-	503.5	5,133.8	21,656.1	

FY24	General Fund	Other State Funds	Federal Funds	Other Transfers	TOTAL	FTE
200	8,421.4			2,400.00	10,821.4	
300	6,242.3			2,176.30	8,418.6	
400	721.4				721.4	
TOTAL	15,385.1			4,576.30	19,961.4	133

APS Program 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 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 percentage of consumers for whom referrals were made, that accessed services and remained in a community setting for six or more months.
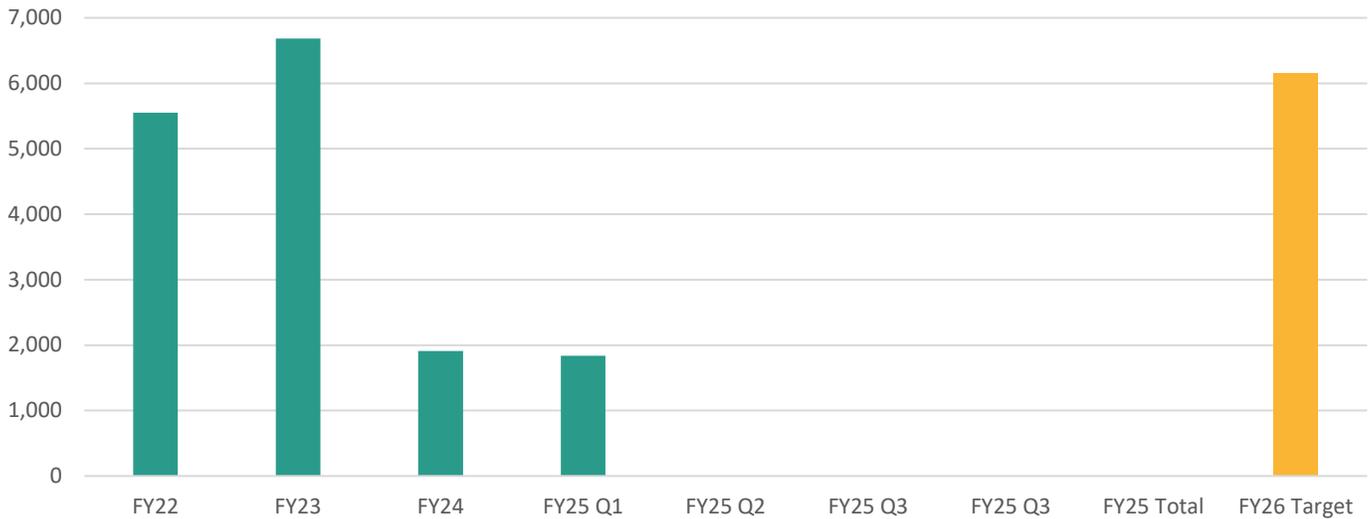
PERFORMANCE MEASURE #1

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	FY26 Target
5,550	6,863	1,908	1,838					6,150

Graph of Data Above

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 (APS) 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 Q1 FY25, APS conducted 1,838 investigations, reflecting a slight 2.5% decrease from 1,885 investigations in Q4 FY24. This marks a continued but modest decline quarter-over-quarter. However, reports of abuse, neglect, exploitation, and self-neglect remain steady, showing that the need for APS services is consistent.

The data reinforces APS's mission to protect vulnerable adults by balancing response and prevention, continuing to foster community trust and safety.

IMPROVEMENT ACTION PLAN: Public education on referral methods, led by regional supervisors, ensures the community is informed on how to report concerns and access resources.

Refined cross-reporting processes maintain consistency in investigations, with supervisors ensuring timely responses statewide. The 24-hour telephone system guarantees continuous access for reporting, supported by enhanced business-hour responses and expanded after-hours teams for immediate action when needed.

Given these well-established practices, no additional improvement plan is necessary at this time, as current strategies ensure effective prevention, protection, and harm reduction across the state. The agency remains committed to ongoing monitoring, nonetheless.
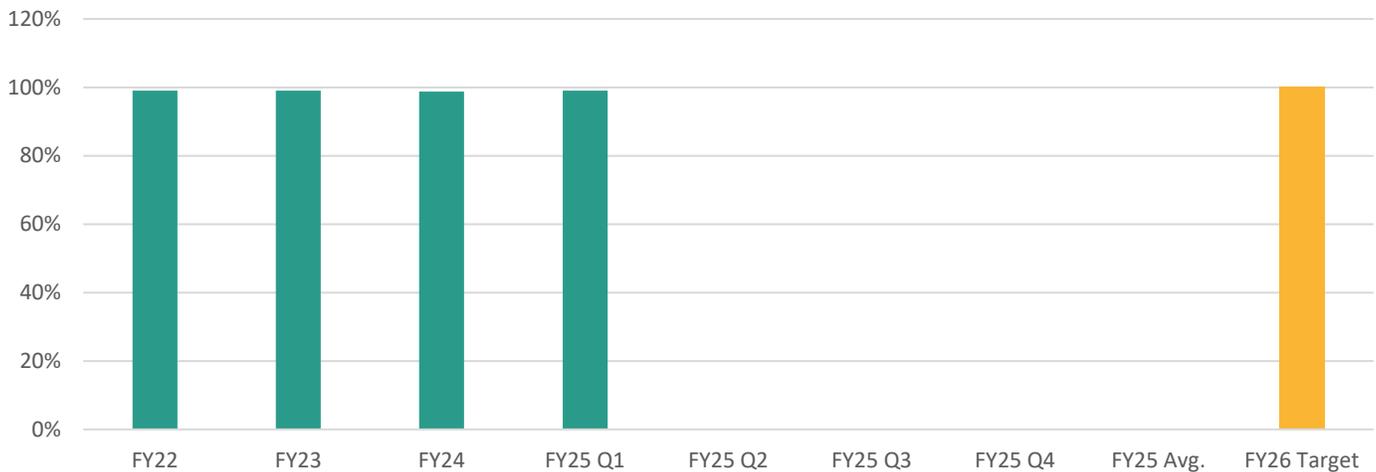
PERFORMANCE MEASURE #2

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.	FY26 Target
99%	99%	99%	99%					100%

Graph of Data Above

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.

DATA SOURCE/METHODOLOGY: Adult Protective Services (APS) 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: With slightly lower caseloads, our face-to-face meetings achieved a 99% success rate, highlighting our commitment to prompt, effective responses. Investigators across all five regions of New Mexico remain available 24/7 to support victims of abuse, neglect, and exploitation.

