



FY26 Quarter #1 Performance Report

July - Sept 2025

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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, 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 FY26 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: Promote equity and well-being for older adults with greatest economic and social need across New Mexico by responding to social determinants of health, including food and housing security, social support and connection, employment and meaningful engagement, and access to information and health services.

Goal 3: Reduce occurrences of abuse, neglect and exploitation while improving outcomes in communities and long-term care settings and preserving the rights and autonomy of older New Mexicans.

Goal 4: Assist Tribes, Pueblos and Nations in accessing Title III funding and enhance coordination between Title III and Title VI programs.

Goal 5: Develop internal behavioral health supports to help staff reduce secondary trauma while serving seniors with complex needs.

AGENCY PROGRAMS:

**CONSUMER AND ELDER RIGHTS DIVISION AND
THE LONG-TERM CARE OMBUDSMAN PROGRAM**

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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)
- Prescription Drug Assistance Program

The Long-Term Care Ombudsman Program (LTCOP) is federally 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):

FY26	General Fund	Other State Funds	Federal Funds	Other Transfers	TOTAL	FTE
200	2,974.7		1,151.3	900.0	5,026.0	55
300	310.0		111.0		421.0	
400	244.6		609.5		854.1	
TOTAL	3,529.3		1,871.8	900.0	6,301.1	

FY25	General Fund	Other State Funds	Federal Funds	Other Transfers	TOTAL	FTE
200	1,895.7		1,151.3	900.0	3,947.0	53
300	10.0		111.0		121.0	
400	244.6		609.5		854.1	
TOTAL	2,150.30		1,871.8	900.0	4,922.1	

CERD and LTCOP 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 individuals provided short-term assistance that accessed services within 30 days of a referral from options counseling.
5. Percentage of facilities visited monthly.
6. Percent of ombudsman complaints resolved within sixty days.

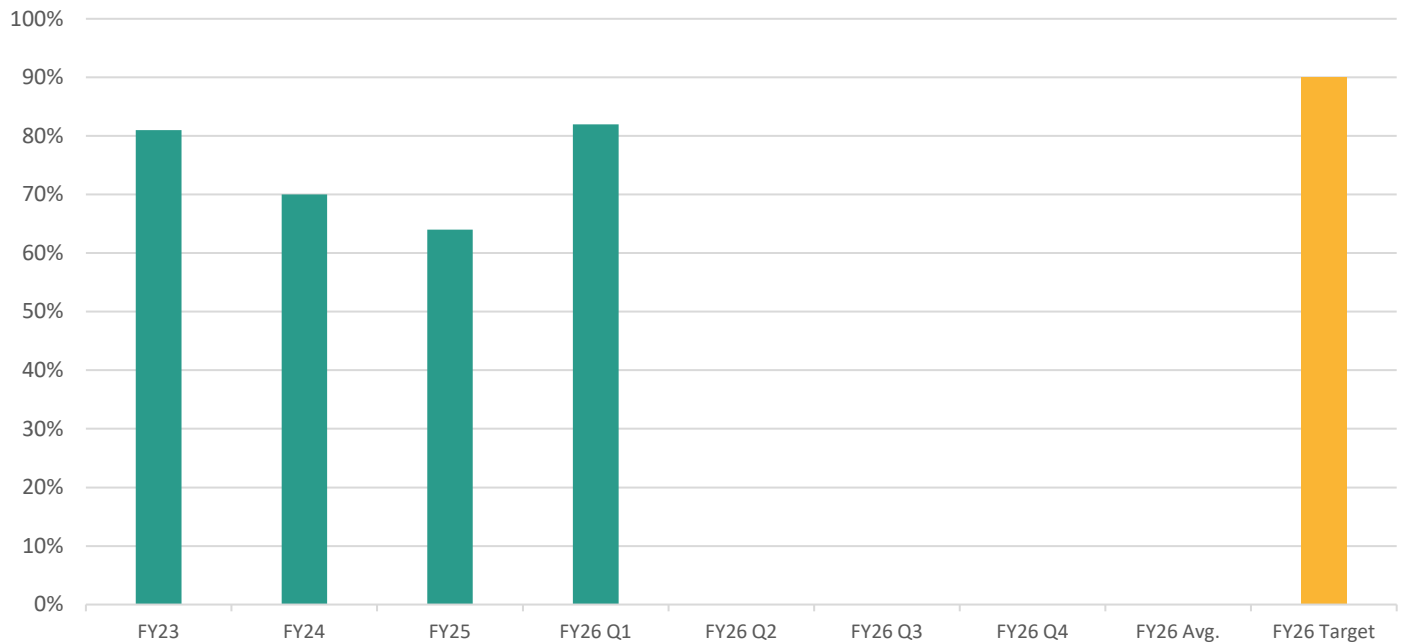
PERFORMANCE MEASURE #1

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

Results

FY23	FY24	FY25	FY26 Q1	FY26 Q2	FY26 Q3	FY26 Q4	FY26 Avg.	FY26 Target
81%	70%	64%	94%					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 Zoom Call Center 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: For FY26 Quarter 1, the Aging and Disability Resource Center received 8,857 calls, of which 8,325 were answered by a live operator, resulting in a 94% live response rate. This demonstrates strong performance in ensuring timely and direct assistance to callers seeking support and information.

IMPROVEMENT ACTION PLAN: We received an updated version of Zoom Contact Center which has given us the ability to address additional calls through technological enhancements, such as immediate callbacks and automated options as additional assistance to callers. We are looking to receive additional updates to Zoom, a new appointment scheduling application for Option Counseling and Medicare appointments, and we will begin piloting a Closed Loop Referral System in collaboration with FindHelp.

UNDUPLICATED NUMBER OF CALLERS SERVED BY MONTH:

Q1	July: 1161
	Aug: 1192
	Sept: 1247

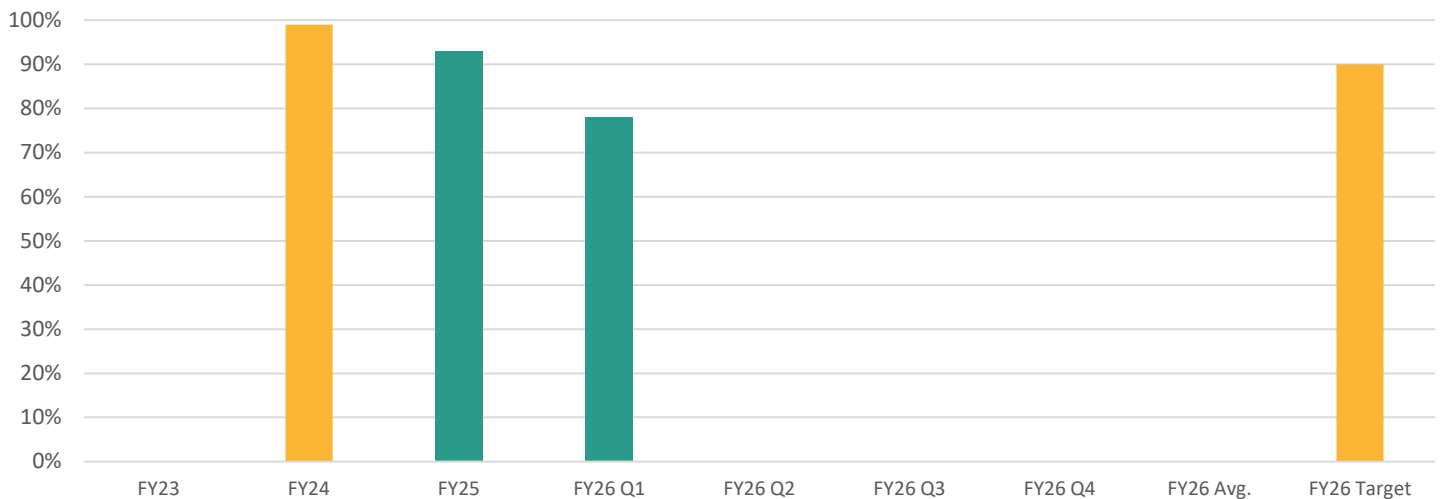
PERFORMANCE MEASURE #2

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

Results

FY23	FY24	FY25	FY26 Q1	FY26 Q2	FY26 Q3	FY26 Q4	FY26 Avg.	FY26 Target
N/A	99%	93%	78%					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 analysis. 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 FY26, 790 of the 1,019 surveyed were either very satisfied or satisfied that access to the Consumer and Elder Rights Division helps improve their quality of life and makes a positive difference in their decision-making. Of the respondents, 649 were very satisfied, 141 were satisfied, 27 were neutral, 47 were unsatisfied, and 155 were very unsatisfied.

IMPROVEMENT ACTION PLAN: Regularly evaluating 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.

