# Strategic Plan: Fiscal Year 2026

## September 1, 2024

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# Agency History

The New Mexico Aging & Long-Term Services Department (Agency) was established in 2004 to provide advocacy, support, and resources for seniors and adults with disabilities. The Agency oversees the state's Area Agencies on Aging to elevate the quality of care at senior centers, offers advocacy through the Long-Term Care Ombudsman volunteer program, and provides intervention through the Agency's national award-winning Adult Protective Services Division. Additionally, the Agency houses the state's Aging and Disability Resource Center, which assists constituents through counseling, education, and connection to resources throughout the state.

Historically, the Agency had a customer responsive model where the Agency primarily *responds* to concerns of abuse, neglect and service needs. While this is a critical function, the Agency is transitioning to take a proactive approach and shift this model over time. Aligning reactive programs to a *proactive approach* connects vulnerable adults to services, resources, support, and quality care before situations elevate. It is critical to address systemic issues throughout the aging and long-term services network by leveraging legacy programs and modernizing models to include proactive measures. The Agency, therefore, proposes to expand its model to proactively evaluate the quality of its services and provider community.

The Agency's enabling legislation is codified in New Mexico's statutes annotated (NMSA) 1978 Chapter 9 Article 23, sections 9-23-1 through 9-23-14.  The Agency's enabling statutes include the creation of five (5) distinct divisions including administrative services division, consumer and elder rights division, aging network services division, long-term care division and adult protective services division.  Further pursuant to NMSA sections 9-23-1 through 9-23-13 the purpose of the Agency, the duties, authority and responsibilities of Cabinet Secretary, as well as division responsibilities are defined. Specifically NMSA 9-23-9 defines the basic duties of each division which includes requirements for the administrative services division to provide clerical, recordkeeping and administrative support to the Agency in the areas of personnel, budget, procurement and contracting; the consumer and elder rights division shall administer the long-term care ombudsman program and provide health insurance and benefits counseling and legal services; the aging network services division shall administer the federal Older Americans' Act programs; the long-term care division shall administer home- and community-based long-term care programs; and the adult protective services division shall provide adult protective services. Furthermore, pursuant to NMSA 9-23-10 the Office of Indian and Elder Affairs is created, and their duties are defined.  In addition to the enabling legislation contained within NMSA Chapter 9 Article 23 both the New Mexico Adult Protective Services and the New Mexico Long-Term Care Ombudsman have specific statutory authority and obligations as outlined in NMSA 27-7-14 through 27-7-31 and NMSA 28-17-1 through 28-17-19 respectively.

# Strategic Framework

## Data-based Approach

Transforming the Agency's staff thinking and culture related to performance measurement is a top priority. Except where outcome measures are proscribed by the New Mexico Legislature, Governor's Office or federal agency, the Agency will develop result-based rather than activity-based performance measures. This will require re-setting expectations of staff, providing training and support, and prioritizing the sets of measures to be addressed. These expectations will be consistently conveyed across the Agency to propel accountability and elevate performance.

### Strategic Planks

Five strategic planks were identified to drive programmatic and investment decisions. The Agency will be:
1. Successful in supporting aging through high-quality, efficient, and innovative programs.
2. Responsive to social determinants of health including food and housing security, social support and connection, employment and meaningful engagement, access to information and health services.
3. Effective in addressing consumer protections, elder rights and allegations of abuse, neglect, and exploitation through nationally recognized approaches.
4. Inclusive of best practices and innovations to continuously improve services and interventions and drive sustainability.
5. Committed to innovations and investments that are data-driven and value-based.

### Action Plan

#### Programmatic Performance Development

The Agency will adopt a formalized, disciplined approach to prioritizing, implementing, and evaluating new and existing initiatives. This will include but is not limited to the following:
- Establishing a project evaluation, prioritization, and approval process.
- Appointing an Implementation Manager or equivalent leader to review documents and provide feedback to business owners, convene meetings including developing agenda and documenting decisions by the executive team, providing feedback to the business owners, and driving the implementation.
- Creating a standardized implementation "playbook" to guide new initiatives.
- Instituting a process for reviewing and approving potential project performance goals and other complex deliverables to ensure meaningful program evaluation and adequate capabilities development.

Centralize Agency Data

There are short-term data initiatives which will be the foundation for more advanced data capabilities in the future.

Short-term: To facilitate more robust performance measures, a master data repository should be developed in which all internally and externally reported measures are stored to improve transparency, reduce the level of effort and time necessary to respond to Legislative or other requests, and reduce duplication of effort.

Long-term: During FY24, performance measures were improved, and a plan was established for migrating the multiple data sets into a master data repository. During FY25, the Agency is developing the infrastructure necessary to enable longitudinal analyses and other complex program evaluation methods such as cost of care and ROI analyses. These analyses will not only assist the Agency in prioritizing the most successful program interventions but will also help articulate the value that the Agency returns to the State of New Mexico and its residents. The Agency is uniquely positioned to measure the effectiveness of various services and, arguably, may be the best overall positioned of any Agency in our state's government to impact long-term costs incurred by the State (through Medicaid and related programs) by providing interventions that support lower utilization of emergency departments, hospitals, and Medicaid services such as nursing facilities and home- and community-based services.

Implementing data-based decision making and accountability measures requires a cultural shift, a retooling of legacy programs, and a modernization of the Agency's organizational model and technology. Development of an innovative performance measure solution will allow the evaluation of existing performance measures and data sources to assess quality, consistency, and completeness of existing data. Utilizing appropriate technology will ensure user-friendly interfaces are created for reporting and accessing the data as well as implementing security measures to protect sensitive data and maintain confidentiality.

# Agency Reorganization

## Current Status

After an initial assessment, it was determined that re-organizing the Agency to create structure and clarify lines of authority and communication was necessary. The existing organizational and reporting structure for the Agency is dysfunctional as it is too flat, siloed, and includes leadership vacancies in nearly every Division with no proactive or systematic approach to ensure that the Agency is adequately resourced. The Agency began the reorganization in FY24 and will continue through FY25. The FY26 budget request reflects the additional needs to finalize this reorganization to sustain programmatic capacity and meet the growing senior population needs. However, unfunded positions continue to be a challenge to implementing the re-organization.

The Agency has made progress toward lowering its funded vacancy rate, which is six percent as of August 30, 2024. However, the Ombudsman division has eight unfunded vacancies. The

overall vacancy rate for this program is 38% but all funded vacancies are filled. There were inadequate career growth pathways in this division which created significant turnover and caused many Ombudsmen to take higher paid positions in other Agency Divisions. During FY25, critical steps will be taken to minimize intra-agency poaching, increase retention and establish upward mobility opportunities. Additionally, as of August 27, 2024, there are 53 unfunded positions agency wide, which informed the FY26 budget request for additional personnel funding.

The top of the wave reorganization structure reduces the number of direct reports to the Cabinet Secretary from nine to five, but it requires additional leadership roles with specific skillsets. These new leadership roles were identified to address specific skill deficiencies, build cross-function teams, and a model designed to infuse data and technology into program development and outcomes. Several strides occurred in FY24 and will continue in FY25 and FY26. Specifically, the Office of External Affairs was established in FY24; the Office of Indian and Elder Affairs was positioned as a cross-functional office, so it represented the tribal community interests and needs throughout all Agency programs in FY24; it was also determined that reestablishing the Long-term Care Division in FY25 is a necessity. This division will be sharply focused on building caregiver infrastructure including programs, workforce development, and policy.

