



FY25 Quarter #2 (Oct-Dec 2024) Performance Report

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EXECUTIVE SUMMARY

The New Mexico Aging & Long-Term Services Department (ALTSD) is committed to enhancing the quality of life for the state's older adults and adults with disabilities through a wide range of services and programs. This Quarterly Performance Measure Report provides a comprehensive overview of the achievements and outcomes across our key divisions: Consumer and Elder Rights, Long-Term Care Ombudsman Program, Adult Protective Services, and the Aging Network.

Consumer & Elder Rights Division

- Received over 12,000 calls, representing an increase of over 1,000 calls since the first quarter (an average of 141 calls per day).
- Satisfactorily resolved 99% of calls in a single contact, exceeding our target of 90%.
- Constituents who accessed referred services within 30 days was 97%, an increase of 2% from Q1, exceeding the target of 92%.

Adult Protective Services

- Conducted 1,760 investigations of abuse, neglect, and exploitation in the second quarter and is on target to exceed its FY25 goal.
- Made initial face-to-face contact with alleged victims for priority two investigations within the prescribed timeframe 98% of the time.
- Achieved a 0% repeat maltreatment rate for cases closed this quarter.
- Exceeded its annual goal of 180 community outreach presentations in the first two quarters of FY25.

Long-Term Care Ombudsman Program

- During the 2nd quarter of FY25, 62% of long-term care facilities were visited by members of the long-term care ombudsman program, exceeding our target of 40%
- 99% of complaints were resolved within 60 days

Aging Network

- 28.6% of older New Mexicans with high nutritional risk received meals through aging network programs, 11 percentage points over the 17% target.
- Over 150,000 hours of services provided through senior volunteer programs during this quarter exceeded Q1 by 12.6%.

By surpassing many performance targets, ALTSD has demonstrated its ability to deliver high-quality, effective services. Moving forward, ALTSD remains steadfast in its mission to provide compassionate care and ensure the well-being of those we serve. ALTSD will continue to innovate and adapt in ways that meet the evolving needs of the aging population, striving for excellence in all programs, services and resource delivery.



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 Strategic Planks:

Five strategic planks were identified to drive programmatic and investment decisions.

The Agency will be:

- **Plank 1:** Successful in supporting aging through high-quality, efficient, and innovative programs.
- **Plank 2:** Responsive to Social Determinants of Health, including food and housing security, social support and connection, employment and meaningful engagement, access to information & health services.
- **Plank 3:** Effective in addressing consumer protections, elder rights and allegations of abuse, neglect and exploitation through nationally recognized approaches.
- **Plank 4:** Inclusive of best practices and innovations to continuously improve services and interventions and drive sustainability.
- **Plank 5:** Committed to innovations and investments are data-driven and value-based.

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
- NM Veteran Directed Care 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	1895.7		1151.3	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

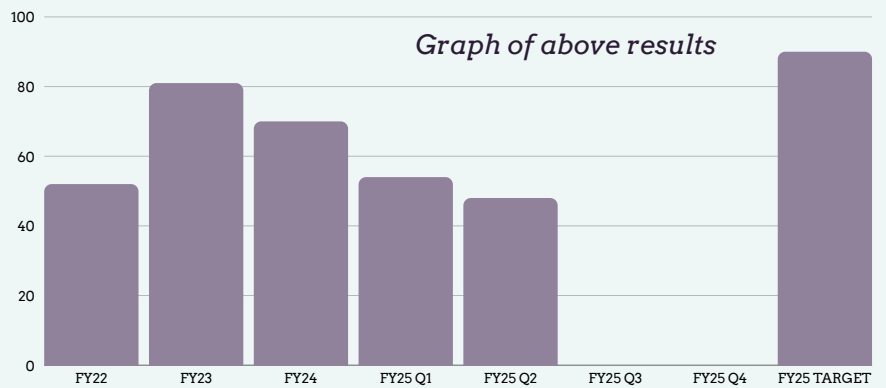
FY22	FY23	FY24	FY25 Q1	FY25 Q2	FY25 TARGET
52%	81%	70%	54%	48%	90%

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 second quarter FY25, 48% of the calls to the ADRC were answered by a live operator. The ADRC received 12,675 calls in the second quarter of FY25, an increase of 1,073 calls from the previous quarter. This equates to an average of 215 calls per day, an increase from the average of 174 calls per day in the previous quarter. On October 1, 2024, ADRC transitioned to the Zoom call system due to the CISCO platform becoming dysfunctional.

To address as many callers as possible, the ADRC enabled the Zoom voicemail feature on 10/31/24, after not having that feature from September 2023 through October 2024. From 10/31/24 to 12/31/24, the call center received 1,373 voicemails. Of those 1,373 voicemails, 894 callers were reached by a live operator.

The remaining 479 voicemails have been assigned or are in the process of being assigned to address.

The ADRC had an average of 12 Options Counselors for Q2. Five counselors were dedicated to appointments in an effort to allocate sufficient time to address constituent needs; one counselor was dedicated to addressing voicemails, often responding within an hour or within the same day of the call. All other Options Counselors addressed live calls, walk-ins, returned calls, and had overflow appointments. There was one permanent position and one term position vacancy during this timeframe. In Q2, there were five holidays, two inclement weather days, a one-hour training session, seven staff meetings (for seven hours total), and multiple instances where technological systems were down (approximately 3.25 hours total). The ADRC ensured there were adequate staffing levels when there was scheduled and unscheduled leave.