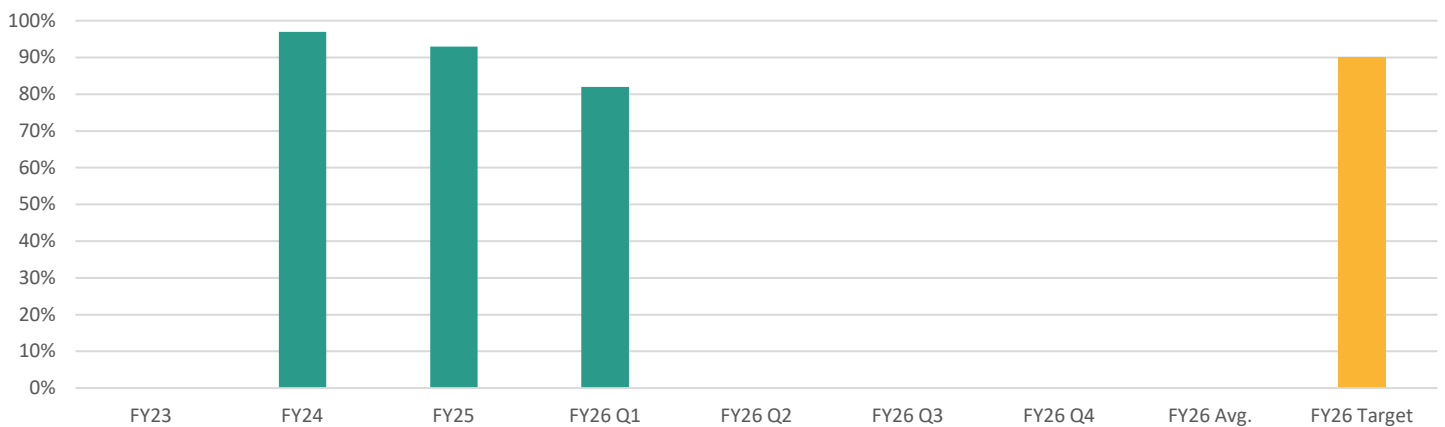
PERFORMANCE MEASURE #3

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

Results

FY23	FY24	FY25	FY26 Q1	FY26 Q2	FY26 Q3	FY26 Q4	FY26 Avg.	FY26 Target
N/A	97%	93%	82%					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 analysis. 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 of FY26, 706 of the 866 surveyed were either very satisfied or satisfied that access to the Consumer and Elder Rights Division helps improve their quality of life and makes a positive difference in their decision-making. Of the respondents, 592 were very satisfied, 114 were satisfied, 24 were neutral, 33 were unsatisfied, and 103 were very unsatisfied.

IMPROVEMENT ACTION PLAN: Regularly evaluating 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.

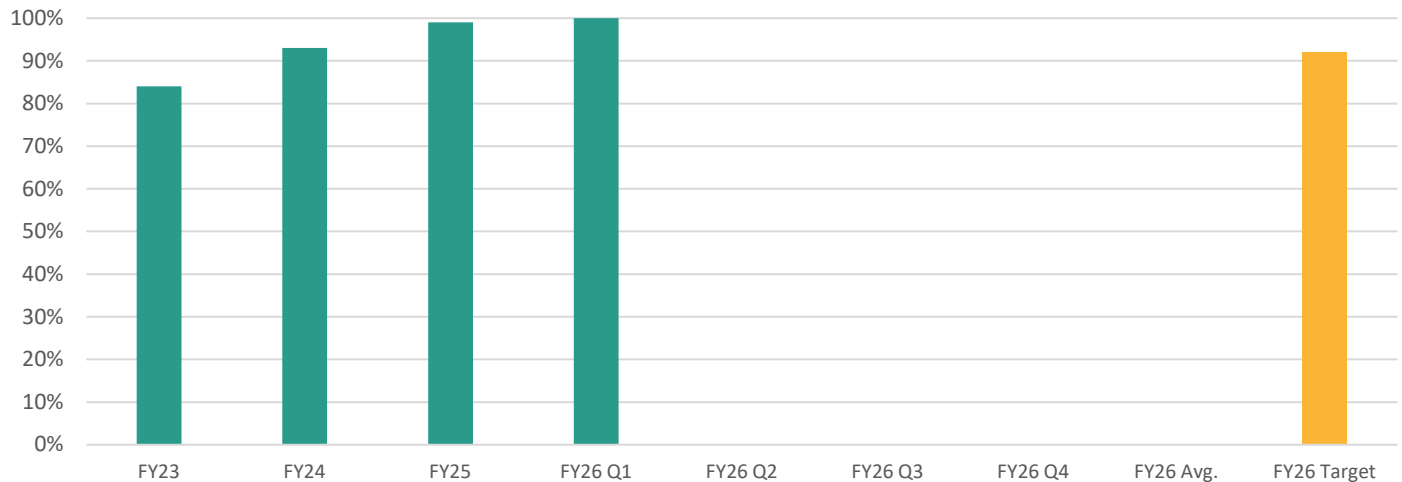
PERFORMANCE MEASURE #4

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

Results

FY23	FY24	FY25	FY26 Q1	FY26 Q2	FY26 Q3	FY26 Q4	FY26 Avg.	FY26 Target
84%	93%	99%	100%					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 FY26, 100% of constituents accessed services within 30 days, exceeding the FY26 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: All staff positions are filled. SHIP Coordinators will continue to be trained regularly on short-term assistance best practices.

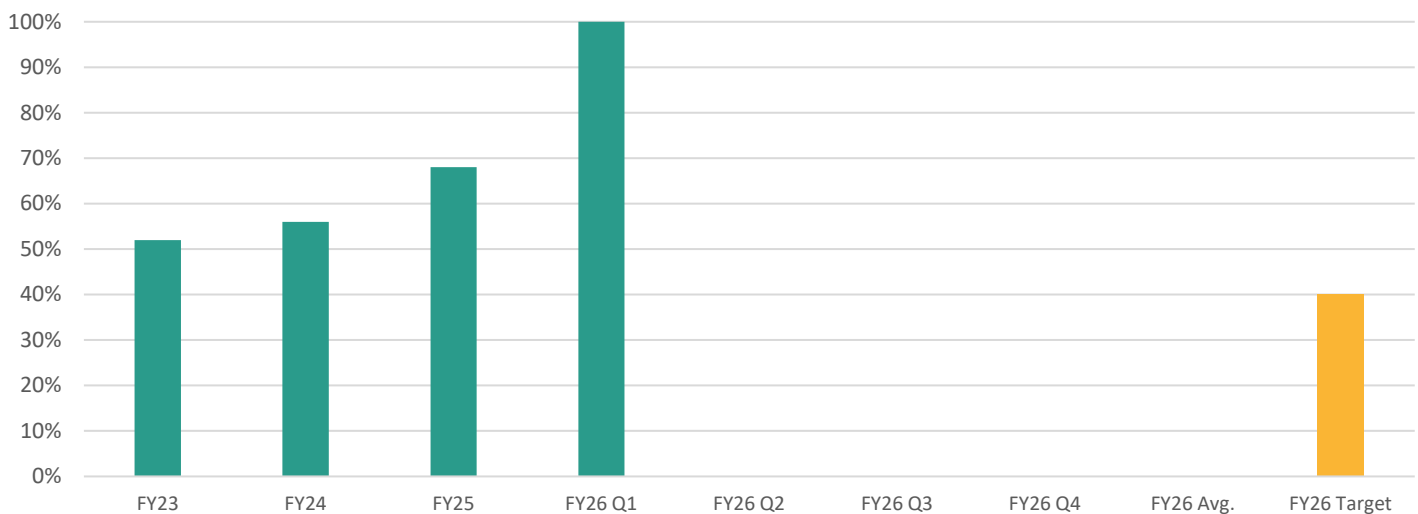
PERFORMANCE MEASURE #6

Percent of Facilities Visited Monthly

Results

FY23	FY24	FY25	FY26 Q1	FY26 Q2	FY26 Q3	FY26 Q4	FY26 Avg.	FY26 Target
52%	56%	68%	100%					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 FY26 Q1, the Long-Term Care Ombudsman Program (LTCOP) staff and volunteers completed 708 facility visits, achieving visits to 100% of the 283 long-term care (LTC) facilities statewide. This meets federal requirements ensuring

that residents have regular and timely access to LTCOP services, as well as prompt responses to complaints and requests for assistance.

The NMLTCOP strives to exceed these federal standards by aiming to visit all Skilled Nursing Facilities and most Assisted Living Facilities at least once each month, reinforcing its commitment to resident advocacy and program accessibility.

IMPROVEMENT ACTION PLAN: The LTCOP has achieved 100% of visits.

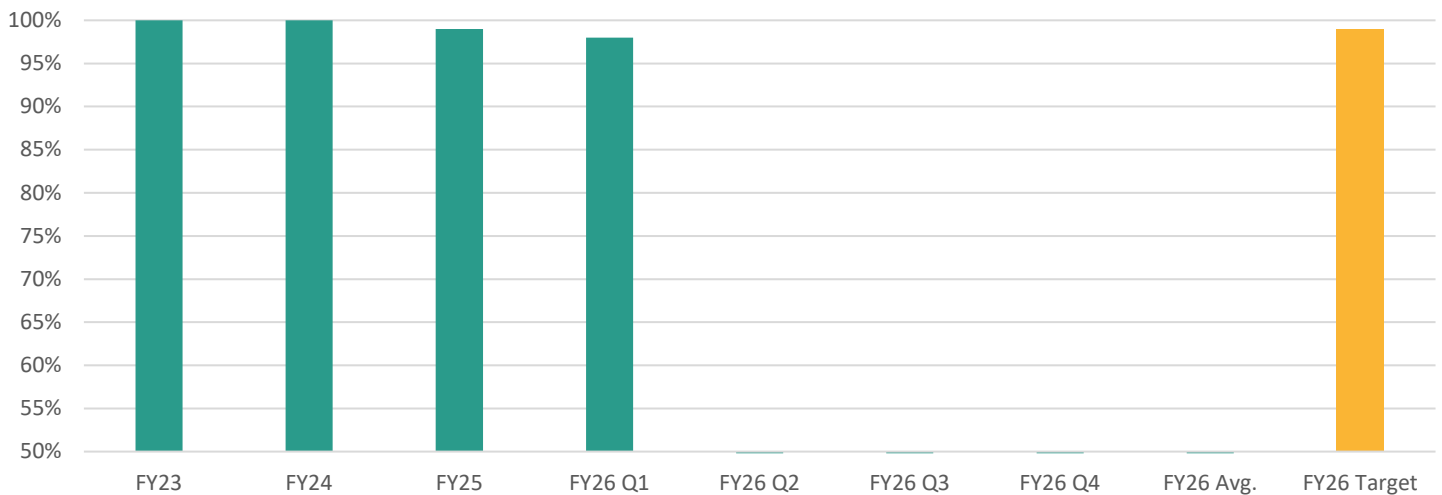
PERFORMANCE MEASURE #7

Percent of Ombudsman complaints resolved within sixty days.