Automated reminders keep staff, supervisors, and managers on track with meeting goals. While in some case workers may not reach 100% immediately, they quickly follow up to ensure client safety.

IMPROVEMENT ACTION PLAN: APS consistently meets its goals for timely face-to-face initiations, and no improvement plan is needed in this area. The agency remains committed to ongoing monitoring, nonetheless.

While challenges like natural disasters and safety concerns can affect rural investigators, staff ensure victims are seen promptly. Automated reminders, supervision, and proactive communication keep performance on track, demonstrating our continued commitment to protecting New Mexico's most vulnerable.
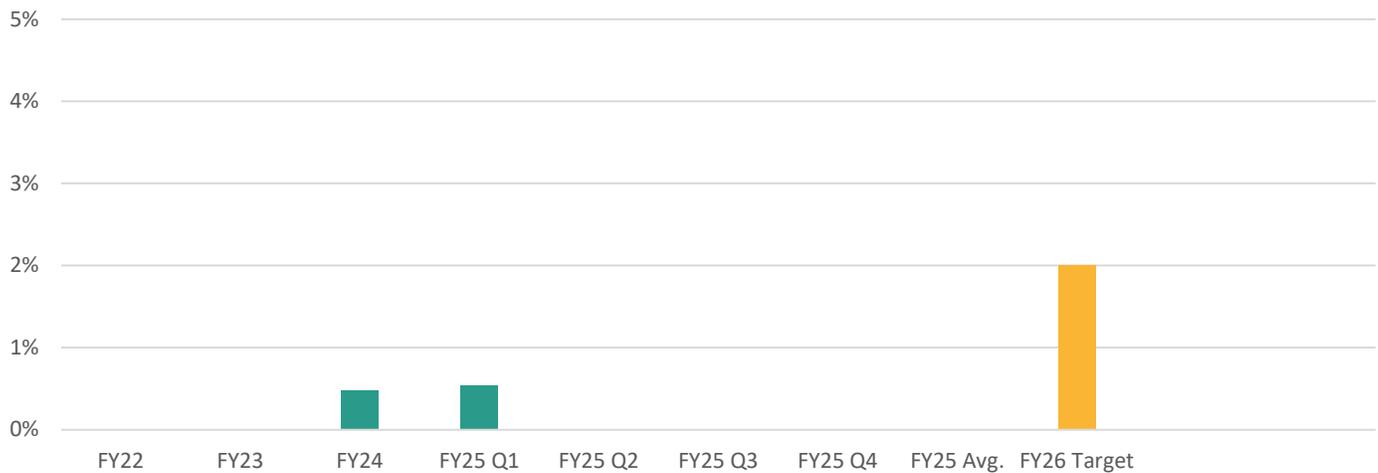
PERFORMANCE MEASURE #3

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.	FY26 Target
0%	0%	0.48%	.54%					2%

Graph of Data Above

MEASURE DESCRIPTION: The percentage of those repeat cases of abuse, neglect, or exploitation 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, an upgrade of the software is in process for APS use.

STORY BEHIND THE DATA: In Q1 FY25, our repeat maltreatment rate was 0.54%. For the final quarter of last year, it stood at .48%, well below the annual target of 2%, with an overall yearly average of the same rate.

Self-neglect remains a complex challenge, especially with older adults who struggle with independence and recognizing their care needs. Our agency continues to be proactive in offsetting repeat maltreatment within our elderly and vulnerable population in the state. By addressing core abuse, neglect, and exploitation through the harm reduction model, APS is able to balance safety with individual needs and preventing future incidents effectively.

IMPROVEMENT ACTION PLAN: Although there was a slight increase in repeat maltreatment over the last quarter (+.06%), it is important to note that these cases include self-neglect, a complex issue that requires ongoing attention. The agency continues to perform well in addressing abuse, neglect, and exploitation, consistently staying well under the 2% target for repeat maltreatment.

No improvement plan is needed in this area, as APS has demonstrated effective strategies to manage these challenges. The agency remains committed to ongoing monitoring, nonetheless.
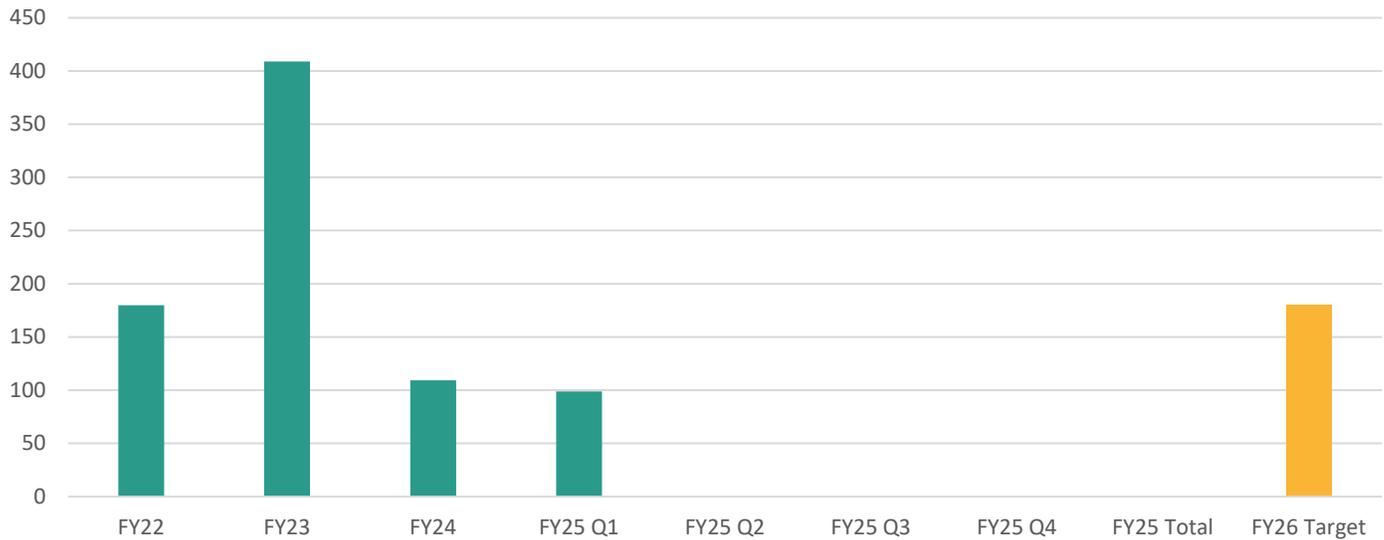
PERFORMANCE MEASURE #4

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	FY26 Target
180	409	438	99					180

Graph of Data Above

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 Q1 FY25, APS conducted 99 outreach presentations. APS maintains its commitment to raising awareness about abuse, neglect, exploitation, and self-neglect, particularly in rural areas. These presentations are crucial for fostering community responsibility and addressing issues like self-neglect. APS continues to collaborate with various agencies and community partners, offering presentations to educate about their intake process and mission, ultimately aiming to reduce repeat maltreatment and protect New Mexico's vulnerable populations.