Performance Measure #1 Improvement Action Plan

CERD plans to recruit and hire for vacant Options Counselor positions, one permanent and one term role. ADRC will be upgrading the system to a more robust level within the Zoom platform, which should allow the team to address additional calls through technological enhancements, such as immediate callbacks and Chat options as additional assistance to callers. The system upgrade is expected to occur in Q3 of FY25. The changes to the system structure will include tiered triage levels.

ADRC will continue to have appointment options, with two Options Counselors dedicated. Appointment options are available for callers who, for example, do not have all information needed for waiver registrations or Medicare consultations. Until the multiple queues are in place, all OCs who are not handling the two appointment schedules will answer and handle incoming live calls. With the queues established, CERD will continue to transition to the proposed "ideal ADRC" structure. CERD expects improved performance overall through this new structure.

The top five topics of concern in this quarter were:

- Medicaid - 9,477 consumers
- Medicare - 4,034 consumers (benefit explanation, enrollment, counseling)
- Disability - 285 consumers
- VA - 23 consumers
- Social Security - 6 consumers

Performance Measure #2:

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

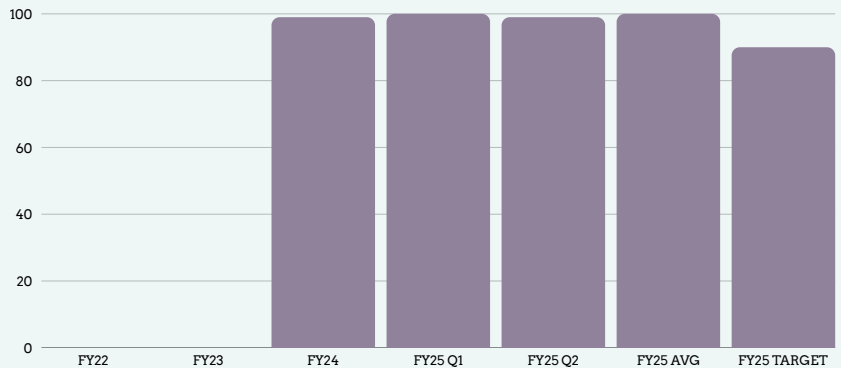
Results

FY21	FY22	FY23	FY24	FY25 Q1	FY25 Q2	FY25 TARGET
N/A	N/A	N/A	99%	100%	99%	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 second Quarter of FY25, 176 of the 177 respondents (99%) indicated that ADRC effectively resolved support issues the first time, eliminating the need for the customer to call back or turn to a different support channel. This is an indicator for customer experience which results in reducing call volume over time.

Performance Measure #2 Improvement Action Plan

Continual assessment of caller survey data, weekly team performance meetings, ongoing training, and individual Options Counselor development plans, inform the level of customer satisfaction through single call resolution efforts. Upon implementation of an updated system, features to track, survey, or measure will be in place to indicate positive customer experience, reduce call volume, and improve operational efficiency.

Performance Measure #3:

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

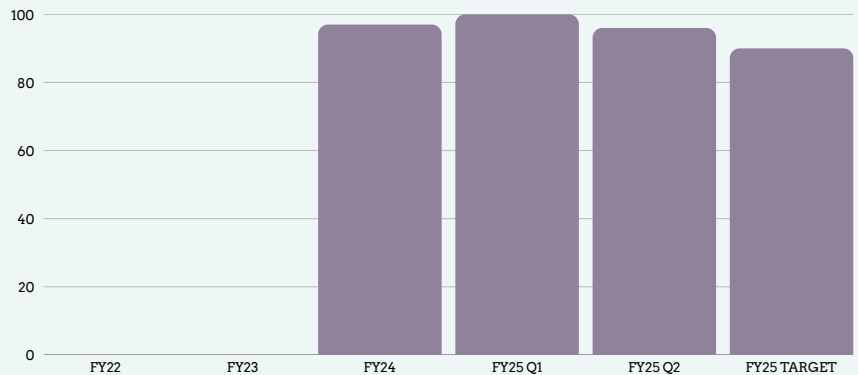
Results

FY22	FY23	FY24	FY25 Q1	FY25 Q2	FY25 TARGET
N/A	N/A	97%	100%	96%	90%

Measure Description

This new 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 second quarter FY25, 170 of the 177 surveyed were either very satisfied or satisfied with the outcome of their call to the ADRC. Of the respondents, 156 were very satisfied, 14 were satisfied, 5 were neutral, 1 was unsatisfied, and 1 was very unsatisfied. ADRC will continue to expand customer feedback efforts to assist in delivering the highest quality service possible.

Performance Measure #3 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. Upon implementation of an updated system, features to track, survey, or measure will be in place to indicate positive customer experience, reduce call volume, and improve operational efficiency.