Results

FY23	FY24	FY25	FY26 Q1	FY26 Q2	FY26 Q3	FY26 Q4	FY26 Avg.	FY26 Target
100%	100%	99%	98%					99%

Data of Graph Above



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, 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, 250 cases were referred to the Ombudsman Program, and 244 were closed within 60 days — a 98% resolution rate. The LTCOP continues to prioritize the timely resolution of complaints and has implemented strategies to ensure prompt data entry. Occasionally, some cases extend beyond the 60-day timeframe. In these instances, supervisors work closely with Regional Coordinators to review the circumstances and provide guidance as needed. While there is no

specific federal or state guideline that mandates a closure deadline for Ombudsman cases, the program remains committed to resolving concerns as efficiently as possible while maintaining quality and thoroughness in its advocacy.

IMPROVEMENT ACTION PLAN: The LTCOP remains committed to resolving the majority of cases within 60 days, emphasizing the timely resolution of resident complaints, which is a fundamental resident's right. Ongoing staff training, monthly case reviews, and careful oversight of documentation are essential strategies in maintaining this high level of performance.

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 the availability of those services to abused, neglected, or exploited adults 18 years of age or older 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):

*FY26	General Fund	Other State Funds	Federal Funds	Other Transfers	TOTAL	FTE
200	9,600.6			2,557.5	12,158.1	130
300	1,092.3			1,926.3	3,018.6	
400	671.4			250.0	921.4	
TOTAL	16,018.8			4,733.8	16,098.1	

**FY26 decreases reflect the move of programs and staff into the re-established Long-Term Care Division*

FY25	General Fund	Other State Funds	Federal Funds	Other Transfers	TOTAL	FTE
200	9,370.6		55.7	2,957.5	12,383.8	143
300	5,826.8		442.8	1,926.3	8,195.9	
400	821.4		5.0	250.0	1,076.4	
TOTAL	16,018.8		503.5	5,133.8	21,656.1	

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.

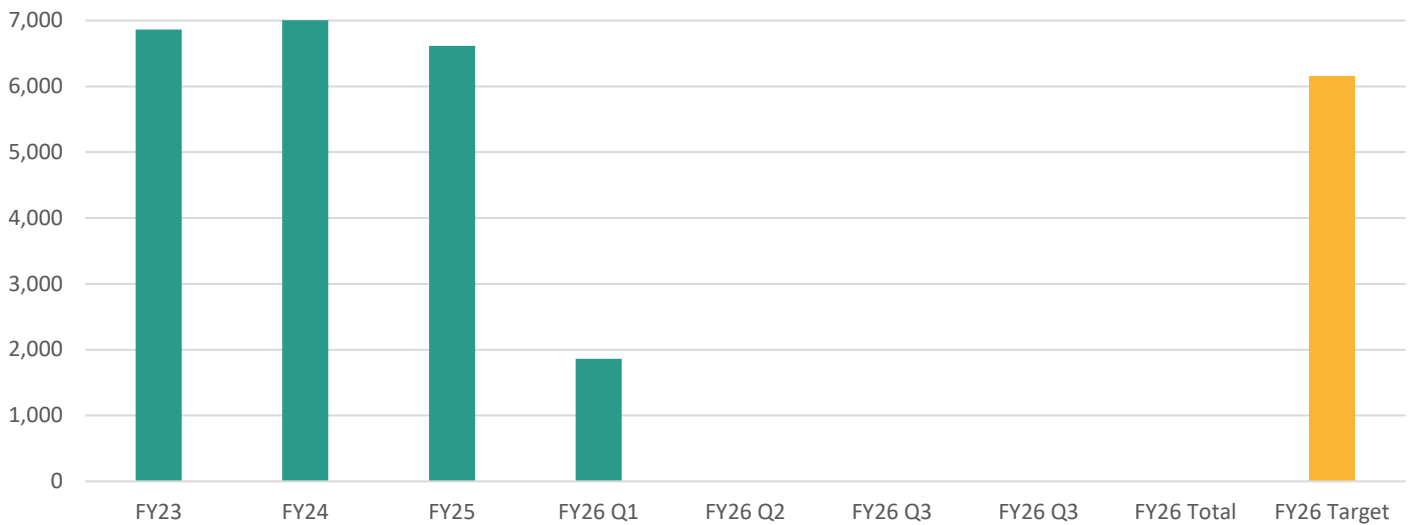
PERFORMANCE MEASURE #1

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

Results

FY23	FY24	FY25	FY26 Q1	FY26 Q2	FY26 Q3	FY26 Q4	FY26 Avg.	FY26 Target
6,863	7,632	6,615	1,860					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 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 FY26 Q1, APS conducted 1,860 investigations, compared to an average of 1,729 investigations per quarter in FY25. This reflects a potential upward trend in reports of abuse, neglect, exploitation, and self-neglect, underscoring the continued and growing need for APS services. If this pace continues, APS is projected to surpass its annual goal of 6,150

investigations. This data reaffirms APS's commitment to protecting vulnerable adults through a balanced approach that emphasizes both rapid response and proactive prevention, while continuing to uphold community trust, safety, and accountability.

IMPROVEMENT ACTION PLAN: APS continues to maintain a strong public presence through regional outreach and education on referral and reporting methods. Strengthened cross-reporting procedures ensure statewide consistency and accountability, supported by supervisors who monitor timely responses. The 24-hour telephone line and online reporting tool provide uninterrupted access for reporting concerns. Given the stability and effectiveness of these systems in promoting timely intervention and harm reduction, no formal improvement plan is required at this time. However, as reports continue to increase and the complexity of cases grows, the need for additional APS investigators is critical to sustain timely response times and maintain quality service delivery. APS remains committed to ongoing monitoring, staffing assessment, and refinement to sustain high performance and responsiveness to the emerging needs of the people of New Mexico.

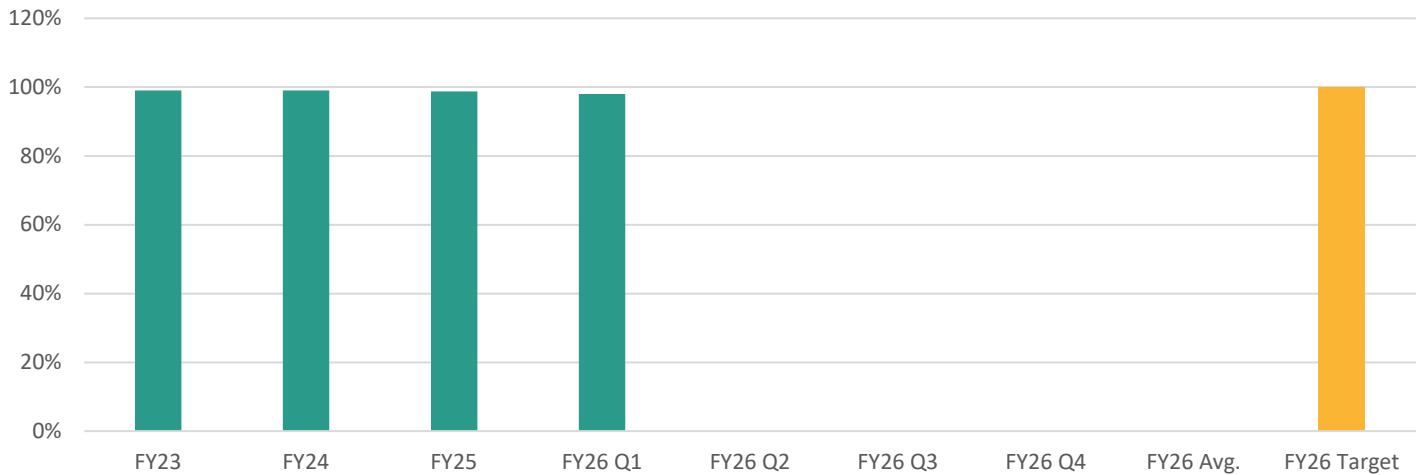
PERFORMANCE MEASURE #2

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

FY23	FY24	FY25	FY26 Q1	FY26 Q2	FY26 Q3	FY26 Q4	FY26 Avg.	FY26 Target
99%	99%	99%	98%					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 relies on the WellSky Human Services Software system to manage investigation data. To gather data for this metric, APS utilizes a report within the software. The calculation for this measure involves averaging the emergency investigations responded to within three hours and priority one investigations within 24 hours, per specified timeframes (quarterly and annually).