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.
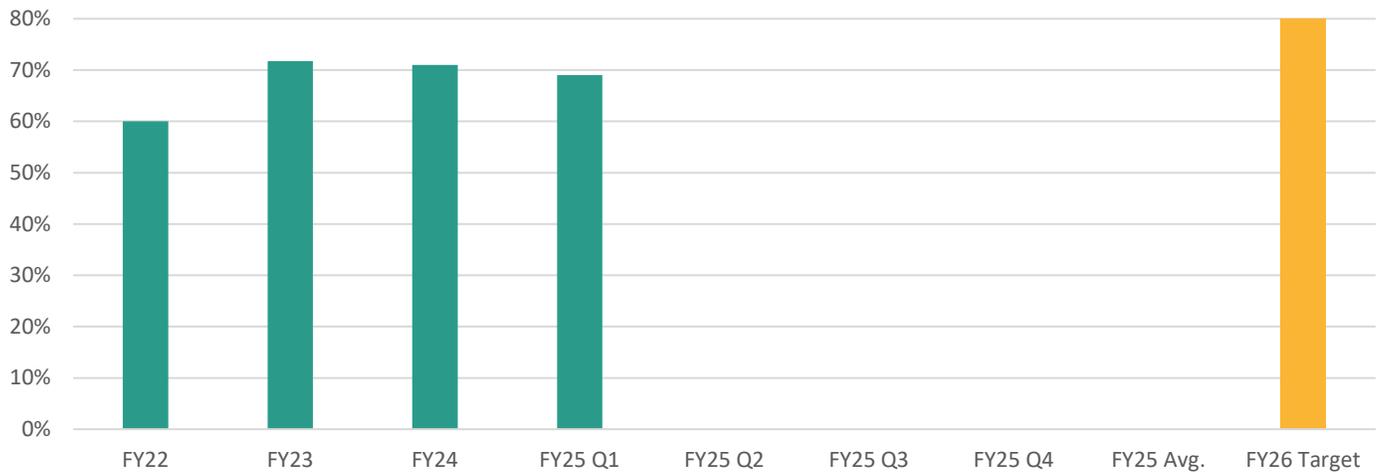
PERFORMANCE MEASURE #5

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.	FY26 Target
60%	72%	71%	69%					80%

Graph of Data Above

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 the 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: This quarter, service initiation within two weeks is 69%, slightly lower than in previous quarters. Providers have consistently faced challenges meeting this timeline due to three factors: One, the shortage of caregivers in the workforce generally; two, the lack of availability of that workforce heightened in rural areas and therefore response time unable to be met; three, scheduling conflicts such as delays in responses from clients. However, demand for Title XX services has grown as more individuals recognize their importance, especially in the post-pandemic period.

The agency excels in connecting at-risk individuals with services such as home care, personal care, and other in-home support. While Title XX services are active, cases remain open, allowing community engagement specialists and vendors to conduct regular check-ins. This consistent contact ensures client safety and provides the necessary support for making informed decisions about higher levels of care, if needed and accepted by the individual.

IMPROVEMENT ACTION PLAN: APS supervisors will improve on further collaboration with regional homecare and chore service providers to ensure an efficient delivery service. Through weekly meetings with providers, APS supervisors and field staff address any questions regarding client access and specific service needs. These regular check-ins ensure timely responses and support providers in fulfilling their commitments to both APS and shared clients. Regional providers are also working to expand their homecare staff through recruitment events.
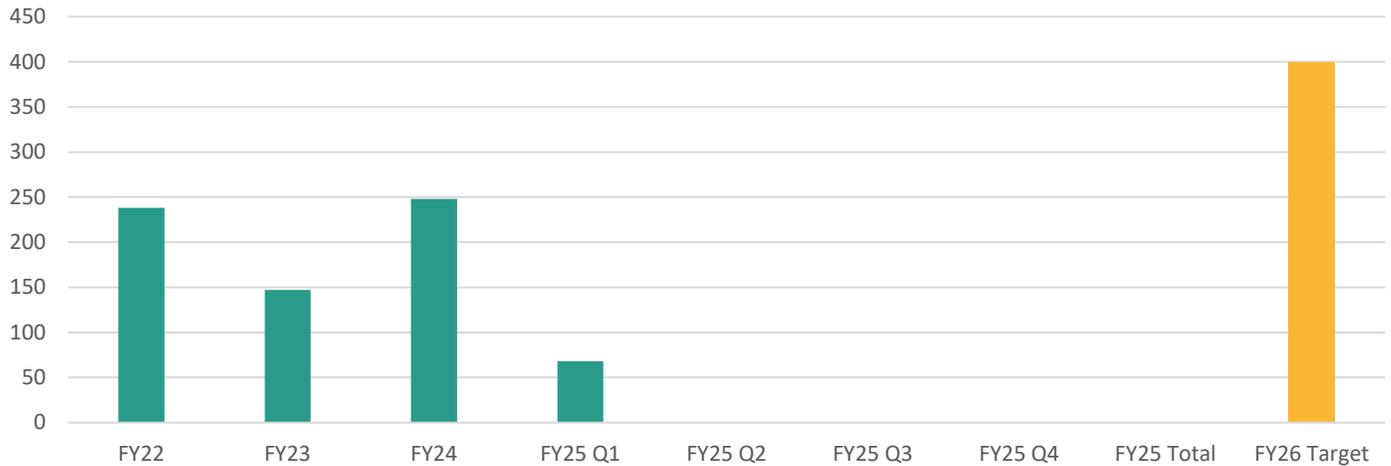
PERFORMANCE MEASURE #6

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 Total	FY26 Target
238	147	248	68					400

Graph of Data Above

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. Records are maintained 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 Q1 FY25, Adult Protective Services (APS) field investigators successfully made 68 Title XX referrals. While this is below the quarterly average of 100, APS remains committed to meeting community needs and continuously improving outcomes. One factor influencing referral rates is the increased competition from alternative programs that provide greater flexibility, such as allowing individuals to choose their own caregivers, often family members or someone they trust. These personalized care options are understandably appealing compared to the more structured model of Title XX.