## Action Plan

The FY26 Agency budget request includes three primary investments that support the restructuring initiative:
1) Fund key personnel to support direct service delivery and quality. This includes funding five Ombudsman unfunded FTE positions and creating five new CERD FTE positions to meet the increase of calls, complaints and capacity demands from the growing vulnerable population.
2) Increasing funding for the AAAs including Metro, Non-Metro and IAAA (OIEA) as the senior population and caregiving needs increase.
3) Reestablishing the Long-Term Care Division which realigns base funding allocations with a modest funding increase to support unfunded position.

It is imperative that the Agency provide financial support to benefit those who need help aging-in-place, including direct services for family caregiving and caregiver support. By strengthening these supports, the Agency reduces the strain on the hospital and long-term care systems, enabling individuals to stay in communities of their choice longer, and buttress those who sacrifice their time and energy to care for those in need.

Across the United States, the need for caregiving and persons to provide skilled caregiving has and will continue to increase. Since 2020, there has been an increase in persons providing care, especially to those aged 50 years or older;[1] as baby boomers age and enter the "high-risk" years of late life, the number of caregivers needed to support the population will similarly grow.[2] For New Mexicans 60 years and older, ten percent report difficulty living independently; this means
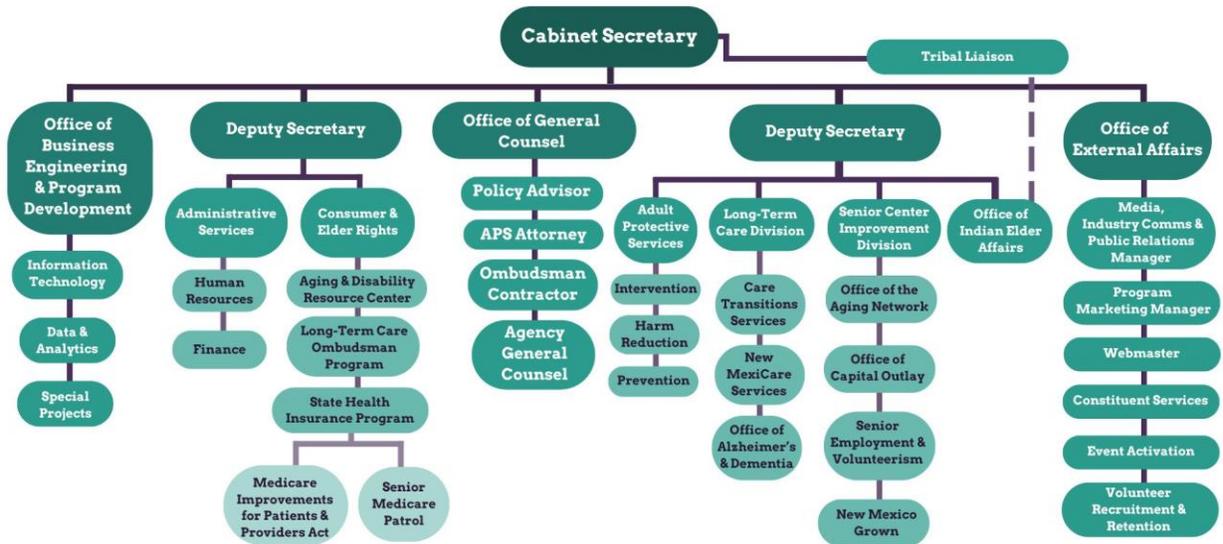
approximately 212,019 New Mexicans require assistance for errands such as visiting the doctor or shopping.[3]

In 2021, at least 20% of New Mexico's adults reported they provide regular care or assistance to a loved one with a health issue or disability.[4] For many of these New Mexicans, caregiving is a long-term commitment spanning multiple years of regular care[5], involving 20+ hours every week. Furthermore, 21% of these caregivers spend 40+ hours each week engaged in caregiving activities, the equivalent of a full-time job.[6] These activities may include attending to someone with dementia or Alzheimer's Disease[7], help giving medications, feeding, dressing, bathing, or doing household tasks such as cleaning and cooking.[8]

For these reasons, reestablishing the Long-Term Care Division and increasing programmatic capacity through hiring specialized staff is a critical step and as the full reorganization is implemented, the following guiding principles will inform the Agency's work:

- A comprehensive review of the Agency's staff and staffing needs to ensure the Agency is adequately resourced with the necessary skilled staff in positions aligned to fulfill expectations.
- Identify improvements in upward mobility and talent development to increase retention rates, become a magnet for emerging talent, and build a pipeline of high performing teams.
- Increase agency stability and resiliency through leadership transitions and crisis by building cross-functional teams and standard procedures to equip crisis teams.

# AGENCY ORGANIZATION

**Cabinet Secretary**

**Tribal Liaison**

## Office of Business Engineering & Program Development
- Information Technology
- Data & Analytics
- Special Projects

## Deputy Secretary
### Administrative Services
- Human Resources
- Finance

### Consumer & Elder Rights
- Aging & Disability Resource Center
- Long-Term Care Ombudsman Program
- State Health Insurance Program
  - Medicare Improvements for Patients & Providers Act
  - Senior Medicare Patrol

## Office of General Counsel
- Policy Advisor
- APS Attorney
- Ombudsman Contractor
- Agency General Counsel

## Deputy Secretary
### Adult Protective Services
- Intervention
- Harm Reduction
- Prevention

### Long-Term Care Division
- Care Transitions Services
- New MexiCare Services
- Office of Alzheimer's & Dementia

### Senior Center Improvement Division
- Office of the Aging Network
- Office of Capital Outlay
- Senior Employment & Volunteerism
- New Mexico Grown

### Office of Indian Elder Affairs

## Office of External Affairs
- Media, Industry Comms & Public Relations Manager
- Program Marketing Manager
- Webmaster
- Constituent Services
- Event Activation
- Volunteer Recruitment & Retention

# Agency Programs

## Office of Business Engineering and Program Development

### Current Status

Due to the current structure of the Agency, technology is siloed from programmatic development, performance analysis and data analytics. In collaboration with Chief Information Officer and the Information Technology (IT) team, each division has identified several technology obstacles that limit their ability to improve efficiencies and effectiveness while measuring progress. The IT Bureau is currently within the Administrative Services Division (ASD) which has the critical role of fiscal, procurement compliance, and cooperating with the Agency's oversight agencies; ASD has a transactional function which limits the potential of IT's function. The Agency needs technology to be at the center of programmatic development and growth, so leadership may utilize analytical and proprietary intelligence to generate valuable insights that will ultimately identify solutions to the multifaceted challenges and inform strategic investments. The creation of the Office of Business Engineering and Program Development will drive a culture of innovation and excellence throughout the entire Agency. While not reflected in the FY26 budget request, this office will be prioritized in the next three fiscal years. Essential preparation is underway to build a foundation for transformational change and set this office up for success.