STORY BEHIND THE DATA: APS achieved a 98% on-time visitation rate in Q1, reflecting the outstanding dedication of the APS investigative team. This demonstrates APS staff’s commitment to timely client engagement and ensuring that vulnerable adults

receive immediate attention and support. The continued performance highlights the effectiveness of our statewide investigators and their essential role in providing responsive, person-centered services to mitigate ANE. Investigators across all five regions remain on call 24/7 to respond to reports of abuse, neglect, and exploitation. Regional managers and supervisors play a vital role in helping field staff meet established timelines and maintain accountability. While achieving 100% compliance is not always immediately possible, immediate follow-up actions are consistently taken to ensure client safety and well-being remain the highest priorities.

IMPROVEMENT ACTION PLAN: The improvement plan focuses on continuing to support staff by ensuring they have the necessary tools and resources such as vehicles, technology, and supervisory support. ICW's remain diligent in addressing any challenges that arise in achieving these goals. APS consistently meets *its* targets for timely face-to-face initiations, and proactive measures remain in place to sustain this high level of performance. The agency remains committed to ongoing monitoring and continuous improvement. While initiation rates have remained strong, ongoing staffing vacancies create challenges to maintaining this level of service needed to meet the target of 100%. Continued investment in staffing and resources like vehicles to support is essential to ensuring consistent service delivery for vulnerable adults.

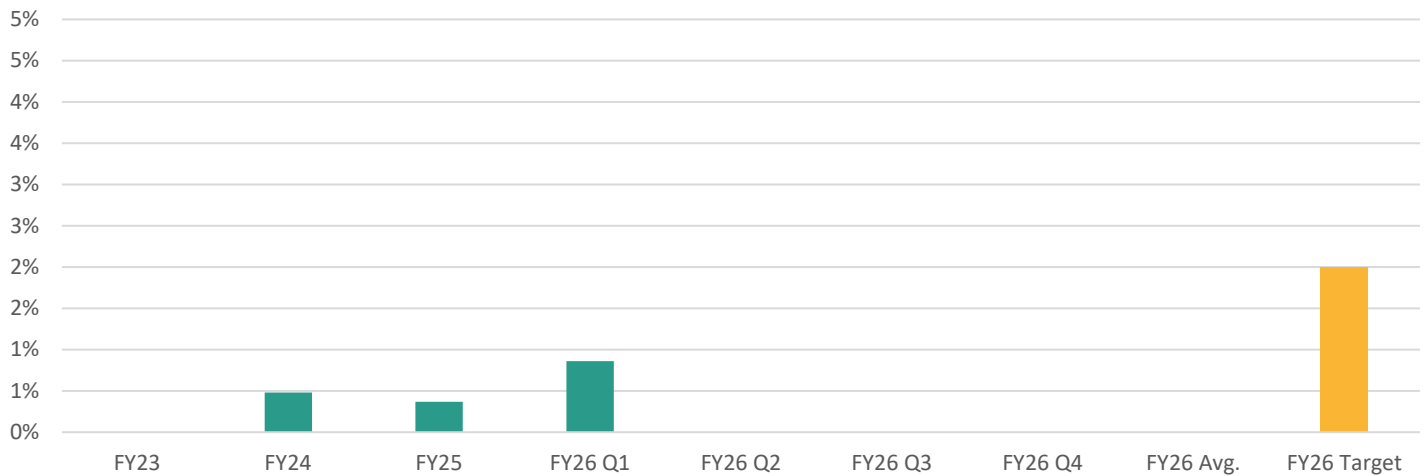
PERFORMANCE MEASURE #3

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

Results

FY23	FY24	FY25	FY26 Q1	FY26 Q2	FY26 Q3	FY26 Q4	FY26 Avg.	FY26 Target
0%	0.48%	0.37%	.86%					2%

Graph of Data Above



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: APS continues to demonstrate the effectiveness of its investigative and harm reduction efforts, with only 0.86% of cases closed within six months returning for additional intervention. This low recurrence rate reflects the strength of APS's Harm Reduction Model and the dedication of its investigative teams in addressing the root causes of risk and promoting lasting safety.

Self-neglect remains a complex challenge, particularly among older adults seeking to maintain independence while managing increasing care needs. Through the combined impact of APS Clinical services, Title XX supports, and strong community partnerships, APS helps vulnerable adults remain safely in their homes. These collaborative, person-centered efforts continue to reinforce the agency's mission of prevention, protection, and sustained well-being statewide.

IMPROVEMENT ACTION PLAN: No improvement plan is necessary at this time, as APS continues to perform strongly in preventing repeat maltreatment and addressing abuse, neglect, and exploitation. These outcomes reflect the effectiveness of current strategies and the dedication of investigators. However, as the volume and complexity of reports continue to rise statewide, the workload per investigator has increased significantly, placing sustained pressure on response capacity. To maintain timely investigations and uphold high standards of service, additional APS investigators are essential. Increased staffing will help ensure that vulnerable adults continue to receive prompt intervention, comprehensive follow-up, and the protection they deserve. APS will continue ongoing monitoring, staffing assessment, and refinement to sustain success and ensure continued protection of New Mexico's vulnerable adults.

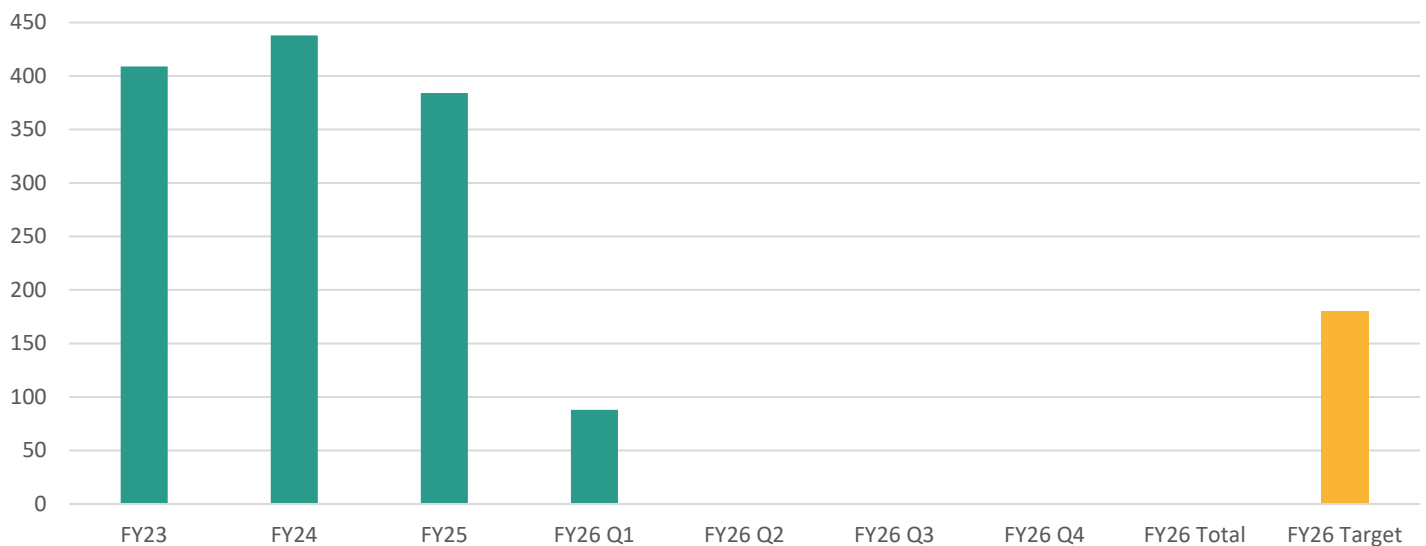
PERFORMANCE MEASURE #4

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

Results

FY23	FY24	FY25	FY26 Q1	FY26 Q2	FY26 Q3	FY26 Q4	FY26 Avg.	FY26 Target
409	438	384	88					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: APS remains committed to advancing public education and awareness to prevent abuse, neglect, exploitation, and self-neglect. Especially in underserved and rural communities. Ongoing outreach and presentations engage service providers, local agencies, and the public by promoting understanding of the APS intake process, reporting methods, and mission.

Through these partnerships and community-based strategies, APS continues to foster early intervention, reduce repeat maltreatment, and strengthen protecting New Mexicans.

IMPROVEMENT ACTION PLAN: No Improvement plan necessary.