Despite these evolving preferences, APS ensures that those referred still receive valuable services while awaiting approval for Community-Based Waivers, emphasizing a strong commitment to care continuity. Moving forward, APS is focused on delivering high-quality, essential services through its harm reduction model, meeting challenges with resilience and a client-centered approach.

IMPROVEMENT ACTION PLAN: To enhance Title XX referral rates for individuals experiencing abuse, neglect, exploitation, or self-neglect, APS is prioritizing personalized care that aligns with each client's needs. Investigators are committed to providing comprehensive information about all available services, helping clients make informed decisions by fully understanding the benefits of each program.

Supervisors will continue to offer staff targeted support, ensuring that every interaction emphasizes thorough discussion of relevant services. Ongoing staff training, case reviews, and regular feedback sessions further strengthen the agency's efforts. APS will also conduct internal audits to track progress and refine strategies, ensuring that all individuals receive timely, appropriate care tailored to their circumstances. The process in this realm will continually pivot based on the data as APS aims to achieve increasing success in connecting vulnerable individuals to the services they need most.
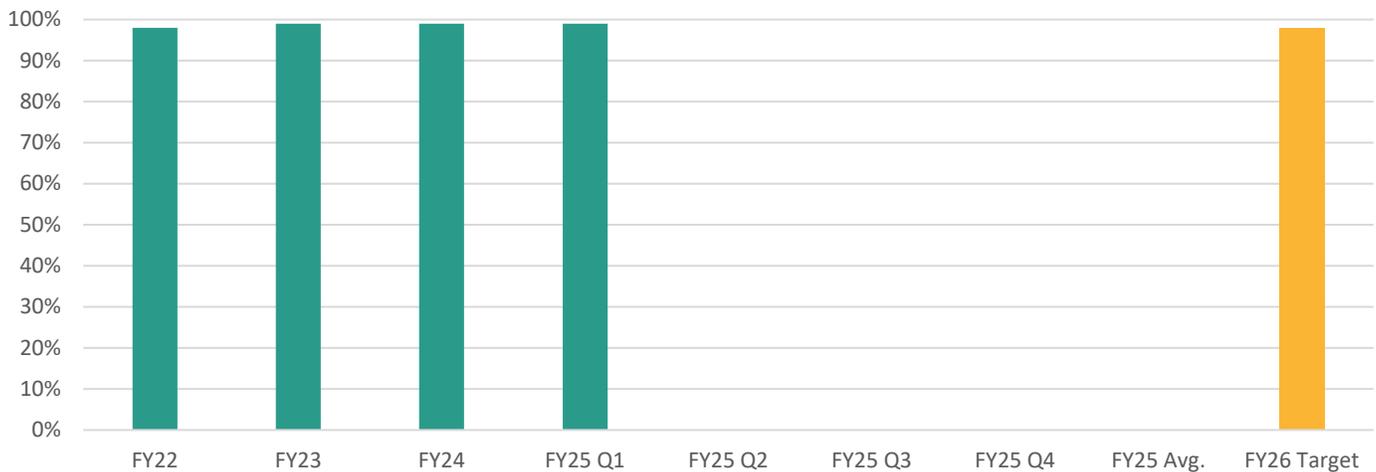
PERFORMANCE MEASURE #7

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.	FY26 Target
98%	99%	99%	99%					98%

Graph of Data Above

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.

DATA SOURCE/METHODOLOGY: Adult Protective Services (APS) utilizes 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: For Q1 FY25, APS maintained its goal by initiating 99% of cases on time, within priority timelines, continuing the agency's consistent performance. Priority 2 cases remain the most frequently assigned response time, reflecting the agency's focus on timely and efficient case management.

This achievement reflects APS's commitment to timely and effective case management. Extended response times for priority cases allow investigators to thoroughly prepare, ensuring comprehensive and considerate interactions with alleged victims. Regular monthly performance reviews help maintain these timelines, reinforcing the agency's dedication to providing prompt, reliable services to vulnerable populations.

IMPROVEMENT ACTION PLAN: APS remains confident in conducting timely investigations, consistently meeting the 99% initiation rate target. The agency works efficiently with its field staff to ensure quick responses to referrals, safeguarding individuals at risk. Ongoing recruitment efforts help maintain this standard by filling vacancies and expanding resources to meet demand. With specialized training and a strong workforce, APS continues to uphold high service standards, effectively addressing abuse, neglect, exploitation, and self-neglect—without the need for an improvement plan.
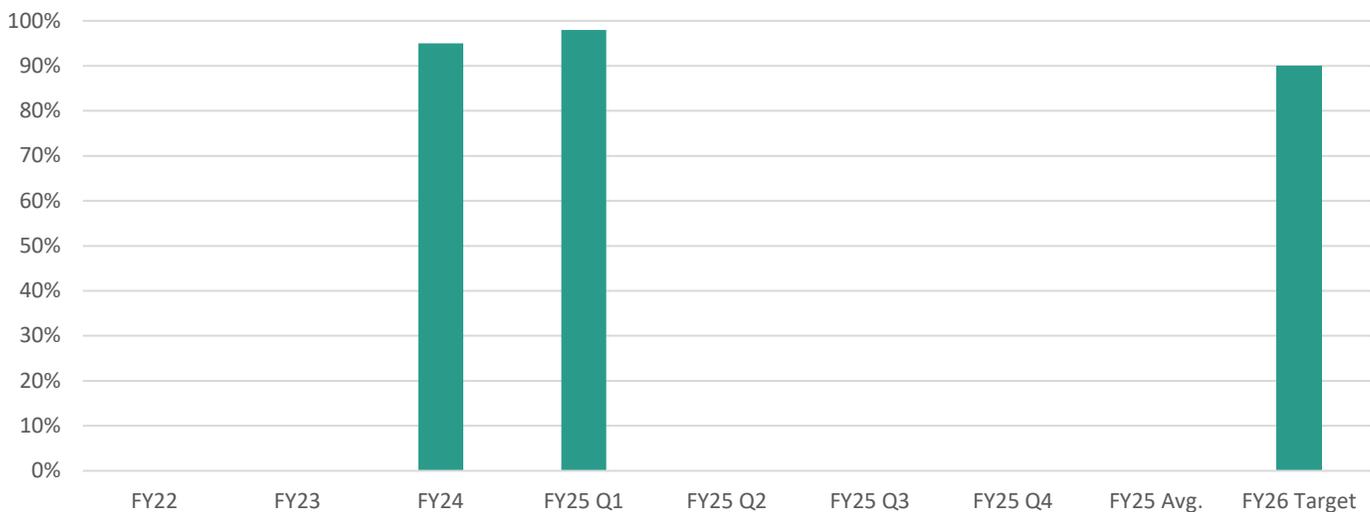
PERFORMANCE MEASURE #8

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.	FY26 Target
N/A	N/A	95%	98%					90%

Graph of Data Above

MEASURE DESCRIPTION: This measure quantifies the percentage of consumers who, after being provided with referrals to home services, are 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.