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 TARGET
86%	98%	99%	99%	99%	90%

Measure Description

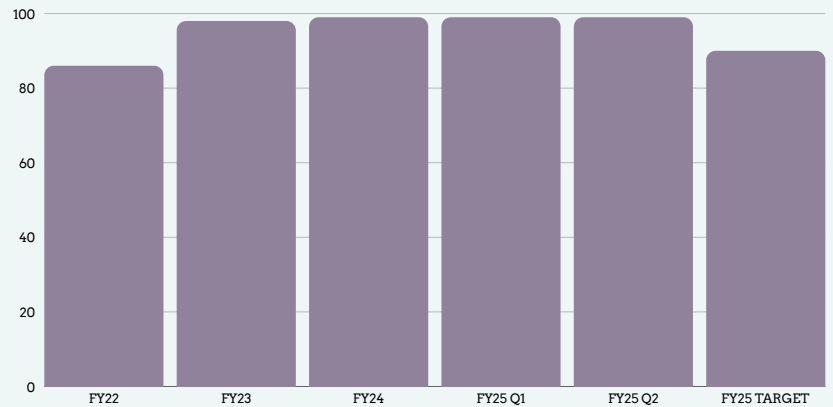
The percent of residents who left a nursing facility and have remained in the community six months after their transition.

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 2nd quarter of FY25, 98% of residents remained in the community for six months following a nursing facility transition. CTU 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 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, 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 TARGET
81%	84%	93%	95%	97%	92%

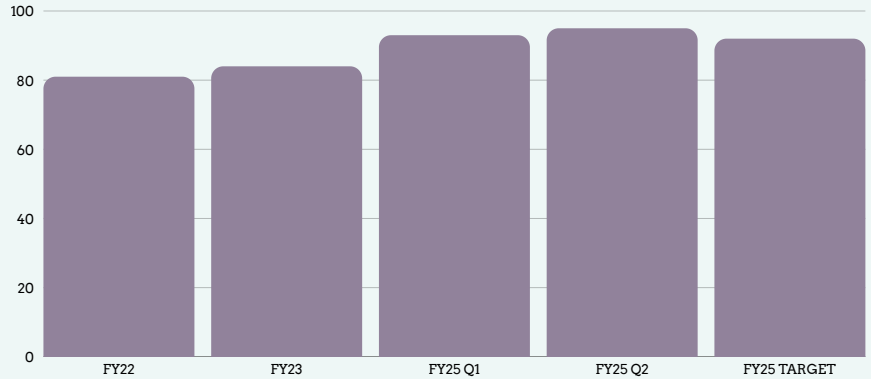
Measure Description

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 which is in process.

Performance Measure #6:
Percent of facilities visited monthly.

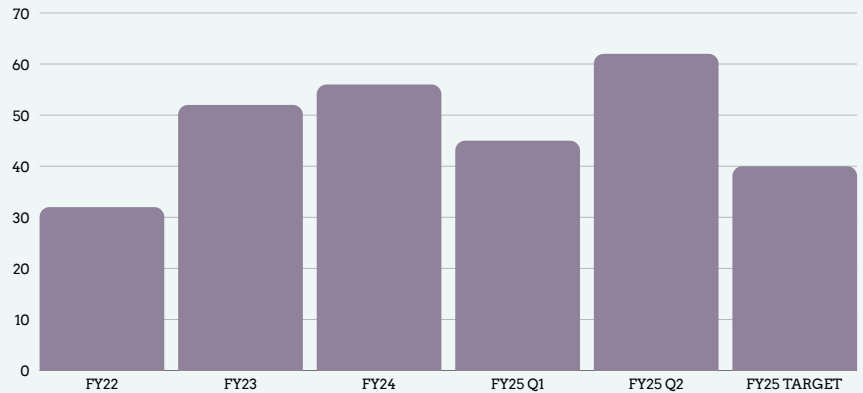
Results

FY22	FY23	FY24	FY25 Q1	FY25 Q2	FY25 TARGET
32%	52%	56%	45%	62%	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).

Graph of above results



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 Q2, the Long-Term Care Ombudsman Program (LTCOP) staff (e.g., LTCOP Regional Coordinators) and LTCOP volunteers visited 62% of the 300 long-term care (LTC) facilities monthly. In completing 560 visits, all facilities were visited during the quarter, meeting Federal guidelines. The increased monthly visits this quarter were part of coordinated team initiatives, implementation of training and documentation. LTCOP expects to maintain and expand a high level of performance when current vacancies are filled.

Two additional focuses this quarter include facility staff education sessions on Residents' Rights and volunteer recruiting efforts. The team completed 32 training sessions at facilities and trained five new volunteers. As new hires onboard and new volunteers earn certification over the upcoming quarters, facility visits should continue to increase. LTCOP expects to stay above the projected goal and is on target to meet the annual FY25 performance.

Performance Measure #6 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 focus on filling funded vacancies 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 TARGET
99%	100%	100%	99%	99%	99%

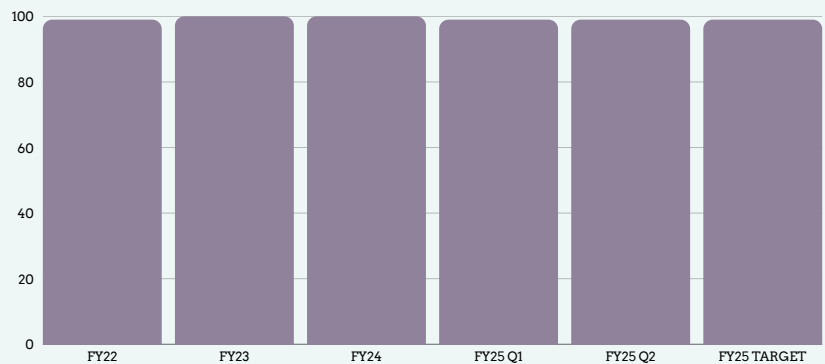
Measure Description

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.