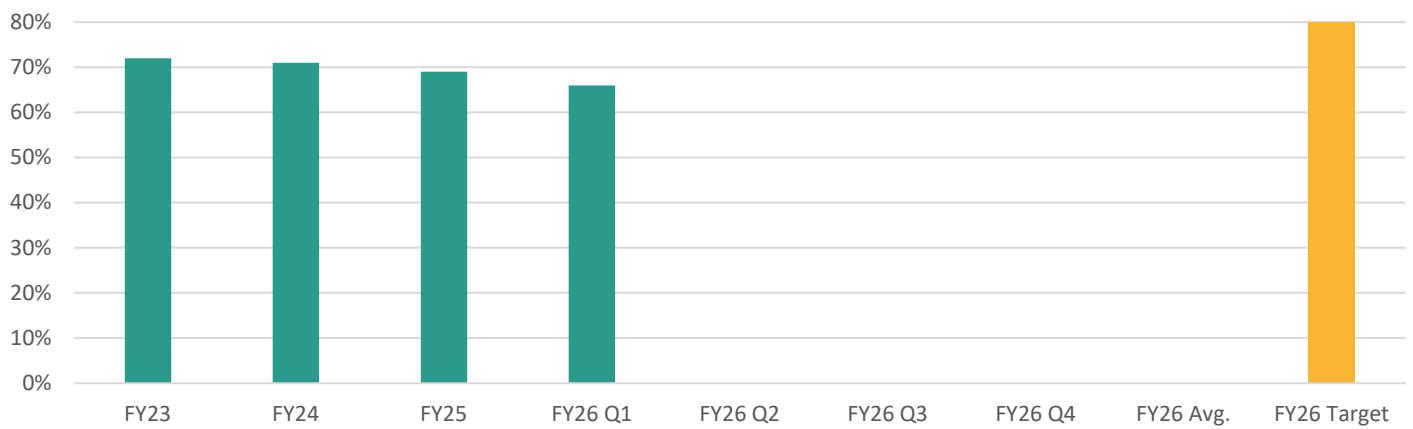
PERFORMANCE MEASURE #5

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

Results

FY23	FY24	FY25	FY26 Q1	FY26 Q2	FY26 Q3	FY26 Q4	FY26 Avg.	FY26 Target
72%	71%	69%	66%					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: In FY26Q1, 66% of referrals were initiated within two weeks. While the exact root cause of delays remains uncertain, a shortage of caregivers continues to be a contributing factor and particularly in rural areas of New Mexico. Also, occasional scheduling complexities play a role in timely initiation. APS remains focused on identifying and addressing these challenges to ensure timely service initiation and consistent support for vulnerable adults statewide.

IMPROVEMENT ACTION PLAN: APS is implementing structural changes to strengthen performance and coordination. Supervision of the Community Engagement Specialist, who oversees Title XX and referral processes, has been moved under APS Regional Managers to improve collaboration between internal operations and external partners. Regional Managers and CES staff will conduct monthly provider check-ins and coordination meetings to address challenges, monitor staffing, and ensure timely service delivery. Promoting consistent, high-quality performance each quarter.

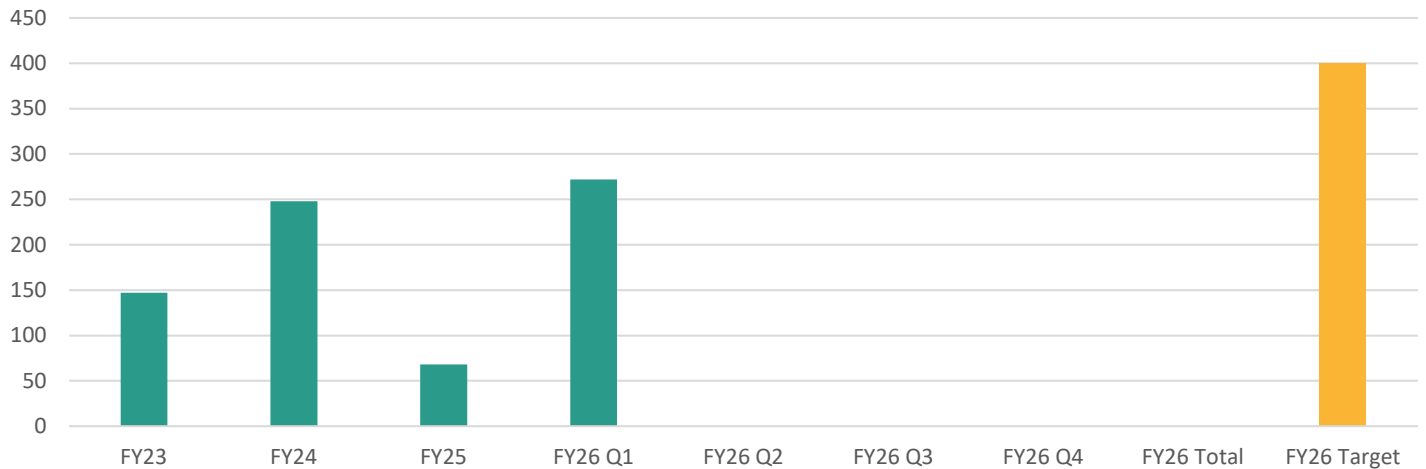
PERFORMANCE MEASURE #6

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

FY23	FY24	FY25	FY26 Q1	FY26 Q2	FY26 Q3	FY26 Q4	FY26 Avg.	FY26 Target
147	248	68	272					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. 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 FY26 Q1, APS made 70 Title XX referrals, representing approximately 3.7% of all investigations. This demonstrates that Title XX services continue to serve as an effective tool for investigators, providing timely support to help clients remain safe in their homes. The data reflects strong collaboration and the ongoing value these contracts bring to APS service delivery statewide.

IMPROVEMENT ACTION PLAN: APS will continue to strengthen the effectiveness of Title XX referrals by maintaining a person-centered approach that prioritizes client safety and autonomy. Recognizing that participation in services is voluntary, APS will focus on educating and empowering clients to make informed decisions about available service options. Efforts will include reinforcing staff training, enhancing coordination with providers, and monitoring referral trends to identify and address barriers to participation. These actions will ensure timely, client-driven support and sustain the positive impact of Title XX services statewide.

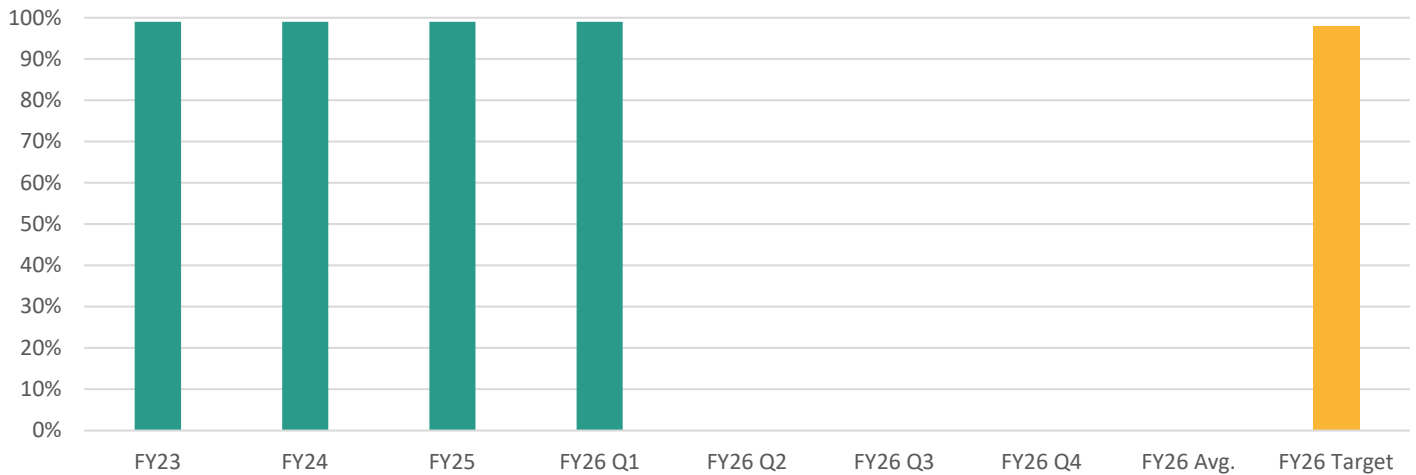
PERFORMANCE MEASURE #7

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

FY23	FY24	FY25	FY26 Q1	FY26 Q2	FY26 Q3	FY26 Q4	FY26 Avg.	FY26 Target
99%	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 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: In FY26 Quarter 1, APS achieved a 99% success rate in timely case initiations, with 1,636 cases initiated within the required timeframe. This strong performance demonstrates APS's ongoing commitment to quick responses and following the agency standards, particularly in managing Priority 2 reports efficiently and effectively.

IMPROVEMENT ACTION PLAN: No improvement plan is necessary at this time, as APS field teams continue to respond effectively to referrals, ensuring timely protection for those at risk. To sustain this level of performance, APS will continue exploring proactive recruitment strategies to maintain adequate staffing levels. A strong workforce is essential to uphold compliance standards and effectively meet the evolving needs of New Mexico's vulnerable adults.