DATA SOURCE/METHODOLOGY: Adult Protective Services (APS) utilizes the "Title XX Tracker System" to collect critical data for performance metrics. The procedure involves Community Engagement Specialists (CES) who stay in touch with consumers or their representatives as part of an ongoing service plan. This ensures continued monitoring after services begin, to verify whether consumers remain in the community or move to a long-term care facility. CES' carefully document these details in the Title XX System, creating a comprehensive record of consumer referrals and their interactions with services.

STORY BEHIND THE DATA: This quarter, 98% of individuals remained in their homes after being referred, reflecting APS's commitment to helping consumers maintain independence and emotional well-being. Four (4) individuals were moved to long-term care due to health or mobility issues requiring assisted living or nursing home care.

This success rate highlights the effectiveness of APS's interventions in keeping individuals in community settings for six or more months. The harm reduction model plays a key role in enabling proactive, targeted interventions by CES, ensuring safety and stability at home. Ongoing recruitment of skilled CES staff and adaptive services allow APS to meet evolving health and support needs, further enhancing program sustainability and community impact.

IMPROVEMENT ACTION PLAN: APS achieved its 90% target, highlighting the critical role of CES agents in maintaining the Title XX program. CES agents regularly check on clients, ensuring compliance, safety, and the effectiveness of services. Title XX program remains well-maintained at a steady level.

No improvement plan is needed, as APS continues to meet goals through active engagement and responsive management. Feedback from staff, clients, and vendors helps refine services, while the new program manager, onboard since Q3, has been instrumental in quickly adapting strategies to support both clients and staff. This ongoing effort ensures the resilience and safety of those we serve.

Aging Network

Program Description, Purpose, and 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) and Capital Outlay are under AND.

The Aging Network serves older adults, people with disabilities, families, and caregivers through contracts with the New Mexico Area Agencies on Aging (AAAs) and tribes, pueblos, and nations for support services provided primarily by networks of community-based programs through services include but are not limited to congregate and home-delivered meals, homemaker assistance, transportation, 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 to support independent living.

The Aging Network Division (AND) also serves older adults, people with disabilities, families, children, and caregivers through contractual agreements with the AmeriCorps Seniors Volunteer Programs for the provision of supportive services.

Program Budget (in thousands):

FY25	General Fund	Other State Funds	Federal Funds	Other Transfers	TOTAL	FTE
200	1,682.6	34.5	455.3		2,172.4	
300	1,810.7	10.0	119.2		1,939.9	
400	42,596.9	71.3	11,450.1		54,118.3	24
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	
300	1,410.7	10.0	119.2		1,539.9	
400	38,576.9	71.3	11,142.5		49,790.7	18
TOTAL	41,055.4	115.8	11,817.0		52,988.2	

Program 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.

Please note that during FY2025 Quarter 1, fires, flooding, power outages impacted 3 New Mexico counties (South Fork Fire: Otero, Lincoln; Salt Fire: Mescalero Apache Reservation, Village of Ruidoso Downs, and flooding in San Miguel) providing services.
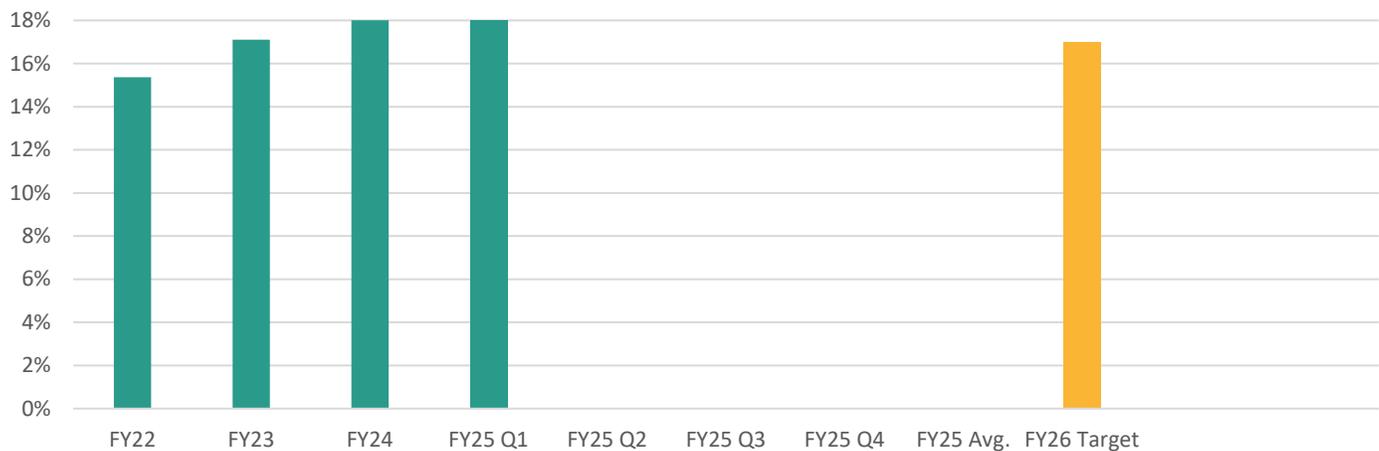
PERFORMANCE MEASURE #1

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.	FY26 Target
15%	17%	20%	20.58%					17%

Graph of Data Above

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 Q1 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: During Q1 of FY25, the Aging Network Division exceeded (20.58%) of the target (17%). The percentages of older adult New Mexicans determined to have high nutritional risk has increased since FY22 (15%). New Mexico data collected during FY21 through FY23 corroborates with national trends of those currently receiving nutritional services. The FY24 percentage of older adult New Mexicans determined to have high nutritional risk is 21.31%.