Graph of above results



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 consistently prioritizes timeliness in resolving complaints prior to 60 days. LTCOP is on target to meet the annual FY25 performance goal.

Performance Measure #7 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, staff training, monthly reviews, and oversight of staff documentation, are key in maintaining this high percentage.

ADULT PROTECTIVE SERVICES

Program Description, Purpose & Objectives

To investigate reports of abuse, neglect, or exploitation of adults 18 and over 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. APS now includes the Care Transitions Bureau (CTB) along with programs under the umbrella of New MexiCare and the caregiver health model. Five APS geographic regions serve all 33 counties of New Mexico.

Program Budget (in thousands)

FY25	General Fund	Other state funds	Federal funds	Other transfers	Total	FTE
200	9370.6			2,957.50	12,383.80	143
300	5826.8			1,926.30	8,195.90	
400	821.4			250.00	1,076.40	
TOTAL	16,018.8			5,133.80	21,656.10	

FY24	General Fund	Other state funds	Federal funds	Other transfers	Total	FTE
200	8,421.4			2,400.00	10,821.40	135
300	6,242.3			2,176.30	8,418.60	
400	721.4				721.40	
TOTAL	15,385.1			4,576.30	19,961.40	

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.

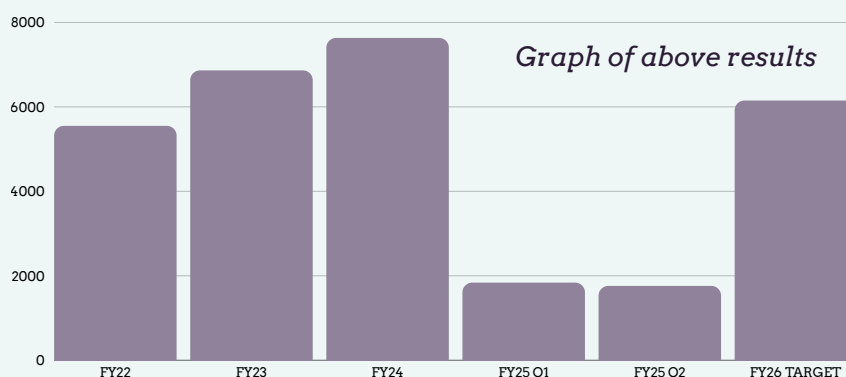


Results

FY22	FY23	FY24	FY25 Q1	FY25 Q2	FY25 TARGET
5,550	6,863	7,632	1,838	1,760	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 Q2 FY25, APS conducted 1,760 investigations—a 4.2% decrease from the 1,838 investigations reported in Q1 FY25. Although this decline is somewhat steeper than the previous quarter’s modest drop, reports of abuse, neglect, exploitation, and self-neglect continue to underscore the ongoing need for APS services. While the slight decrease is difficult to attribute to a specific cause, it is worth noting that Q2 coincides with the peak holiday season, during which many professionals have limited contact with vulnerable adults who may meet the criteria to report to APS which would create an APS investigation.

This data reinforces APS’s commitment to protecting vulnerable adults by balancing both response and prevention, while maintaining community trust and safety. APS remains on track to exceed the annual performance goal of 6,150.

Performance Measure #1 Improvement Action Plan

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

We have refined our cross-reporting processes to maintain consistency in investigations, with supervisors overseeing timely responses across the state. A 24-hour telephone system guarantees continuous reporting access, complemented by enhanced business-hour support and expanded after-hours teams ready to take immediate action.

Given these well-established practices, no additional improvement plan is necessary at this time. Our current strategies effectively support prevention, protection, and harm reduction statewide. Nevertheless, the agency is committed to ongoing monitoring to uphold these standards.



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.

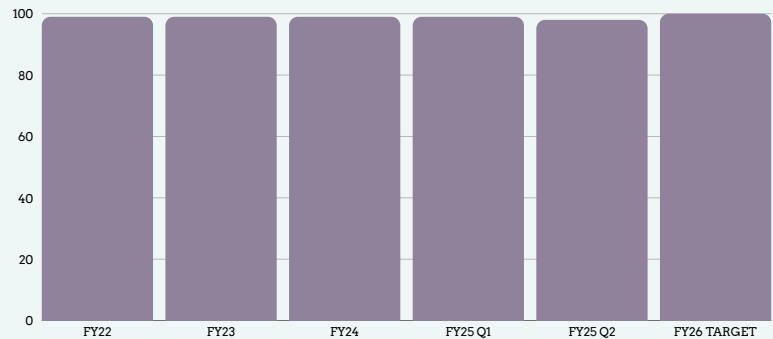
Results

FY22	FY23	FY24	FY25 Q1	FY25 Q2	FY25 TARGET
99	99	99	99	98	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

In Q2, the on-time visit rate was 98%, a slight dip likely influenced by challenging winter conditions in rural New Mexico. Despite this, with a slightly reduced caseload, the face-to-face meetings achieved a 98% success rate to providing prompt and effective responses. Investigators across all five regions of New Mexico remain available 24/7 to support victims of abuse, neglect, and exploitation.

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. 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.