In FY24, the IT Department achieved several significant milestones that bolstered both security and operational efficiency. We ensured that all agency-owned and controlled smart devices were updated with the latest security patches and operating system versions, which allowed for the centralized deployment of applications and enhanced both device security and operational efficiency. We also replaced our previous SEP and Symantec software with CrowdStrike Falcon in active mode and Microsoft Defender in passive mode across all endpoints, integrating advanced threat detection and prevention with robust malware protection to significantly strengthen endpoint security. Additionally, we piloted a new data collection process for Area Agencies on Aging (AAA) providers using Service Scan Web within the WellSky Aging & Disability application, which improved the efficiency and accuracy of data collection, thereby enhancing the management and analysis of aging and disability services. Our collaboration with Risk Sense and the Department of Information Technology (DoIT) for monthly vulnerability scanning further contributed to our security posture by systematically reviewing, identifying, investigating, and remediating network vulnerabilities. These efforts collectively increased security by reducing risks, streamlined operations through centralized application deployment and improved data collection processes, and fostered a more secure and resilient network infrastructure through proactive vulnerability management.

For FY25, the IT Department will undertake several key initiatives to advance our technology infrastructure and enhance operational efficiency. We will replace all network infrastructure across ALTSD sites, including servers, routers and firewalls, to standardize and update equipment with full vendor support. This upgrade will boost system reliability and performance and provide comprehensive visibility through a unified dashboard. Additionally, we will migrate

our server environment to Microsoft Azure, which will offer improved bandwidth flexibility, higher performance, centralized data security, and cost savings, supporting scalable infrastructure and enhancing operational efficiency.

Our device management will transition to Microsoft Intune, resulting in streamlined operations, improved security policies, and a better user experience. We will also replace all printers across ALTSD sites with standardized models to reduce downtime and increase efficiency. The SharePoint platform will be refreshed through updates and upgrades, optimizing performance and ensuring compatibility with current systems, which will enhance functionality, user experience, and system integration. We will consolidate two separate, outdated call centers into one solution. We plan to upgrade technology, improve processes, and enhance support capabilities to boost customer service and operational efficiency.

We have hired an IT Security & Compliance position which acts as our Chief Information Security Officer (CISO) to focus on critical security efforts and develop a Disaster Recovery Plan as required by DoIT, significantly enhancing data protection and reducing the risk of system interruptions or data loss. Continuous security monitoring will be implemented in collaboration with vendors like CrowdStrike and ABBA, aiming to protect our infrastructure from emerging threats. Lastly, our continued partnership with the HHS2020 project will help us evaluate our systems and ensure that the technology solutions offered align with our agency's needs. These initiatives will collectively enhance network performance and management, improve our security posture, provide scalable and cost-efficient infrastructure, and ensure strategic technology alignment with our organizational goals.

During FY25, a data analyst will be hired and their top priority will be to begin the collection process, synthesize, and model data; design and develop systems and dashboards that facilitate fulfilling the Agency's needs; serve as a link between the programmatic and technical teams to provide actionable insights into current organizational performance; and monitor and oversee quality control and assess performance levels.


## SWOT Analysis

| Strengths | Weaknesses |
|---|---|
| <ul><li>Strong relationship with DoIT and other state agencies.</li><li>Existing IT staff are motivated and skilled.</li><li>Existing data specialists and available Agency data.</li><li>Current Agency culture is starting to have a technology solution mindset for programmatic development.</li></ul> | <ul><li>IT is not leveraged for program development.</li><li>Data is siloed by division so longitudinal studies are not currently possible.</li><li>Internal leadership development is needed.</li><li>Budget constraints can delay initiatives.</li></ul> |
| Opportunities | Threats |
| | <ul><li>Cybersecurity threats.</li><li>Innovation hesitancy from DoIT.</li></ul> |

| | |
|---|---|
| • Public data is available and can be stratified and visualized to inform strategy and investments.<br>• Leveraging subject matter experts to ensure optimal functioning within the Agency.<br>• The Agency applied for C2 funding. | • Technology evolves quickly, keeping up with the latest advancements is challenging.<br>• New regulations and changes in compliance. |

## Action Plan

As the Agency innovates to identify and develop programmatic solutions, integrating technological products and processes with old and new Agency model patterns is imperative. Moreover, understanding and driving such processes on an ongoing basis requires shifting the Agency's culture and bringing new expertise to the leadership team.

The Agency will establish a cross-functional entity over the next three fiscal years, the Office of Business Engineering and Program Development. The director of this office will report to the Cabinet Secretary. The IT Bureau will be placed within the Office of Business Engineering and Program Development and will contain the Agency's data specialists and the special projects team members. Looking towards FY27 and Fy28, a Chief Business Engineer and Program Development Officer will be hired to lead this new office; the desired skillset is a mix between a business administrator and a technology specialist. They will have the business acumen and engineering skills to comprehend a complicated organization, create solutions, and act as a bridge between program and technical teams. This highly skilled professional will also help the Agency make difficult decisions by analyzing quantitative data and managing uncertainty.

While resources have yet to be available for the Office of Business Engineering and Program Development, the IT department was successful in implementing key infrastructure in FY24 and will be continuing this effort in FY25. The FY26 budget request and C2 funding request will allow the Agency to propel forward with its plan, which is ultimately building a foundation for a world-class technology system.

The FY26 C2 funding request is to support key initiatives related to the HHS2020 project and Agency systems which is enhanced with a focused on advancing Medicaid management and related systems. By funding these critical upgrades, the Agency will improve system interoperability and overall functionality, thereby supporting more efficient and effective Medicaid administration.

# Office of External Affairs

## Current Status

As part of the Agency Reorganization effort, new leadership was recruited to address specific skill deficiencies. One of these was the Director of External Affairs. This position leads a cross-functional team designed to reduce silos and create consistent cohesive communications to help achieve programmatic goals. The Director of this newly created division started in October 2023 and is methodically building capacity with the goal of managing all public-facing information, centralizing marketing initiatives and communication efforts for all Agency programs and services. Constituent and industry relations along with increased public awareness and earned media are among the division's priorities.

Since its inception, the External Affairs Division has started building its team. The Director has worked closely with the Agency's Public Information Officer (PIO), onboarded a division manager, webmaster, and made arrangements for additional support in the areas of event planning and management, social media, marketing, community management, and photo and video asset creation. These enhancements will be followed by advertising campaigns and a quarterly publication designed to bolster outreach.

Other accomplishments of the Division include hosting *Blue Zones Bound*, a unique healthy living and longevity inspiring event featuring Dan Buettner, National Geographic Fellow, best-selling author, renowned speaker, and producer of the Netflix series, *Live to 100: Secrets of the Blue* Zones, developing a Legislative Session resource hub that houses documents and information of interest to state representatives and senators, and completing the RFP process for a marketing and adverting agency of record.