IMPROVEMENT ACTION PLAN: The Aging Network Division is in the final stages of implementing the Universal Consumer Assessment Tool (UCIT) with AAAs and Title III service providers, which will automate data collection the aging network. The UCIT includes a "Nutrition Risk Screening", a mandatory field to complete the survey. With the implementation of the UCIT, the Division expects an increase in the future to identify those older adults nutritionally at-risk.

| Action	Responsible Entity(ies)	Timeline
1. Issue Area Plan Guidelines	ALTSD	FY25 - 3rd Quarter
2. Area agencies develop plans	Area Agencies on Aging	FY25 - 4th Quarter
3. Approve plans	ALTSD	FY25 - 4th Quarter
4. Service delivery and reporting	Area Agency Contract Service Providers	Monthly
5. Training	ALTSD and Area Agencies on Aging	Bi-annually

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	FY26 Target
733,91	472,25	454,772	133,168					745,000

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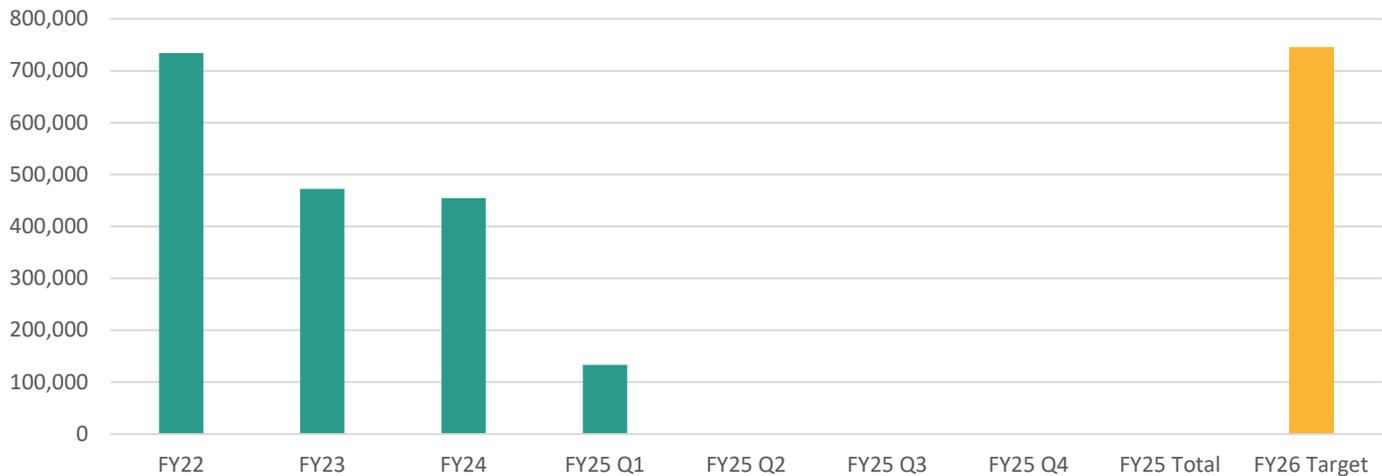
MEASURE DESCRIPTION: This measure quantifies the number of hours provided by New Mexico senior volunteers in the following AmeriCorps Seniors Programs: Foster Grandparent Program (FGP), Senior Companion Program (SCP), and the Retired and Senior Volunteer Program (RSVP) grantees.

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: Senior volunteerism benefits not only recipients but also volunteers. For example, recent survey data collected from AmeriCorps Seniors show 84% of volunteers report improved or stable health, 88% of volunteers reported a decrease in feelings of isolation, and 78% of volunteers felt less depressed.

The number of hours of services provided by volunteers were impacted in Catron, Doña Ana, Grant, Sandoval and McKinley Counties due to the grantee voluntarily relinquishing federal funding mid-year FFY24.

Please note that during FY2025 Quarter 1, fires, flooding, power outages impacted 3 New Mexico counties (South Fork Fire: Otero, Lincoln; Salt Fire: Mescalero Apache Reservation, Village of Ruidoso Downs, and flooding in San Miguel) providing services.

IMPROVEMENT ACTION PLAN: ALTSD has prioritized volunteer recruitment as a major initiative in the agency's strategic plan. These initiatives include targeted marketing campaigns and specific or required training and retention activities.

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	FY26 Target
802	764	986	178					800

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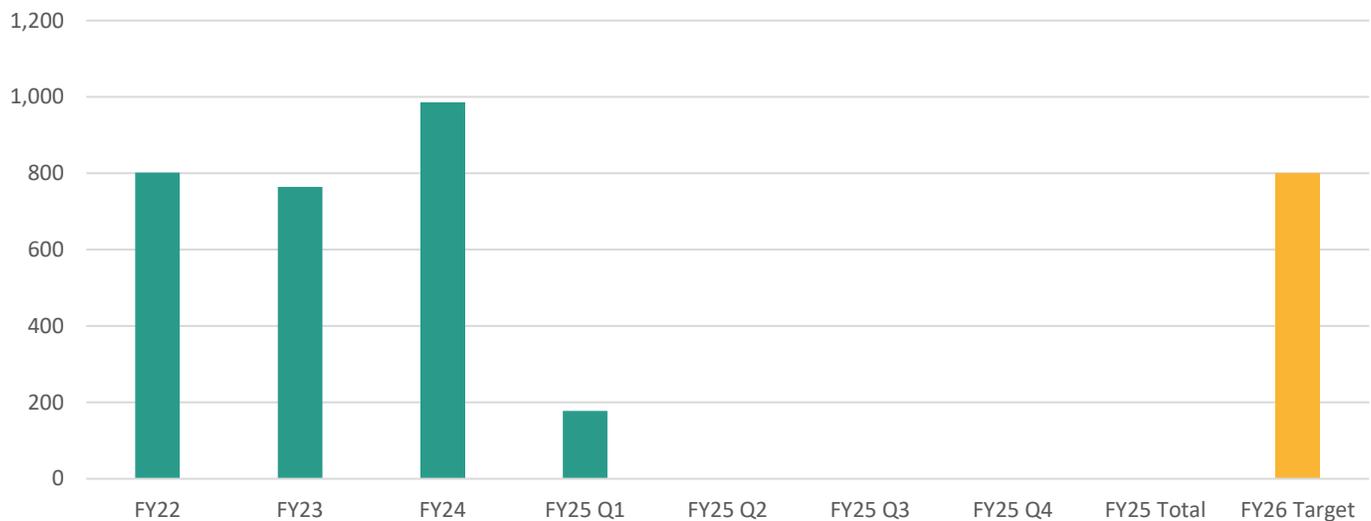
MEASURE DESCRIPTION: This measure quantifies the number of outreach events disseminated to the public. During these outreach events, ALTSD staff disseminate information regarding the types and availability of services provided by the Aging Network.

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. The Q1 total for this measure includes PSAs 1–4, PSAs 5 and 6.