(It's important to note that sustaining our high initiation rates is uncertain. Persistent vacancies—both in large urban centers and rural areas—pose a significant risk to our agency's ability to perform its duties effectively. Our process depends on maintaining full staffing levels, and without adequate funding to fill these gaps, service delivery across all regions could be compromised.)



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 TARGET
0.00	0.00	0.48	0.54	0.00	2.00

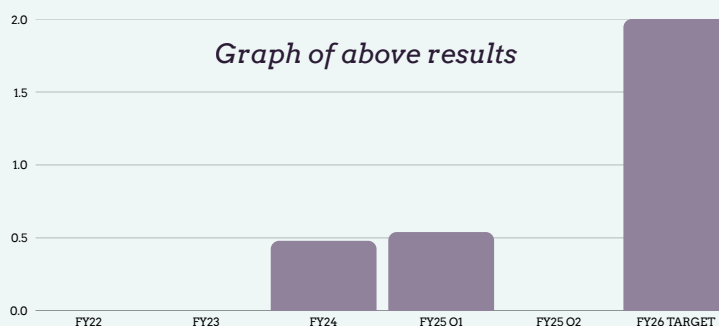
Measure Description

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 Q2 FY25, our *repeat* maltreatment rate was 0% among cases closed during the quarter. (For clarity, the metric used was based on Q2 cases closed during that period, with report dates that may have been opened at any time before the close dates.) During this quarter, we processed 1,626 cases with multi-allegations, including 1,312 unsubstantiated cases and 312 substantiated allegations, with a total of 1,570 cases completed.

Self-neglect remains a complex challenge, particularly among older adults who struggle to balance independence with recognizing when they need care. While self-neglect concerns continue to rise, our efforts—bolstered by Title XX and New MexiCare initiatives are proving effective in keeping the elderly safely at home. APS community engagement and relationships with external partners continues to support the goal to ensure investigators ability to connect clients with long term support and assistance. Notably, our investigators’ diligence in addressing concerns at the onset of cases appears to be the largest contributing factor in preventing repeat maltreatment.

By addressing core abuse, neglect, and exploitation through a proactive harm reduction model, APS is successfully balancing safety with individual needs and preventing future incidents.

Performance Measure #3 Improvement Action Plan

No improvement plan is necessary, as the agency continues to excel in addressing repeat maltreatment. For Q2, the repeat maltreatment rate was 0%, with no cases identified—including those involving self-neglect, which is often a complex and recurring issue requiring ongoing attention. The agency has consistently performed well in addressing abuse, neglect, and exploitation, remaining well below the 2% target for repeat maltreatment.

These results reflect the effectiveness of APS's current strategies and the diligence of investigators in addressing concerns early in the process. 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 TARGET
180	409	438	99	111	180

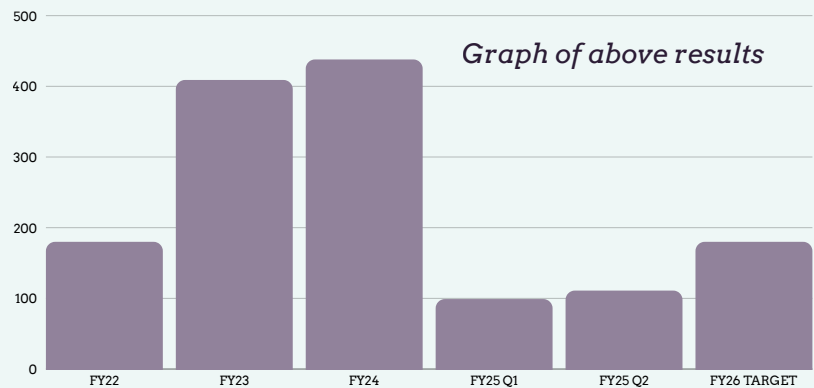
Measure Description

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 Q2 FY25, APS conducted 111 outreach presentations across all regions—a 12% increase from the 99 presentations in Q1. These presentations play a critical role in fostering community responsibility and addressing complex issues like self-neglect. APS continues to collaborate with various agencies and community partners, using these sessions to educate stakeholders about our intake process and mission, ultimately aiming to reduce repeat maltreatment and protect New Mexico's vulnerable populations.

Performance Measure #4 Improvement Action Plan

The agency will continue to take a proactive approach to community outreach and education.

Performance Measure #5:

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

Results

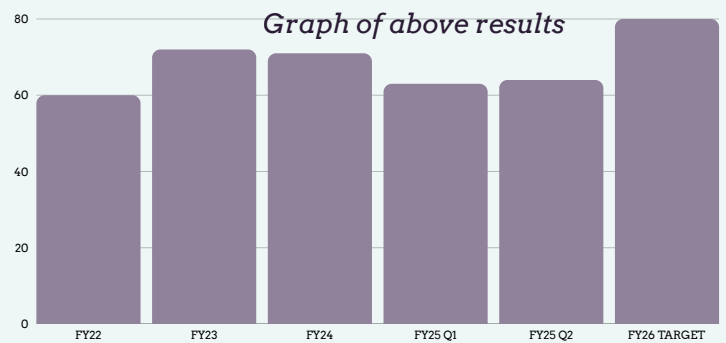
FY22	FY23	FY24	FY25 Q1	FY25 Q2	FY25 TARGET
60%	72%	71%	63%	64%	80%

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

This quarter, the rate of initiating services within two weeks was 64%. This can be attributed to several challenges: a persistent shortage of caregivers, staffing levels, and delays stemming from client scheduling conflicts. Meanwhile, demand for Title XX services has increased, especially in the wake of the post-pandemic environment. The agency continues to effectively connect at-risk individuals with essential supports, such as home care, personal care, and other in-home services. With Title XX services remaining active and cases kept open, this allows community engagement specialists and vendors to perform ongoing regular follow-ups to ensure client safety and facilitates informed decisions about transitioning to higher levels of care when necessary and acceptable to the client.