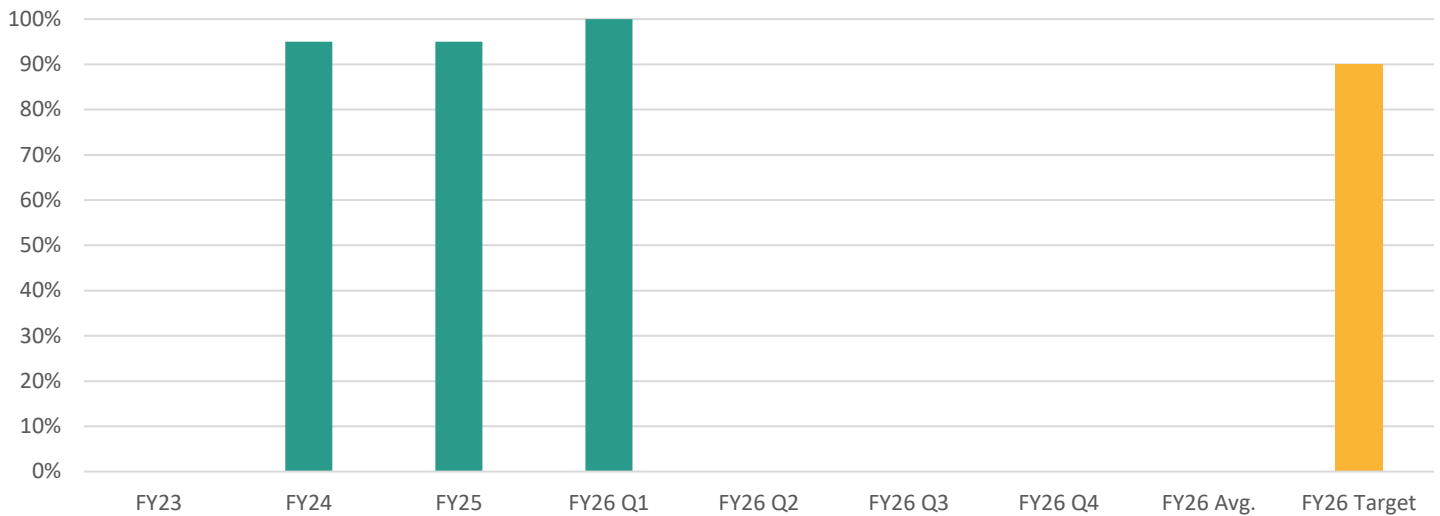
PERFORMANCE MEASURE #8

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

Results

FY23	FY24	FY25	FY26 Q1	FY26 Q2	FY26 Q3	FY26 Q4	FY26 Avg.	FY26 Target
N/A	95%	95%	100%					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 remain 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 documents these details in the Title XX System, creating a comprehensive record of consumer referrals and their interactions with services.

STORY BEHIND THE DATA: In FY26 Quarter 1, APS made 70 new referrals for in-home support through Title XX services, including

personal care, homemaker assistance, and adult day care. These services enable vulnerable adults to remain safely in their homes and communities, helping prevent premature institutionalization.

All 70 clients continue to live safely in the community, demonstrating the effectiveness of APS's coordination efforts and the critical role of the CES team in connecting clients to appropriate care and monitoring outcomes. This success underscores how targeted, collaborative support allows clients to age in place with dignity and stability.

IMPROVEMENT ACTION PLAN: No improvement plan is necessary at this time. APS will continue collaborating with its ICW's and CES's to stay actively engaged with clients when services are referred, ensuring individuals can remain safely in their homes and continue to age in place.

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 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):

FY26	General Fund	Other State Funds	Federal Funds	Other Transfers	TOTAL	FTE
200	1,602.4	34.5	455.3		2,092.2	29
300	939.9	10.0	119.2		1,069.1	
400	43,667.7	71.3	11,450.1		55,189.1	
TOTAL	46,210.0	115.8	12,024.6		58,350.4	

FY25	General Fund	Other State Funds	Federal Funds	Other Transfers	TOTAL	FTE
200	1,682.6	34.5	455.3		2,172.4	24
300	1,810.7	10.0	119.2		1,939.9	
400	42,596.9	71.3	11,450.1		54,118.3	
TOTAL	46,090.2	115.8	12,024.6		58,230.6	

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.

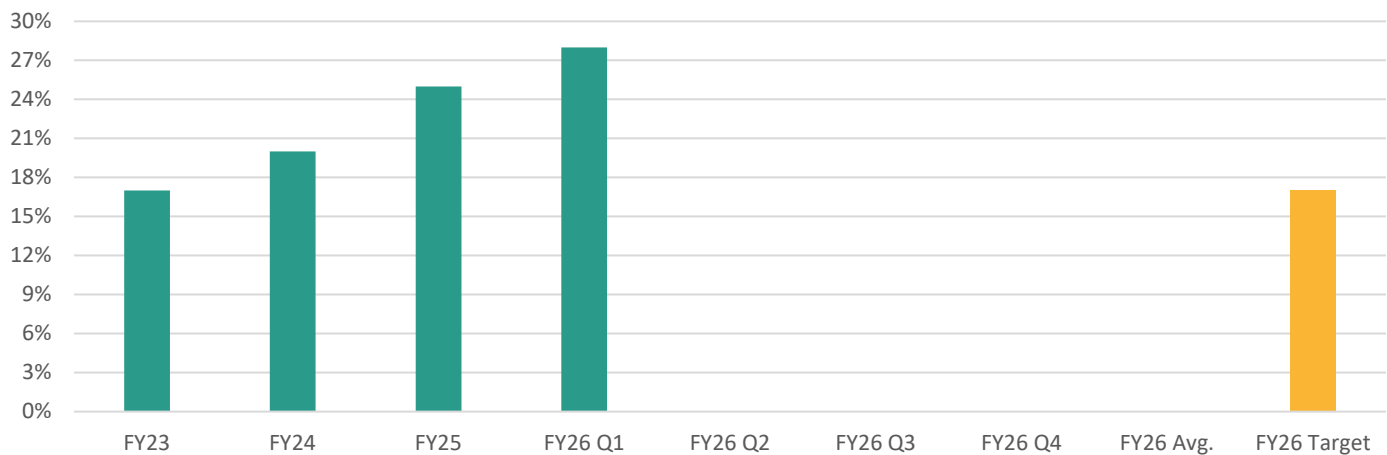
PERFORMANCE MEASURE #1

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

Results

FY23	FY24	FY25	FY26 Q1	FY26 Q2	FY26 Q3	FY26 Q4	FY26 Avg.	FY26 Target
17%	20%	25%	28%					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 needs assessment, based on ACL/OAA and New Mexico Administrative Code (NMAC) regulations.

STORY BEHIND THE DATA: This data reflects an increase in the number of consumers served from Q1 FY25 by 1,544 persons and an increase in the percentage of identified high nutritional risk persons from 20.5% in Q1 FY25 versus Q1 FY26 of 28%. Overall, AND wants to see the numbers trending down as high nutritional risk persons access long-term congregate or non-congregate meals and become nutritionally stable.

The Quarter total for this measure includes PSAs 1–4 and PSA 6 and does not include data from PSA-5 (the Navajo Nation).

IMPROVEMENT ACTION PLAN: This measure reflects an increase in high nutritional risk persons being identified and served. No improvement plan is needed at this time.

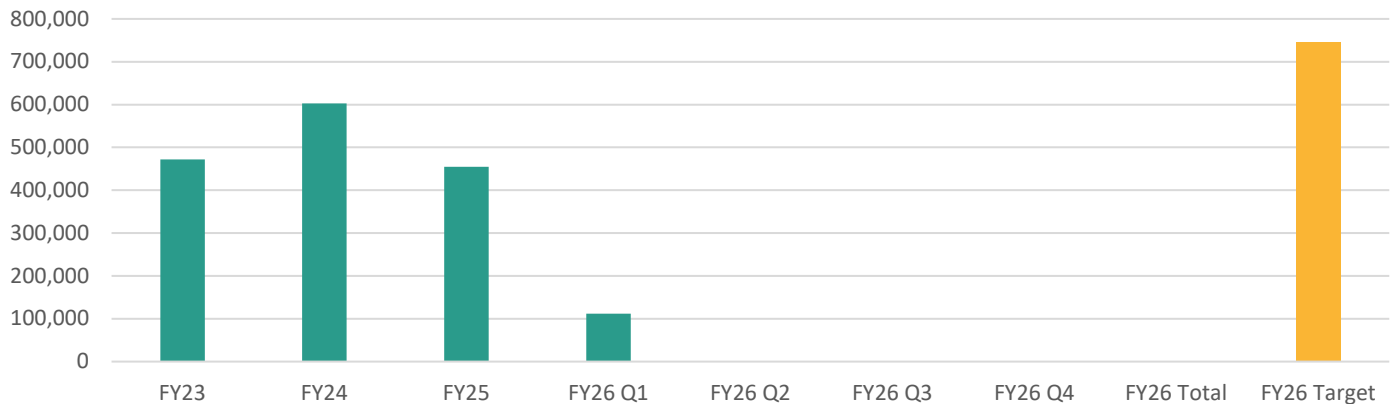
PERFORMANCE MEASURE #2

Number of hours of services provided by senior volunteers, statewide

Results

FY23	FY24	FY25	FY26 Q1	FY26 Q2	FY26 Q3	FY26 Q4	FY26 Avg.	FY26 Target
472,250	602,853	454,772	111,572					745,000

Graph of Data Above



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: 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). The senior volunteer program has seen a decline in enrollment since the pandemic, the division has promoted the volunteer program via marketing to attract volunteer participants.

IMPROVEMENT ACTION PLAN: To enhance client services and strengthen performance outcomes, the department will provide additional Older Americans Act eligibility training, expand targeted outreach, and increase client registration. Working collaboratively with the Area Agencies on Aging, a coordinated workplan will be implemented to ensure accurate and timely data reporting, while new opportunities will be developed to encourage and increase senior volunteer participation. ALTSD has prioritized volunteer recruitment as a major initiative in the agency's strategic plan.