## SWOT Analysis

| Strengths | Weaknesses |
|---|---|
| <ul><li>Team Members – motivated, passionate, dedicated, committed</li><li>Skill Set – complementary abilities and areas of expertise including writing, design, organization, execution</li><li>Leadership and budget to support capacity building</li><li>Healthy relationships internally, externally, and with media</li><li>Quality production</li></ul> | <ul><li>Nascent team lacks institutional knowledge</li><li>New division building foundational policies and procedures in the midst of operating and as needs arise</li><li>Misunderstandings around division's role</li><li>Capacity and time constraints make it difficult to meet expectations and/or deadlines with highest quality products possible</li><li>High potential for burnout</li></ul> |
| Opportunities | Threats |
| <ul><li>Align Agency look and messaging</li><li>Build relationships through reliable and frequent communications</li></ul> | <ul><li>Outdated brand led to off-shoots that contribute to inconsistent look and saps feelings of pride</li></ul> |

| | |
|---|---|
| strategy both internally and with Agency partners.<br>• Educate internal "clients" about division's role and responsibilities<br>• Set reasonable expectations | • Current owned media offers sub-par user experience<br>• Unplanned needs with short turnaround time usurp time previously allocated for other priorities<br>• New requirements and processes may cause other areas of Agency to proceed without consulting External Affairs |

## Action Plan

The above information illuminates a vision for the Agency that has not previously been imagined. By coordinating public outreach and education efforts across divisions, programs, and services, the Agency has an opportunity to make an impression on New Mexicans. An updated, cohesive look, combined with consistent messages create recognition, inspire engagement, and ensuing positive experiences that build trust. To that end, the External Affairs Division sets the following goals for the coming year.

- Starting "at home" with an Internal Communications Plan to build a strong foundation for staff morale and retention, especially important with an Agency like ALTSD that has offices and personnel around the state who may feel disconnected from leadership, the Agency's vision and mission, resources and support. The plan will include a regular cadence of accurate information dissemination and recognition of efforts and accomplishments.
- Devising and implementing a Communications, Marketing, and Events Calendar with associated processes, procedures, and a "Menu of Services" to instill timelines, set expectations, explain what the division has to offer (and which of the "tools in our toolbox" is appropriate in which situation), and facilitate advance planning and quality execution, while also reducing staff burden and stress.
- The Division will execute an RFP process to secure a web development and hosting company that will elevate our current look and functionality to incorporate best practices in user-centric design for a more engaging experience. It will include robust content accessible for a variety of audiences in an easy to navigate way.
- In an effort to reach more of New Mexico's older adults and provide accurate, informative, interesting, thought-provoking, quality content in a beautiful format, the Division will produce a quarterly periodical. More than just a magazine, the publication will represent a strategic initiative designed to improve communication, foster community engagement, and enhance overall health and well-being by highlighting a variety of relevant content.

# Consumer and Elder Rights Division

## Current Status

The Aging and Disability Resource Center (ADRC) within the Consumer and Elder Rights Division (CERD) is often the first point of contact for clients seeking Agency resources. Through the ADRC, the Agency assists more than 4,100 people each month through the telephonic service, connecting constituents to a broad array of services. Additionally, each month CERD's State Health Insurance and Assistance Program (SHIP) and State Medicare Patrol (SMP) staff and volunteers reach 2,200 New Mexico seniors at 28 monthly events statewide.

Through recently increased statewide community outreach events, CERD's nationally certified SHIP counselors facilitate in-person educational and unbiased guidance discussions. During the Medicare Fall Open Enrollment period, for example, SHIP counselors lead nearly 100 in-person counseling events, mostly in rural areas, assisting over 2,600 Medicare beneficiaries with health plan information and details that help them confidently make health care decisions. The goal is to increase the number of in-person counseling events by ten percent each year.

CERD staff and volunteers manage over 125 referrals each month for assistance with Medicare, Medicaid, and various other resources, including Short-Term Assistance from the ADRC and referrals from community partners.

The ADRC staff provide objective informational options, coordinate the state's aging and disability service systems, and empower New Mexicans to make informed decisions. They communicate information in person, over the telephone, through the online chat, during educational presentations across the state, focusing on locations convenient to consumers.

The division focuses on building upon recent successes, strengthening the structure of the division to better serve the Agency's constituents. This plan includes implementing a technologically upgraded phone system and offering constituents options to schedule appointments through our website.   We will continue to leverage available technology to improve our business practices and quality customer service within the ADRC. The Department continues to make notable progress in filling all vacancies to ensure a fully staffed, well-trained professional team. Due to understaffing throughout FY24, 70% of calls were answered by a live operator as compared with the goal of successfully addressing 90% of calls through a live interaction.

## SWOT Analysis

| Strengths | Weaknesses |
|---|---|
| <ul><li>Constituent/callers survey satisfaction 96%</li><li>Knowledgeable and collaborative staff</li><li>Strong relationship with internal and external partners</li><li>Building capacity with newly on-boarded colleagues, progress towards becoming fully staffed</li><li>Empathetic caring staff that works well with constituents</li></ul> | <ul><li>70% of calls were answered live in FY24. Goal 90%.</li><li>Limited constituent appointment opportunities for options counseling services.</li><li>High staff turnover</li><li>Limited career growth potential within the division.</li><li>Understaffed and under resourced.</li><li>Need for ongoing staff training and development resources, as programs and eligibility guidelines frequently change</li><li>Outdated phone system installed in 2007 which is reliant on various pieces of software to function. System is challenging to maintain and is vulnerable to security threats as support for older software diminishes.</li></ul> |
| Opportunities | Threats |
| <ul><li>Build new community partnerships</li><li>Recruit additional volunteers for SHIP/SMP program</li><li>Explore and incorporating nationally proven best practices</li><li>Modernize phone system technology</li><li>Improve access to informational resources on agency website</li><li>Expand SHIP volunteer program</li></ul> | <ul><li>Public access – staff training and preparedness for safe, effective in-person interactions with sometimes frustrated constituents</li><li>High call volume and long wait times</li><li>Complexity of requests and multiple resource needs per constituent</li><li>Increased demand (beyond capacity) based on new and expanded ADRC marketing</li></ul> |

## Action Plan

There are several opportunities for CERD to expand collaborations across the Agency to ensure New Mexicans are connected to needed resources and the programs for which they may be eligible. Due to the siloed nature of the Agency's technology and communications, there are several ways to proceed, identified as follows:

- The FY26 Agency budget increases FTEs for the ADRC to adjust to the increasing call volume.
- Expand appointment scheduling options for the ADRC to better support constituents' schedules and minimize wait times.
- Continue the integration of marketing and communications efforts including further assessing the opportunity to have one hotline for the Agency that resources all programs. Plan for a more robust webpage with a variety of educational resources, informational checklists and references to better inform and prepare constituents for discussions with ADRC staff and for individual planning.
- Regularly evaluate opportunities to modernize phone systems and practices, other communication platforms, and other program management technology to best integrate data management and coordination across the Agency's services. Invest in the necessary resources to sustain and expand service efficiencies. Assess FY25 technology investments for beneficial impact on constituent service (e.g., percent of calls answered by a live operator, overall capability to manage expected increased call volume, quality data collected through constituent surveys).
- Further develop a volunteer recruitment and retention program, leveraging the expertise of the Office of External Affairs. Align volunteer recruitment with the Office of the Ombudsmen. Increase the number of trained and certified SHIP volunteers by 20% from the FY25 total of 20.
- Increase the total number of community educational outreach events by ten percent each year, with a particular focus on increased outreach during critical times of the year, such as the Medicare Fall Open Enrollment period.
- Develop staff training programs to upskill and build high-functioning teams. Align appropriate placement results with career pathways. Create tiered system of subject matter expertise to better manage the increased call volume and the increasingly complex, varied needs among constituents. Reclassify at least one position from an operational to an advanced level, creating a well-defined peer learning and mentoring role to support a higher level of constituent service delivery.
- Expand cross-Agency collaborations to offer more on-site, in-person options counseling services across the state. Further participate in Family Resource Center planning to establish a CERD presence in more locations across the state.