Performance Measure #5 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 home care staff through recruitment events. APS is currently assessing all contracts and conducting follow-ups to ensure contractors comply with contractual requirements and timelines.

Performance Measure #6:

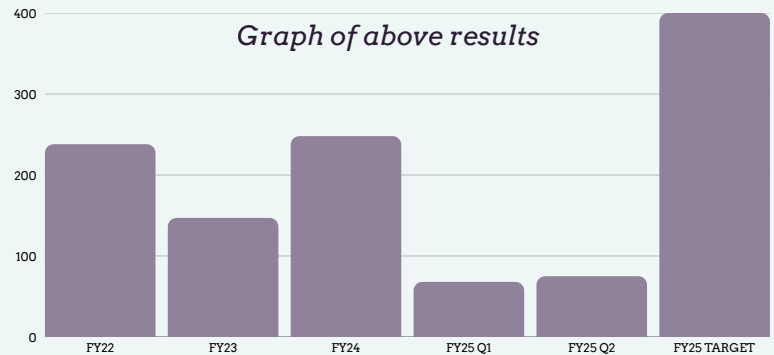
Number of referrals made to and enrollments in home care and adult day care services as a result of an investigation of abuse, neglect, or exploitation.

Results

FY22	FY23	FY24	FY25 Q1	FY25 Q2	FY25 TARGET
238	147	248	68	75	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 Q2 FY25, field investigators made 75 Title XX referrals. Although this number falls short of the usual quarterly average of 100, APS remains focused on meeting community needs and improving service outcomes. A possible factor contributing to the lower referral volume may be the availability of alternative programs and challenges accessing contractor services --presented by the limited number of contractors and caregiver workforce available to provide service to APS clients. Regardless of these shifting trends, APS continues to ensure that referred clients receive essential services while they await approval for Community-Based Waivers, reinforcing our commitment to consistent, uninterrupted care.

Performance Measure #6 Improvement Action Plan

To boost Title XX referrals for individuals facing abuse, neglect, exploitation, or self-neglect, APS focuses on personalized care that meets each client's unique needs. Investigators are dedicated to sharing complete information about all available services so clients can make informed decisions.

Supervisors will continue to provide focused support to staff, ensuring that every client interaction includes a detailed review of relevant services. Enhanced training, routine case evaluations, and regular feedback sessions further strengthen these efforts. Additionally, APS will perform internal audits to monitor progress and refine strategies, ensuring that every person receives prompt, appropriate care tailored to their situation. This adaptive process, informed by ongoing data analysis, will help APS more effectively connect vulnerable individuals with the vital services they need.

APS is currently assessing all contracts and conducting follow-ups to ensure contractors comply with contractual requirements and timelines.



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

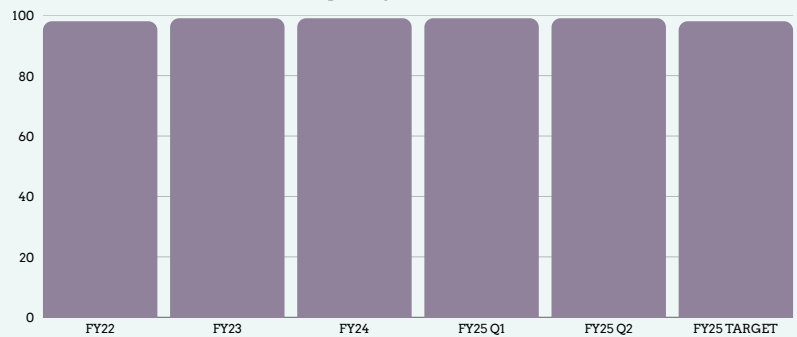
FY22	FY23	FY24	FY25 Q1	FY25 Q2	FY25 TARGET
98%	99%	99%	99%	99%	98%

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.

For Q2 FY25, APS upheld its standard of timely case initiations by achieving a 99% on-time rate, in line with our established priority timelines. Notably, Priority 2 cases remained the predominant category, showing our ongoing focus on efficient and responsive case management.

Performance Measure #7 Improvement Action Plan

APS continues to prioritize Priority 2 investigations, consistently achieving a 98% initiation rate. Our field teams work diligently to ensure rapid responses to referrals, thereby protecting those at risk.

Proactive recruitment efforts have been key to maintaining this standard by 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—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.