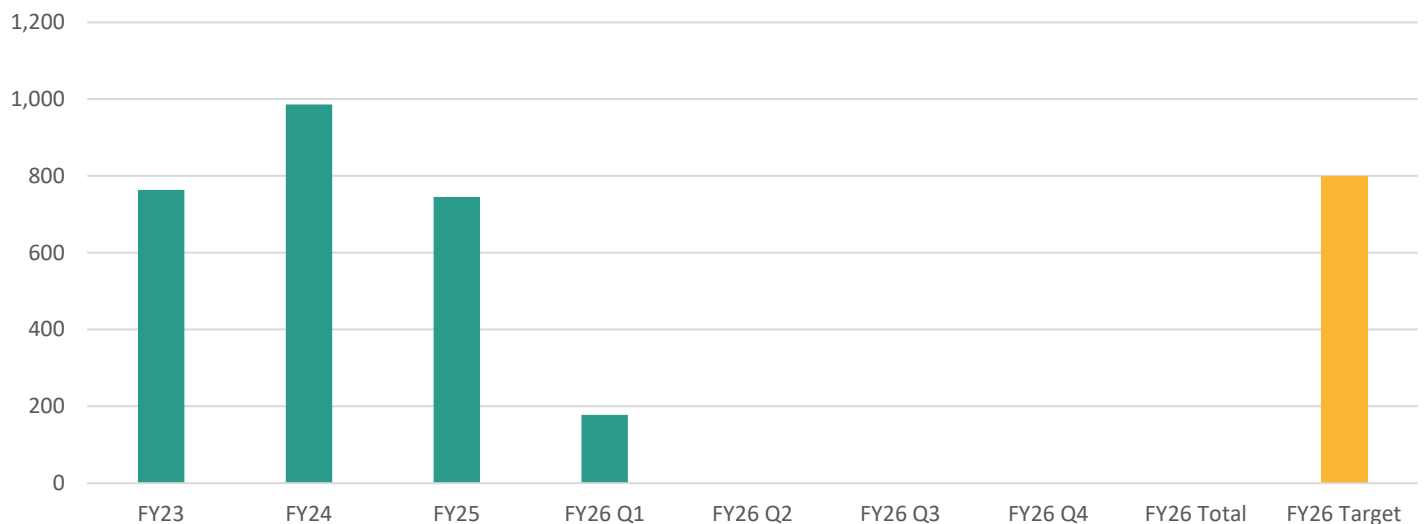
PERFORMANCE MEASURE #3

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

FY23	FY24	FY25	FY26 Q1	FY26 Q2	FY26 Q3	FY26 Q4	FY26 Avg.	FY26 Target
764	986	745	178					800

Graph of Data Above



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 FY26 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 Aging Network service providers. Furthermore, the agency now provides relevant Aging Network service information at the end of all presentations by all ALTSD staff, regardless of Division. The Aging Network will specifically require the AAA providers to target outreach events, requiring performance by the third quarter.

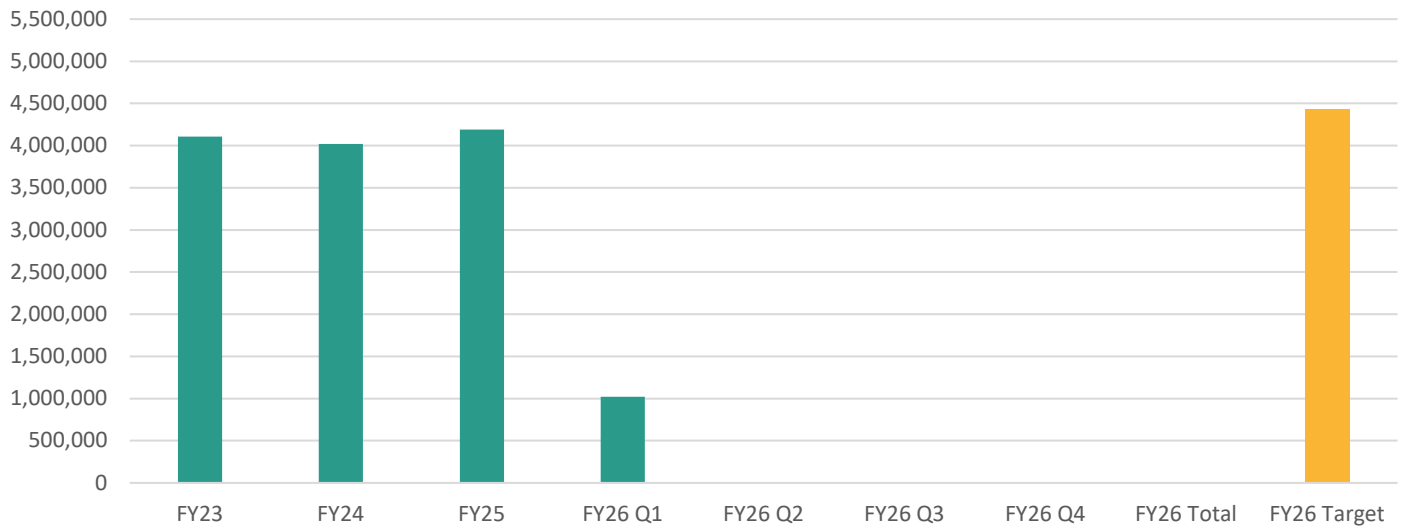
PERFORMANCE MEASURE #4

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

Results

FY23	FY24	FY25	FY26 Q1	FY26 Q2	FY26 Q3	FY26 Q4	FY26 Avg.	FY26 Target
4,105,279	4,020,390	4,191,156	1,021,120					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 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 FY26 Q1, the data does not include NAAA. This measure includes the number of meals served in congregate, home-delivered, and "grab and go" settings. Meals are reported for breakfast, lunch, dinner, and weekends.

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 senior centers and providers. Thus, the Quarter totals for this measure include data collected from PSAs 1–4, PSAs 5 and 6.

IMPROVEMENT ACTION PLAN: Strategies to improve this performance measure include implementing alternative meal delivery options—such as restaurant vouchers, food truck partnerships, and catering services to meal sites—to help reduce meal costs for service providers. Lower costs will allow for the expansion of both the number of meals provided and the number of individuals served. Currently, three contractors are working with the Non-Metro Area Agency on Aging (AAA) to pilot these alternative meal options, which will be reviewed for effectiveness and efficiency.

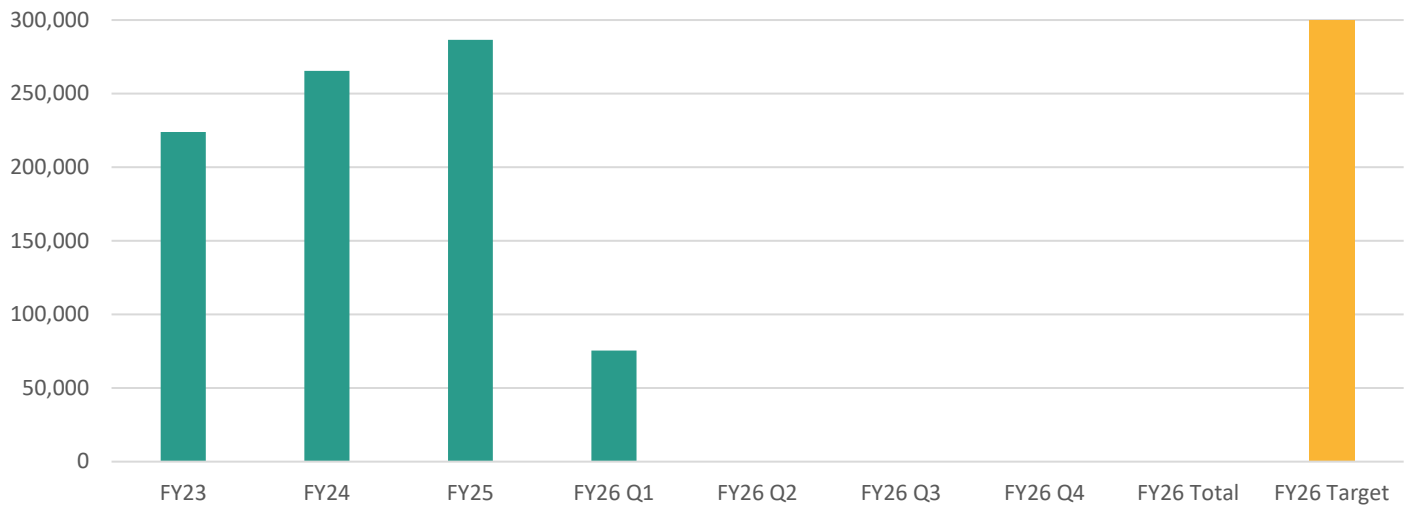
PERFORMANCE MEASURE #5

Number of Transportation Units Provided

Results

FY23	FY24	FY25	FY26 Q1	FY26 Q2	FY26 Q3	FY26 Q4	FY26 Avg.	FY26 Target
223,938	265,565	286,470	75,518					300,000

Graph of Data Above



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 its allocation of New Mexico general funds in the service categories it deems 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: For FY 26 Q1, this measure does not include Navajo Area Agency on Aging (NAAA) 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. The WellSky Aging and Disability Database is the repository used by providers contracted through the AAAs to document services. All AAAs, except for the 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 its allocation of New Mexico general funds in the service categories it deems necessary. The Aging Network Division and the Office of Indian Elder Affairs compile the data for quarterly and annual performance measure reporting. Transportation services help older adults with limited mobility and

access to services as well as other forms of public transportation. Older adults need transportation to attend medical appointments, conduct business at the bank and post office, purchase groceries, and perform other essential tasks associated with daily living. As the need for older adult transportation services increases, ALTSD and our service providers continue to explore creative ways to expand transportation services to serve more of New Mexico's older adult population.