# Ombudsman Program

## Current Status

The federal Older Americans Act (OAA) requires that long-term care (LTC) facility residents have "regular and timely access" to representatives of the Long-Term Care Ombudsman Program (LTCOP). During facility visits, Ombudsmen interact with and listen to residents; observe the general conditions and daily activities of the facility and residents; share information about Ombudsman program services to residents, family and staff; support resident and family councils; provide information about long-term care options; identify and address complaints; and empower residents to speak up on their own behalf or voice concerns for those who are unable to do so.

LTCOP ensures access to an ombudsman for residents living in nursing facilities (NF) and assisted living facilities (ALF) through a regional approach. Each region has an Ombudsman Regional Coordinator who organizes LTCOP activities and responsibilities in their assigned region – including recruitment, training and oversight of certified volunteer ombudsmen.

The Administration for Community Living (ACL) does not specify a required frequency for Ombudsman visits to facilities. However, the Older Americans Act Performance System defines "regular basis" to mean facility visits that occur no less than quarterly and that are not in response to a complaint – essentially creating a minimum standard. Among State Ombudsmen whose programs set visitation standards, most aim to visit nursing facilities (NF) and assisted living facilities (ALF) at least quarterly.

*Based on current staffing levels and number of LTCOP representatives, New Mexico LTCOP has established a goal of monthly visits to each LTC facility, outperforming 59% of LTCOP programs nationwide as it relates to NF visitation and 83% as it relates to ALF visitation.*

Percent of LTCOPs (national) by Routine Visitation Frequency[1]

| Frequency | NF | ALF |
|---|---|---|
| Weekly | 8% | 0% |
| Monthly | 33% | 17% |
| Quarterly | 38% | 38% |
| Twice a year | 6% | 8% |
| Annually | 2% | 12% |
| Other | 13% | 25% |

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[1] Final Report, Process Evaluation of the Long-Term Care Ombudsman Program (LTCOP). 2019. Retrieved from: https://acl.gov/sites/default/files/programs/2020-10/LTCOPProcessEvaluationFinalReport_2.pdf

**Results**

| FY21 | FY22 | FY23 | FY24 Q1 | FY24 Q2 | FY24 Q3 | FY24 Q4 | FY24 Avg. | FY24 Target |
|------|------|------|---------|---------|---------|---------|-----------|-------------|
| 18% | 32% | 52% | 70% | 36% | 73% | 46% | 56% | 40% |

Graph of Data Above
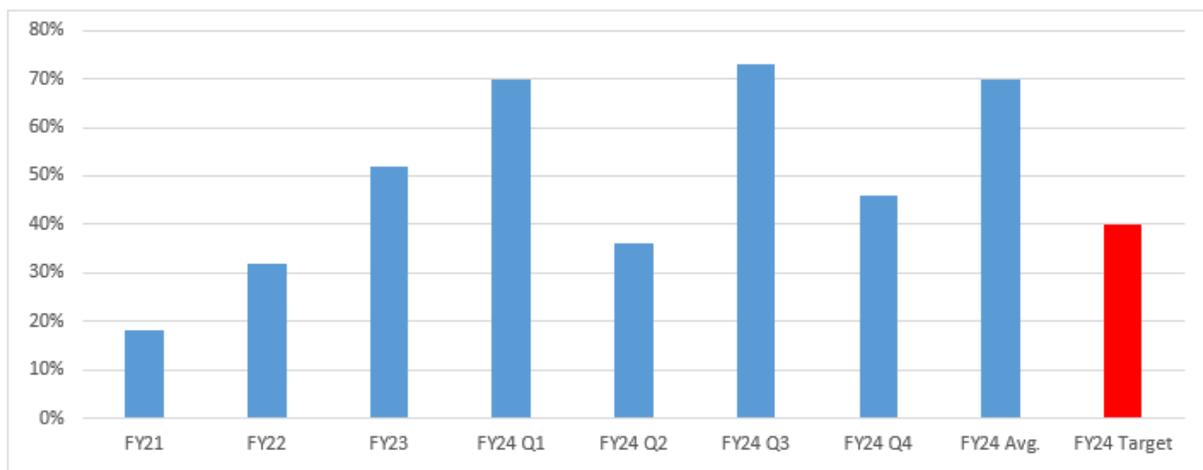


*Since FY22, the annual percentage of New Mexico facilities visited monthly has increased by 24%, and in FY24 Q1 and Q3 LTCOP visits increased by 38% and 41% respectively; with 70% and 73% facilities visited monthly on average.*

When constraints limit LTCOP from achieving monthly visitation to each facility, LTCOP prioritizes urgent complaints over less time-sensitive ones; responding to complaints over routine visits; and making routine visits to facilities with a higher census or to residents with higher acuity and therefore at higher risk of abuse, neglect or exploitation. This hierarchy of need typically results in a more consistent presence and response to NFs.

While this progress is strong, there are staffing realities within the Ombudsmen Program that have prevented it from achieving its ambitious goal of weekly visits to NFs and ALFs. Recruiting and retaining talented Ombudsmen staff is challenging, as the work is quite demanding and emotionally taxing. There are also few career growth pathways within the program. Furthermore, the Ombudsman certification training has not been updated in years, and staff and volunteer training, resources, and continuing education courses are in need of improvement. Finally, program staff must be adequately trained on documentation practices and capabilities of the program's database, Ombudsmanager. The action plan below addresses these challenges.

# SWOT Analysis

| Strengths | Weaknesses |
|---|---|
| <ul><li>Quick resolution of complaints with a strong commitment to the desired outcome of the resident.</li><li>Strong state-level Ombudsman rules and regulations.</li><li>Facilities are aware of Ombudsman responsibilities and are responsive to Ombudsman requests.</li><li>Strong collaboration with internal partners (APS and Care Transition).</li><li>Division roles and responsibilities allow for and encourage specialization.</li></ul> | <ul><li>Low number of LTCOP representatives (employees and volunteers).</li><li>Limited administrative resources for volunteer recruitment and oversight.</li><li>Current volunteers report feeling isolated and not properly engaged with the program.</li><li>Ombudsman certification training needs updating and revising. Current volunteers report they would like more robust education and training.</li><li>Many division staff have been in their positions for under a year.</li><li>More resources are needed for Ombudsmen staff, such as additional vehicles to allow for more visits to facilities.</li><li>Often LTCOP activities are complaints driven due to limited LTCOP representatives.</li></ul> |
| Opportunities | Threats |
| <ul><li>Increase public awareness of LTCOP.</li><li>Strengthen Ombudsman Certification training and provide more resources to employees and volunteers to be better equipped in the field.</li><li>Streamline volunteer application and training processes.</li><li>Modernize volunteer management to better support volunteers and enable trend analysis of volunteer program.</li><li>Strengthen support of resident and family councils to better identify facility and system-wide complaints.</li></ul> | <ul><li>No decisions on unlicensed boarding homes.</li><li>Cases are increasingly complex.</li><li>Volunteerism remains in decline nationwide.</li><li>Staff are overextended due to lack of additional staff, as well as volunteers, leading to increased burnout.</li><li>Limited regulatory resources (licensing and regulatory) for ALFs result in LTCOP assessing for regulatory compliance issues vs. resident rights.</li><li>General trend of corporations putting profits ahead of resident care.</li></ul> |

| | |
|---|---|
| • Expand LTCOP coverage through additional staff and volunteer recruitment. | |

## Action Plan

While the above-mentioned achievements show positive trends, the Agency is committed to developing a world-class Ombudsman program that delivers weekly routine visits to every NF and ALF in the state. With nearly 300 facilities to visit, ramping up capacity is imperative to achieve this metric. The Agency is working to hire additional regional coordinators and supervisors, as well as recruit 300 volunteers to build the required capacity to meet its ambitious goal of weekly visits.