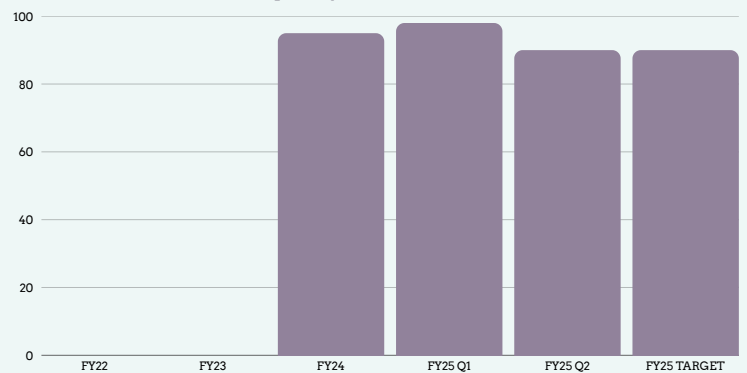
Results

FY22	FY23	FY24	FY25 Q1	FY25 Q2	FY25 TARGET
N/A	N/A	95%	98%	90%	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

The Q2 data for the Title XX program demonstrates efficiency and community impact, achieving an updated success metric of 90%, calculated using a newly refined algorithm. Of the 51 individuals referred to the program during FY25 Q2, 46 successfully remained in their homes, while five transitioned to long-term care facilities.

Performance Measure #8 Improvement Action Plan

The improvement action plan will prioritize enhancing CES engagement with newer clients by fostering open communication with clients and their families to assess individual needs and identify additional services that can help clients remain at home. This includes evaluating options such as increased personal care hours or other state-supported resources to provide greater stability. However, in cases where physical or medical needs necessitate a transition to long-term care, CES staff will continue to offer support to both clients and their loved ones, ensuring a smoother transition and maximizing the time clients can safely remain at home.

APS successfully achieved its 90% target, underscoring the critical role of CES agents in the effectiveness of the Title XX program. However, as the program expands and referrals from APS investigations staff increase, CES agents face growing demands that limit their capacity to consistently follow up with clients. The dual obligations to both Title XX and New MexiCare programs, combined with the vast geographic coverage required in New Mexico and the rising number of clients, pose significant challenges to service delivery. These factors highlight the need for additional CES staff to ensure that the programs continue to operate efficiently and maintain high levels of client care.

Looking ahead, proactive client engagement, efficient resource allocation, and adaptive management strategies will remain essential to sustaining the resilience and safety of those served by the Title XX program. Filling vacant positions and expanding CES staffing will be key to addressing current challenges and ensuring the long-term success of both programs while maintaining their positive community impact and consumer-centered approach..

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:
 - 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 Quarter 4, fires, flooding, and power outages that 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:

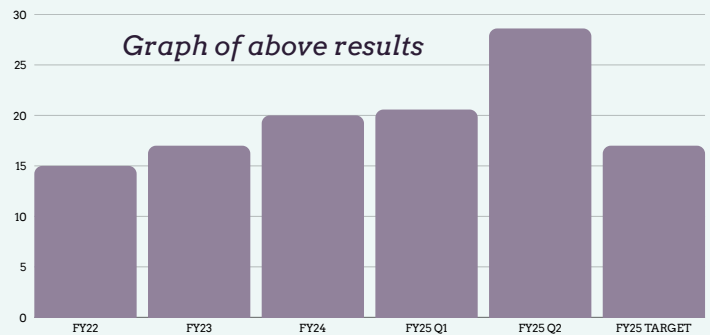
Percentage of older New Mexicans receiving congregate, and home delivered meals through aging network programs that are assessed with “high” nutritional risk.

Results

FY22	FY23	FY24	FY25 Q1	FY25 Q2	FY25 TARGET
15%	17%	20%	20.58%	28.61%	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

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%.

Performance Measure #1 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.

Performance Measure #2:

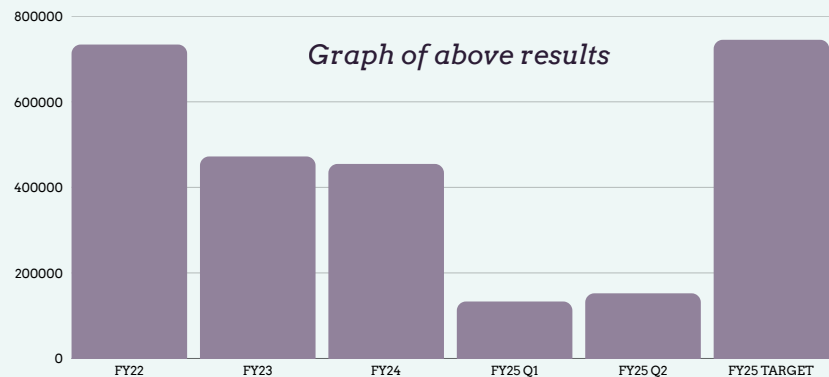
Number of hours of services provided by senior volunteers, statewide.

Results

FY22	FY23	FY24	FY25 Q1	FY25 Q2	FY25 TARGET
733,910	472,250	454,772	133,168	152,291	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

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 recovery efforts that may impact provider services may be ongoing due to FY2024 Quarter 4, fires, flooding, and power outages that 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 #2 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:

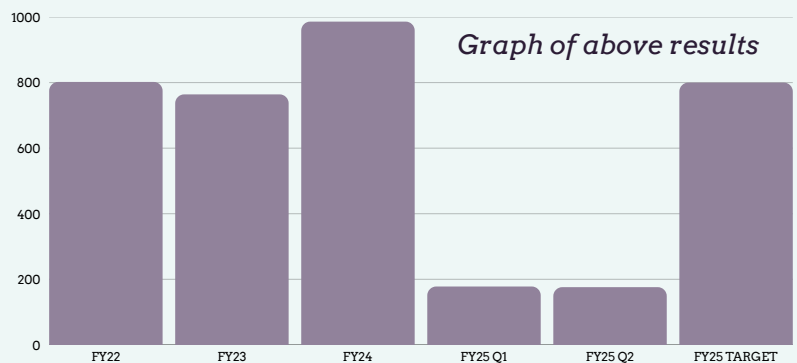
Number of outreach events and activities to identify, contact and provide information about aging network services to potential aging network consumers who may be eligible to access senior services but are not currently accessing those services.