IMPROVEMENT ACTION PLAN: The AAA's and providers are conducting extensive outreach to increase volunteerism and promote expansion of transportation services across the state. The volunteer driver program is in its second year, and the Community Core (C3) transportation program is in the development phase. ALTSD anticipates being able to include the outcome in our performance measures.

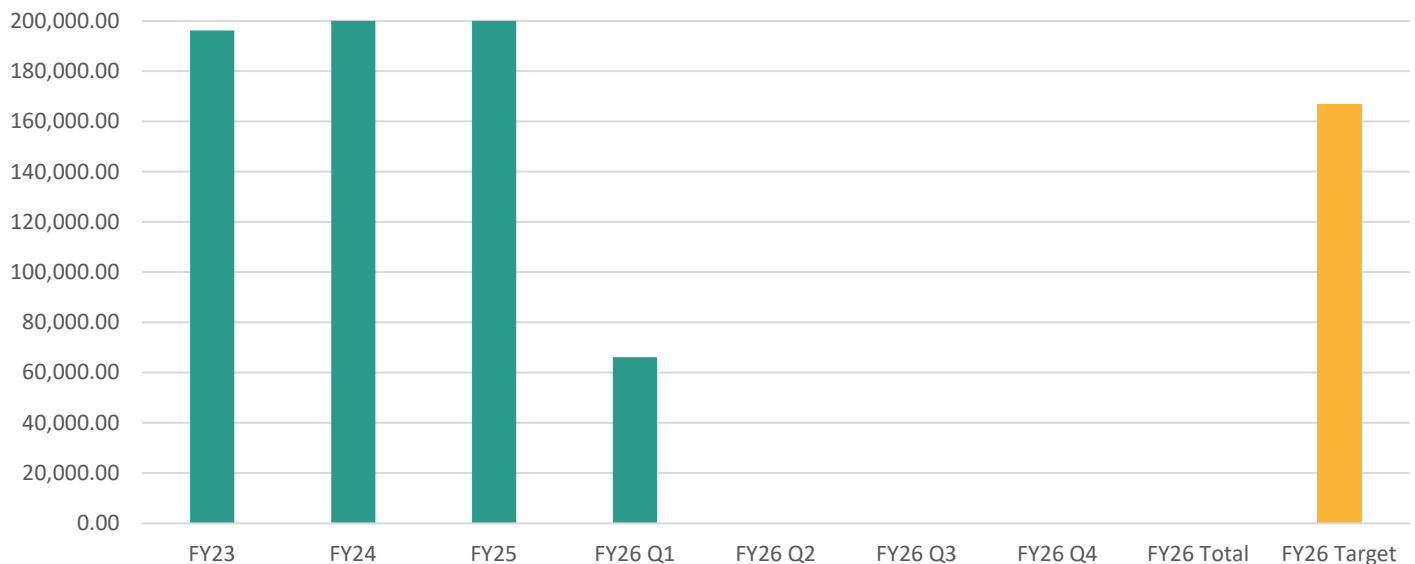
PERFORMANCE MEASURE #6

Number of hours of caregiver support

Results

FY23	FY24	FY25	FY26 Q1	FY26 Q2	FY26 Q3	FY26 Q4	FY26 Avg.	FY26 Target
196,246	222,922	264,906	66,139					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 FY25 or FY26.

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.

Caregiver Service Category	FY Quarter 1 Hours, by Caregiver Service Category	FY Quarter 2 Hours, by Caregiver Service Category	FY Quarter 3 Hours, by Caregiver Service Category	FY Quarter 4 Hours, By Caregiver Service Category
Respite Care	22,508			
Adult Day Care	21,969			
Homemaker	20,333			
Other Support Services	1,329			
Total	66,139			

STORY BEHIND THE DATA: For FY 26 Q1, this measure does not include NAAA 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.

The description of this measure includes 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.

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.

IMPROVEMENT ACTION PLAN: Q1 performance numbers are on track to meet end-of-year goals. The department will continue implementing effective strategies that support this progress, maintain close monitoring of data submitted by the AAA's, and reinforce successful practices to ensure goals are achieved and sustained through the end of the reporting period.

LONG-TERM CARE DIVISION

Program Description, Purpose, and Objectives: The Long-Term Care Division (LTCD) was re-established on July 1, 2025 to provide essential resources, programs, and advocacy that empower individuals and caregivers to thrive within their communities.

LTCD is composed of the following program areas:

- Kinship Caregiver
- Veteran Directed Care
- Care Transitions Unit (CTU)
- New MexiCare
- Office of Alzheimer's and Dementia Care

Program Budget (in thousands):

FY26	General Fund	Other State Funds	Federal Funds	Other Transfers	TOTAL	FTE
200	1,215.5		55.7	400.0	1,671.2	28
300	5,605.3		442.8		6,048.1	
400	170.0		5.0		175.0	
TOTAL	6,990.8		503.5	400.0	7,894.3	

LTCD Program Performance Measures:

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

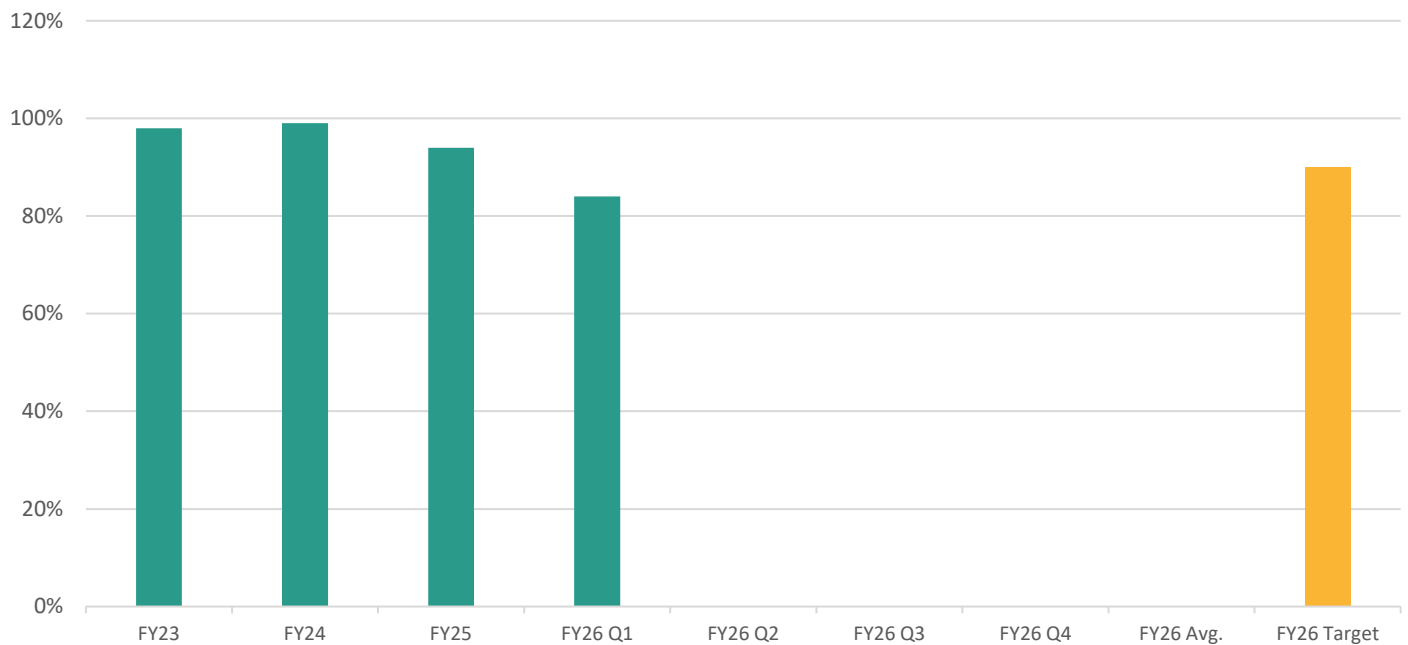
PERFORMANCE MEASURE #1

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

Results

FY23	FY24	FY25	FY26 Q1	FY26 Q2	FY26 Q3	FY26 Q4	FY26 Avg.	FY26 Target
98%	99%	94%	84%					90%

Graph of Data Above



MEASURE DESCRIPTION: The percentage 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 LTCD CTS staff and the subsequent well-being provided for six months following community re-entry or transfer.

STORY BEHIND THE DATA: During Q1 FY26, 84% 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, there is a decrease in readmissions back into nursing facilities and hospital settings. Additionally, CTU maintains a working rapport with Health Care Authority, Managed Care Organizations (MCO), nursing facilities statewide, 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. The decrease in percentage is due to the new methodology we implemented to enhance accuracy and consistency in alignment with current program standards.

IMPROVEMENT ACTION PLAN: CTU will continue to provide updated information on the community reintegration process to a less restrictive environment, on community resources, access, and support for residents transitioning from a nursing facility to an assisted living facility or community setting. The program will continue collaboration and outreach with sister agencies and nursing facilities on community benefits, waiver programs, Medicaid eligibility, and additional community resources available.