Program Needs Overall
The program has enlisted the services of national experts to assess its strengths and weaknesses, identify areas in need of improvement, and construct a path forward. Some of the preliminary recommendations of the experts are noted below.

Training
Without a clearly defined initial certification training program, training may be delivered inconsistently. Federal and state training standards exist yet the New Mexico Long-Term Care Ombudsman Program does not have a "train the trainer" program or mechanism in place to monitor the appropriate delivery of the training. The policies and procedures indicate there are two parts to ombudsman certification training: Initial Ombudsman Training (Part I) and Certification Training (Part II). However, the requirements listed in the LTCOP policies and procedures for Part II are vague and open to interpretation, likely resulting in inconsistent training throughout the state. As we embark on a widespread volunteer recruitment campaign, an overhaul of the current initial certification training is in the process of being completed.

Certification
The State Ombudsman has sole authority to determine designation (i.e., certification) of an individual as a representative of the Office (i.e., an ombudsman). Within the New Mexico Long-Term Care Ombudsman Program, there appears to be no means in place to determine with certainty whether an individual is certified. Furthermore, there is no clear delineation between who is or is not certified. Ombudsmen have significant authority, duties, and responsibilities under federal and state law. Without the distinction between who does and does not have ombudsman authority, the program's effectiveness and even integrity may be compromised and could have significant negative consequences for the program and for residents.

Volunteer Support
Through a survey and interviews with volunteers, volunteers reported not feeling supported by the program. Specific issues cited were poor and inconsistent communication, lack of staff to support volunteers, and lack of training. Some volunteer quotes:

- *Feels like I'm swimming in an ocean without a life preserver.*
- *Feeling alone.*
- *Communication is poor.*

- *Need something in place to keep the volunteers in place.*
- *Feels like I was thrown into doing it - -one hour with another volunteer – no other training.*
- *Difficult to feel I'm doing some good.*
- *There has never been any real guidance about what to include in the reports.*
- *I still have no idea what the official definition of a "complaint" is. You are getting a wide variety of definitions so that is not consistent for reporting.*
- *It is like a revolving door the number of supervisors I have had in my two years with the program. It appears to be a department in chaos.*
- *The department heads continue to tell us we are invaluable to the program, they do little to show it.*

Program Staff Needs

LTCOP recognizes the value of volunteer contributions, but the program requires more resources to ensure current and future volunteers are well-trained and effective. This requires the addition of paid staff to oversee the training and work of the volunteers. Increasing the program's retention rate is paramount. To that end, the Agency will be requesting the State Personnel Office to remeasure all Ombudsman positions to ensure current and future employees are paid appropriately, which will ensure retention and recruitment opportunities are maximized. The program requested nine new Regional Coordinator positions, as well as a Supervisor position, that were approved by the State Personnel Office in FY24. The program expects to have all of those positions filled during FY25. This should make a marked difference in assisting the program with meeting its volunteer recruitment/retention and facility visitation goals.

The LTCOP must continue to prioritize facility visits and response to complaints. LTCOP will aggressively address both priorities by expanding the number of LTCOP staff, allowing more time for volunteer recruitment and management, as well as other critical ombudsman activities. Based on the number of LTC facilities in each region, LTCOP proposes a staff to facility ratio of at least 1:20. Assuming the number of LTCOP representatives remains stable or increases, LTCOP presumes the ability to raise the standard of routine visits to weekly, setting New Mexico apart from the rest of the nation in a positive way.

| Region | Facilities | | LTCOP Staff | | | |
| | | | Regional Coordinator | | Supervisor | |
| | NF | ALF | Current | Proposed | Current | Proposed |
| --- | --- | --- | --- | --- | --- | --- |
| Northwest | 15 | 50 | 2 | 2 | - | - |
| Northeast | 10 | 22 | 2 | 2 | - | - |
| Southwest | 14 | 22 | 1 | 3 | 1 | 1 |
| Southeast | 12 | 18 | 1 | 2 | 1 | 1 |
| Metro | 18 | 119 | 2 | 6 | 1 | 1 |
| Total | 69 | 231 | 8 | 15 | 3 | 3 |

Program Volunteer Needs

Through frequent, routine visits to LTC facilities, Ombudsman representatives can identify concerns of residents, develop relationships, explain the LTCOP to residents and facility staff, and proactively address residents' issues. When LTCOP has more Ombudsmen, access to advocacy and promotion of resident rights expands. LTCOP strives to ensures resident access to an Ombudsman and asserts this is best achieved when every one of the roughly 300 facilities have a designated Ombudsman Volunteer.

The demands of the work and the normal level of attrition results in a continuous need for volunteer recruitment. The skills, knowledge, and commitment required of Ombudsmen volunteers can be very demanding. They must be familiar with resident rights, power of attorney, and possess a working knowledge of a broad range of state and federal regulations that govern LTC. Additionally, they must be able to problem-solve, and balance relationships with facility staff and other agencies that may be involved in a complaint, as well as family members.

Ombudsman volunteers who achieve certification are full representatives of the program. As such, they identify, investigate, and resolve complaints made by or on behalf of residents, provide information to residents about long-term services and supports, and ensure that residents have regular and timely access to ombudsman services. LTCOP requires active volunteers have at least one assigned LTC facility, which they visit at minimum of 3 hours per week.

The Ombudsmen Regional Volunteer Needs map (illustrated below) represents the LTCOP volunteer needs as they relate to the rate of volunteers per LTC facility bed capacity. This map further illustrates the need for volunteer recruitment to meet the needs of LTC residents statewide to improve access to critical ombudsman services.

Once a solid certification training program is implemented, and strong policies and procedures are in place, the Agency will develop a volunteer recruitment and retention strategy. Volunteer recruitment and community engagement strategy:
- Partner with the Retired Senior Volunteer Program to recruit RSVP volunteers for the Ombudsman Program.
- Partner with AARP for Ombudsman volunteers.
- Partner with colleges, particularly with the social work programs, for Ombudsman volunteers (will provide a constant stream of volunteers each semester).
- Seek assistance from the ALTSD Policy Advisory Committee (PAC) for PAC members to engage with non-profits, churches, etc. in their communities to recruit volunteers.
- Expand the Program's engagement in the Agency 's strategic advertising and outreach campaign that began in July of this year.

## Action Plan

1) Hire remaining staff within FY25 (including a full-time volunteer coordinator).
2) Modify organization and position classifications as needed during FY25 and FY26.