STORY BEHIND THE DATA: During FY25 Q1, the Aging Network performed 178 outreach events (including provider volunteer outreach events). Outreach modes to the public may be in-person or virtual. Modes of outreach not included in these totals include Aging Network service outreach via websites, quarterly magazine, social media, newspapers, radio, and television. Specific outreach activities include recruitment of persons who may benefit from internal and contracted services as well as providing presentations or disseminating materials for distribution through religious, civic, educational groups or schools, local employers, senior centers, senior nutritional meal sites, and other agencies and organizations frequented by older adults.

IMPROVEMENT ACTION PLAN: ALTSD works across divisions in the agency to ensure the populations we serve are provided with relevant, current, and applicable information.
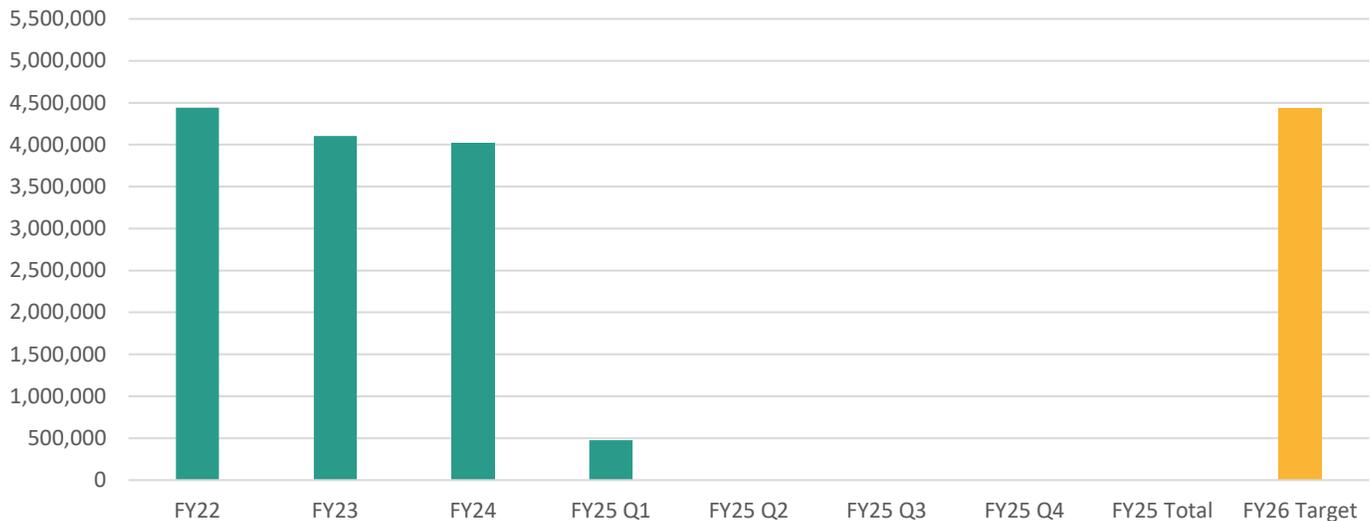
PERFORMANCE MEASURE #4

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

Results

FY22	FY23	FY24	FY25 Q1	FY25 Q2	FY25 Q3	FY25 Q4	FY25 Total	FY26 Target
4,443,066	4,105,279	4,020,390	478,048					4,430,000

Graph of Data Above

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/or 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: For this measure, AND's intent is to characterize and count a successful outcome as *an increase in services*. Because AND strives for successful outcomes, data for this measure includes services provided only to clients.

IMPROVEMENT ACTION PLAN: Strategies for increasing client services and improving performance measure outcomes are to:

- Provide additional Older American Act training
- Expand targeted outreach
- Increase client registration
- Apply a workplan in conjunction with the AAAs to ensure comprehensive, timely reporting of data.

| Action	Responsibility	Timeline
1. Issue Area Plan Guidelines	ALTSD	FY25 - 3rd Quarter
2. Area agencies develop plans	Area Agencies on Aging	FY25 - 4th Quarter
3. Approve plans	ALTSD	FY25 - 4th Quarter
4. Service delivery and reporting	Area Agency Contract Service Providers	Monthly
5. Training	ALTSD and Area Agencies on Aging	Quarterly

PERFORMANCE MEASURE #5

Number of Transportation Units Provided

Results

FY22	FY23	FY24	FY25 Q1	FY25 Q2	FY25 Q3	FY25 Q4	FY25 Total	FY26 Target
136,426	223,938	265,565	59,806					300,000

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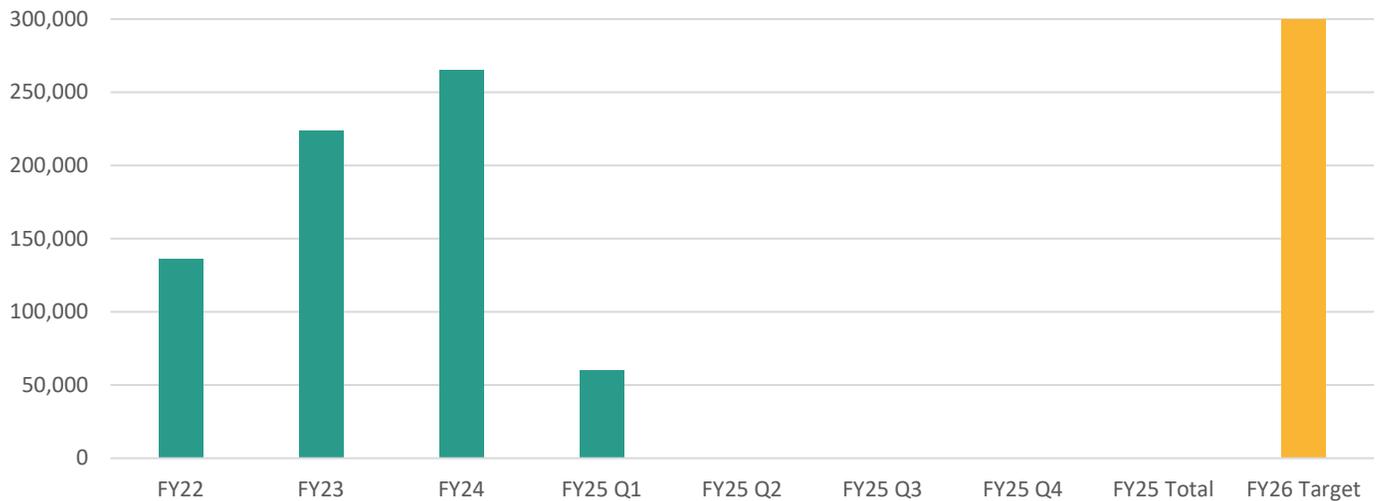
MEASURE DESCRIPTION: This measure quantifies transportation service units for older adults and adults with disabilities. One unit of service represents a one-way trip provided to an older adult or a person with a disability.