Results

FY22	FY23	FY24	FY25 Q1	FY25 Q2	FY25 TARGET
802	764	986	178	176	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

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.

Performance Measure #3 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 TARGET
4,443,066	4,105,279	4,020,390	478,048	744,110	4,430,00

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.

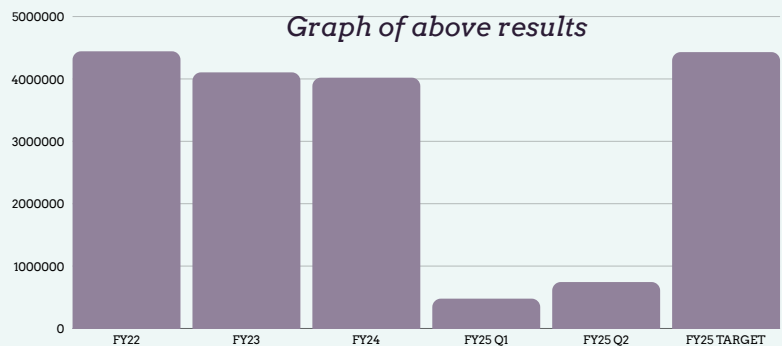
Story Behind the Data

Second quarter data show a 36% increase over Q1. While these two quarters combined appear as though they will not reach the FY25 target, AND will work closely with its partner to enact a strategic approach to identify and address reporting shortfalls including training and better data collection tools.

The Aging Network Division and the Office of Indian Elder Affairs compile the data for quarterly and annual performance measures reported in the database. This data doesn't reflect the total meals served for Shiprock, Crown Point, or Fort Defiance.

Performance Measure #4 Improvement Action Plan

- 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



Performance Measure #5:

Number of Transportation Units Provided

Results

FY22	FY23	FY24	FY25 Q1	FY25 Q2	FY25 TARGET
136,426	223,938	265,565	59,806	57,319	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

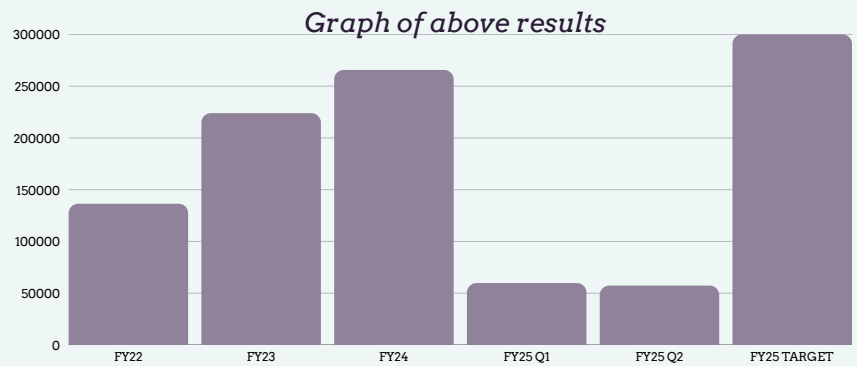
The WellSky Aging and Disability Database is the repository used by providers contracted through the AAAs to document services. All AAAs, except for the Navajo Area Agency on Aging (NAAA), use this database to capture monthly service and expense data from the senior centers and report it to ALTSD. NAAA 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

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.

Performance Measure #5 Improvement Action Plan

ALTSD has developed a grant 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.



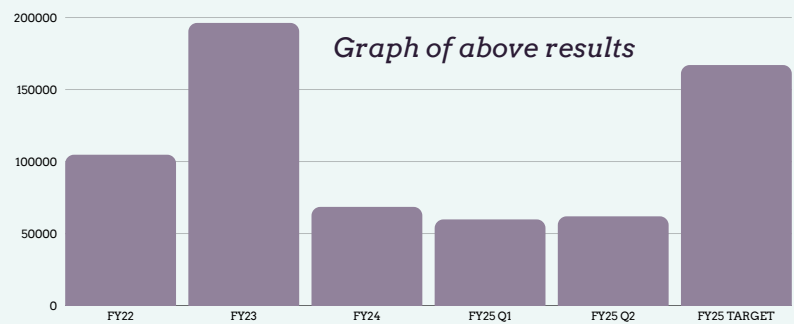
Results

FY22	FY23	FY24	FY25 Q1	FY25 Q2	FY25 TARGET
104,730	196,246	222,922	68,508	61,943	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 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.

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Story Behind the Data

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.

Caregiver Service	FY25 Q1 Hours	FY25 Q2 Hours
Respite Care	25,212	22,280
Adult Day Care	22,215	18,396
Homemaker	19,224	19,306
Other support services	1,857	1,961
Total	68,508	61,943

Improvement Action Plan

Action(s) to be taken during FY25.

1. Issue Area Plan Guidelines
2. Area agencies develop plans
3. Approve plans
4. Service delivery and reporting
5. Training





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