3) Develop clear policies and procedures during FY25.
4) Strengthen certification training sessions and continuing education classes during FY25.
5) Retain current volunteers by increasing communication and collaboration with other members of the program within FY25.
6) Recruit 300 volunteers – one volunteer per facility by the end of FY27.
7) Increase visits in all facilities to weekly visits (15,808 visits per year) by the end of FY26.
8) Improve data collection and reporting methods during FY25.
9) Continuous proactive community engagement.

Ombudsmen Regional Volunteer Needs Mapping



Ombudsman volunteers per 1,000 beds

- 0 - 0
- 0 - 1
- 1 - 2
- 2 - 3
- 3 - 8
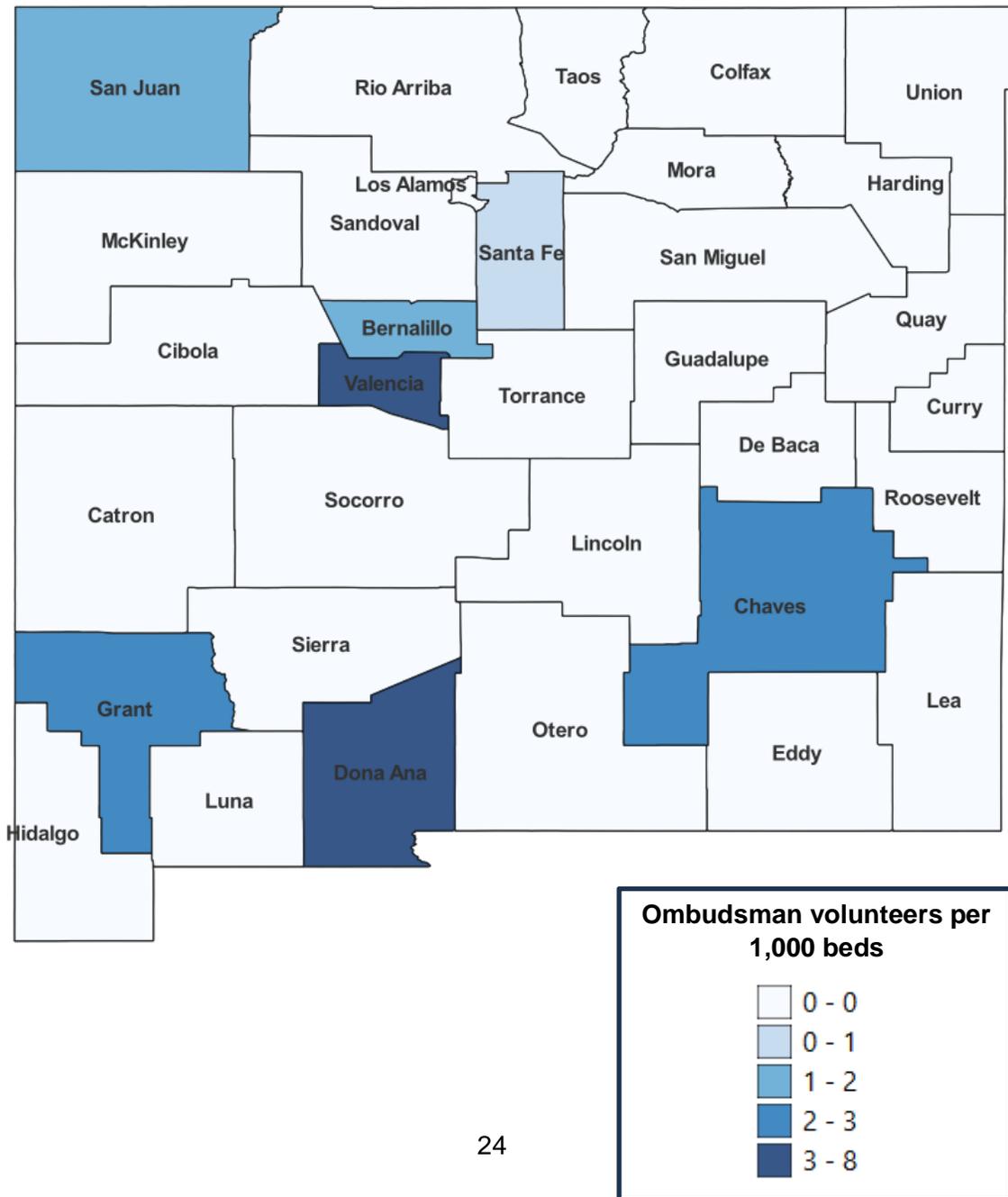
# Adult Protective Services Division

## Current Status

The Agency's Adult Protective Services Division has developed a state-of-the-art harm-reduction model that is nationally recognized as the gold standard. APS investigates reports of abuse, neglect, or exploitation of adults who do not have the capacity to protect themselves. It also provides short-term services to prevent continued abuse, neglect, or exploitation.

The Agency'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 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. APS continues to see growth in investigations, a 12 percent increase over the previous year's total, and continues to ensure appropriate response levels are maintained, completing the year with 98.75% of cases managed within prescribed timeframes.

### Number of Investigations

| FY21 | FY22 | FY23 | FY24 Total | FY24 Target |
|------|------|------|-----------|-------------|
| 4,355 | 5,550 | 6,863 | 7,632 | 6,150 |

This rise is part of a trend that began during the covid pandemic and has continued since, showing an increase in the reporting and completion of investigations for abuse, neglect, self-neglect, and exploitation.

APS Accomplishments of FY24
1. Case Management & Investigations
- 13,921 Reports received from the public (10% increase from FY23)
    - FY23 Reports: 12,560
- 6,511 Investigations conducted (13% increase from FY23)
    - FY23 Investigations: 5,697
- 55% of reports screened in as valid by regional supervisors and managers
- 1,031 Critical Incident Reports reviewed from HSD/MCOs
- Response Time for Priority Cases:
    - Priority 1: 98.84% initiated on time
    - Priority 2: 99.23% initiated on time
    - Emergency: 99.14% initiated on time
- Repeat maltreatment rate under 2%, primarily due to self-neglect cases
2. Multidisciplinary Collaboration

- Established and maintained MDTs with participation from law enforcement, healthcare providers, mental health professionals, and other key stakeholders.
- Conducted 376 MDT meetings to discuss complex cases and coordinate interventions.

3. Community Outreach & Education
- Conducted numerous outreach events to raise awareness about elder abuse and APS services.
    - Developed and distributed educational materials (brochures, flyers)
    - Provided training sessions for mandated reporters (healthcare workers, social workers) on recognizing and reporting abuse.
- Distributed 917 food boxes to individuals and families in need of emergency support.

4. Staff Development & Training
- Provided professional development training on best practices, trauma-informed care, and case management.
    - Included New Employee and Refresher APS CORE training.
- Conducted regular supervision and case reviews to support staff and improve case handling.
- Established a quality assurance process to identify areas for improvement and growth.
- Achieved a 99% staff retention rate, reflecting a positive work environment and support for professional growth.

5. Data Management & Reporting
- Developed a data management system (APS Dashboard) to track and analyze case trends, service outcomes, and client demographics.
- Utilized data to inform program improvements and strategic planning, leading to quicker turnaround times for Title XX funded services.