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. The Aging Network Division and the Office of Indian Elder Affairs compile the data for quarterly and annual performance measure reporting.

STORY BEHIND THE DATA: Transportation services allow for older adults with limited mobility access community-based services such as attend medical appointments, conduct business at the bank and post office, purchase groceries, and perform other essential tasks associated with daily living. Pilot programs like the Taos County Volunteer Driver, in its second year, continue to explore creative ways to expand transportation services to serve more of New Mexico's older adult population as the need for older adult transportation services increases. Providers statewide continue to report staff shortages and limited capacity to meet all transportation needs.

IMPROVEMENT ACTION PLAN: ALTSD has developed agrant program for the AAA's and providers to increase and promote transportation services across the state. This is in its early stages and ALTSD anticipates being able to include the outcomes beginning in Q2.

| Action	Responsibility	Timeline
1. Issue Area Plan Guidelines	ALTSD	FY25 - 3rd Quarter
2. Area agencies develop plans	Area Agencies on Aging	FY25 - 4th Quarter
3. Approve plans	ALTSD	FY25 - 4th Quarter
4. Service delivery and reporting	Area Agency Contract Service Providers	Monthly
5. Training	ALTSD and Area Agencies on Aging	Quarterly

PERFORMANCE MEASURE #6

Number of hours of caregiver support

Results

FY22	FY23	FY24	FY25 Q1	FY25 Q2	FY25 Q3	FY25 Q4	FY25 Total	FY26 Target
104,730	196,246	222,922	68,508					167,000

Graph of Data Above
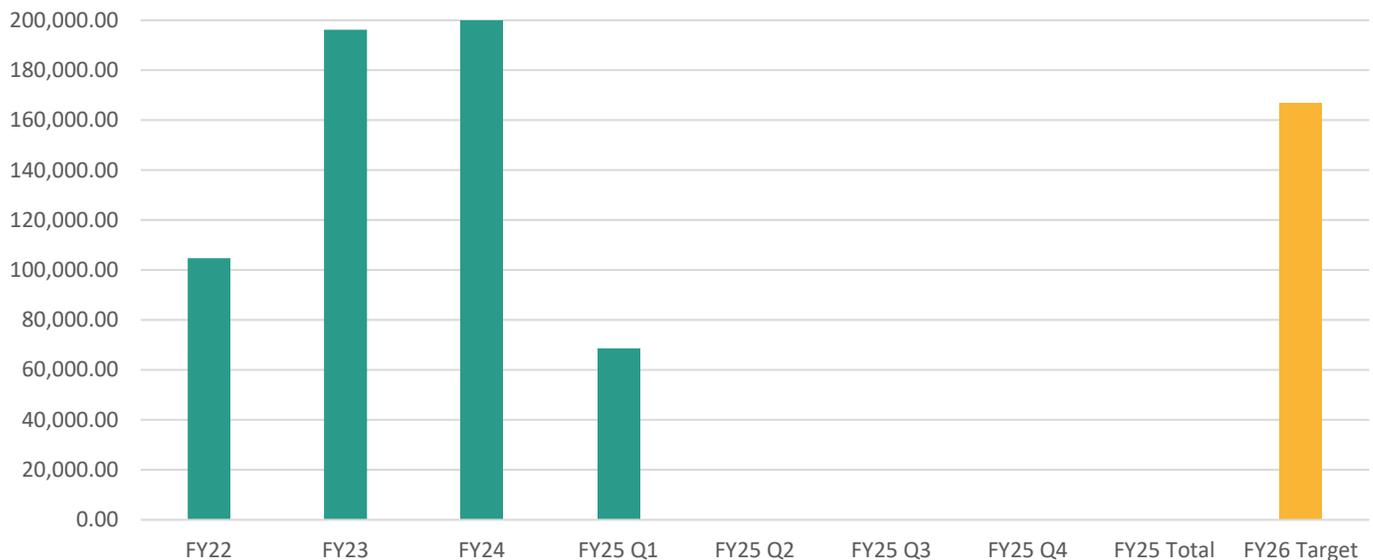
MEASURE DESCRIPTION: Caregiver support is a strategic priority for ALTSD. Services reported for this measure include home care, adult day care, respite care, and other support services. The description of this measure expanded in FY23 to include training, counseling, and support groups, to reflect the 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: The WellSky Aging and Disability Database is the repository used by providers contracted through the AAAs and caregiver entities to document services provided by caregivers. All AAAs, except for the Navajo Area Agency on Aging (NAAA), use this database to capture monthly service data and report it to ALTSD. The Aging Network Division and the Office of Indian Elder Affairs compile the data for performance measure reporting. The input also includes hours of approved New MexiCare caregiver participant hours, for the quarter.

Caregiver Service Category	SFY Quarter 1 Hours, by Caregiver Service Category	SFY Quarter 2 Hours, by Caregiver Service Category	SFY Quarter 3 Hours, by Caregiver Service Category	SFY Quarter 4 Hours, By Caregiver Service Category
Respite Care	25,212			
Adult Day Care	22,215			
Homemaker	19,224			
Other Support Services	5,251			
Total	68,508			

STORY BEHIND THE DATA: Data for this measure quantifies assistance to family and informal caregivers who provide care for their loved ones at home for as long as possible, thereby avoiding or delaying the need for costly institutional care.

Caregiver Support Services include:

- Access Assistance Services provided contacts to caregivers, helping them to locate services from a variety of private and voluntary agencies.
- Counseling and Training Services provided caregivers with counseling, peer support groups, and training to help them cope with the stresses of caregiving.
- Respite Care Services provided temporary relief from caregiving responsibilities—at home or in an adult day care or institutional setting.

IMPROVEMENT ACTION PLAN:

Action	Responsibility	Timeline
1. Issue Area Plan Guidelines	ALTSD	FY25 - 3rd Quarter
2. Area agencies develop plans	Area Agencies on Aging	FY25 - 4th Quarter
3. Approve plans	ALTSD	FY25 - 4th Quarter
4. Service delivery and reporting	Area Agency Contract Service Providers	Monthly
5. Training	ALTSD and Area Agencies on Aging	Quarterly