6. Client Outcomes & Satisfaction
- Reduced risk factors like isolation and financial exploitation through the creation of a Community Engagement Specialist role and a Pen Pal programs.
- Implemented a three-pronged model of Intervention, Prevention, and Harm Reduction to address allegations and/or concerns of vulnerable adults.
- Clinical Operation Team assisted with addressing behavioral health issues during investigations, ensuring all clients' needs are met.

APS has continued a prevention, intervention, harm reduction model, focusing on reducing future instances of abuse and neglect, rather than just addressing cases after they have occurred. APS completed FY24 with a fewer than 1% instance of repeat abuse, neglect, or exploitation cases within six months of a substantiation of an investigation. Generally, APS caseworkers are keeping cases open longer to ensure strategies and intervention are effective before closing the investigation. Title XX Homecare Services is designed to assist adults who had a substantiated allegation of abuse, neglect, self-neglect, and/or exploitation. This funding provides short-term homecare services or chore services to participants who meet the eligibility requirements. APS increased its network and number of contractors in order to reduce the delays for clients obtaining services quickly. In FY24, APS made 248 referrals for home care services. This will continue to increase as we deploy more prevention strategies. Our program goals are to allow incapacitated adults to thrive in their homes and communities and reduce nursing home

placements and emergency room visits. APS maintains a strong partnership with its clients and service providers to ensure local needs are addressed, coordinated, and deployed in local communities. On average, over 200 adults receive in-home assistance from an agency provider. APS contracts with agencies in every county of the state.

APS has realized strong improvements to its processes yielding a decrease in its recidivism rate. This indicates that not only is APS responding to and investigating reports of adult abuse effectively, it is also identifying solutions to prevent repetitive abuse and neglect situations. APS has realized strong improvements to its processes which have yielded a decrease in its recidivism rate. This indicates that not only is APS responding to and investigating reports of adult abuse effectively, it is also identifying solutions to prevent repetitive abuse and neglect situations.

## SWOT Analysis

| Strengths | Weaknesses |
|---|---|
| <ul><li>Good experiences with field staff.</li><li>Compassionate and caring staff.</li><li>Enhanced communication between APS leadership and field.</li><li>Staff works well with one another.</li><li>Client-centered/Lease restrictive focus.</li><li>Prevention, Intervention, Harm Reduction Model.</li><li>Diversified programmatic funding sources.</li></ul> | <ul><li>Technology/Case Management System is antiquated.</li><li>Services and resource gaps.</li><li>Outdated policies and procedures.</li><li>Staff training and development is needed.</li><li>An increase in external collaboration and cross state agency cooperation is needed.</li><li>Lack of appropriate and adequate funding and staff resources.</li></ul> |
| Opportunities | Threats |
| <ul><li>Grow program awareness to serve increasingly aging population.</li><li>Explore new best practices based on experience and other state APS systems.</li><li>New preventative supports.</li><li>Address new training needs.</li><li>Data delivery and integration.</li><li>More collaboration with law enforcement, DA, AG's office.</li><li>Streamline processes.</li></ul> | <ul><li>Increased workload and caseloads.</li><li>Unstable federal funding and volatile Medicaid reimbursements.</li><li>Increase referrals for older adults with mental health, homelessness, and substance use disorders without comprehensive solutions.</li><li>Unlicensed boarding homes continue to be present challenges for APS staff.</li></ul> |

## Action Plan

APS continues to meet its annual performance measures, demonstrating strong knowledge and capacity across the state. In addition to the division's regular outreach efforts, it exceeded the annual performance measures by over 257 events in FY24. APS continues to refine its approaches. During FY25, APS will identify target industries that can help increase awareness including pest control, housekeeping services, internet/cable providers, and others that may have specific insight and involvement with vulnerable adults who might not otherwise be reporting abuse, neglect or exploitation.

New Mexico's older adult population is estimated to grow to more than 30% of the population by 2030. As such, APS will need to have sustainable programming and strong referrals to outside agencies. APS has identified several service gaps within the overall system which will require an innovative approach to best serve aging and disabled adults throughout the state. A full assessment of models and programs will be conducted in partnership with the Office of Business Engineering and Program Development.

On May 7, 2024, ACL published a final rule to establish the first-ever federal regulations for adult protective services. The regulations took effect on June 7, 2024, but regulated entities have until May 8, 2028 to fully comply.

## Summary

New regulations promote high-quality adult protective services and will improve consistency in services across states. With the final rule, ACL aims to support the national network that delivers services, with the ultimate goal of better meeting the needs of adults who experience, or are at risk of, maltreatment or self-neglect. To those ends, the final rule:

- Establishes a set of national standards for the operation of APS programs that all state APS systems must meet. These standards codify — and build upon — the existing National Voluntary Consensus Guidelines for State APS Systems. It's important to note that these standards represent the minimum standards; states are encouraged to adopt services, practices, and processes that exceed them.
- Establishes definitions for terms that are foundational to APS practice to improve information sharing, data collection, and program standardization between and within states, but does not require states to adopt them verbatim.
- Creates a tiered assessment system to differentiate between cases that represent immediate risk (defined as those that are life-threatening or likely to cause irreparable harm or significant loss of income, assets, or resources) and those that do not, and establishes response timelines for each.

- Requires APS programs to provide at least two ways for reports of adult maltreatment and self-neglect to be made 24 hours per day, seven days per week.  At least one must be an online method, such as a secure email inbox.
- Emphasizes person-directedness and least-restrictive alternatives as core values.
- Requires robust conflict of interest policies to support ethical practices.
- Promotes coordination and collaboration with other entities, such as state Medicaid agencies, long-term care ombudsmen, tribal APS, and law enforcement.
- Requires state APS entities to create state plans at least once every five years and to submit annual program performance data.

The Administration for Community Living (ACL) is establishing the "Elder Justice Act—Adult Protective Services" funding opportunity in accordance with section 2042(b) of subtitle B of title XX of the Social Security Act, otherwise known as the Elder Justice Act (EJA) as authorized and funded through the further Additional Continuing Appropriations and Other Extensions Act, 2024, Public Law 118–35. Funds awarded to States and Territories under this opportunity will provide Adult Protective Services (APS) programs in the States, District of Columbia, and Territories with resources to enhance, improve, and expand the ability of APS to investigate allegations of abuse, neglect, and exploitation. In the coming months, APS will be deploying an Environmental Scan survey to partners that will provide recommendations on activities consistent with the purpose of this statue and funding. These recommendations will go into our SWOT analysis and operations plan to provide the foundation for how to leverage this funding for the next one to two years as funding is allowed.

APS will continue to expand its work with more health councils across the state. This will provide additional linkages to available services and resources at the local level. There are several system gaps and challenges that requires additional research and data and will be prioritized over the next 12 months.
- Many older adults in APS are experiencing signs of self-neglect which is defined as an inability for an incapacitated person to care and protect oneself.
- Older adults with substance use or mental health disorders and a dual diagnosis of dementia are difficult populations to locate to deliver suitable treatment, detox, and long-term care placement. This creates a gap in the continuum of care that the Agency needs to address.
- Another gap is New Mexico's inability to serve individuals with traumatic brain injuries.

APS has seen and expects to continue to experience an increase in the aforementioned populations. Identifying these as barriers to services and creating sustainable programming to meet these needs is imperative and will continue to be examined.

Part of the initial phase to address these complex challenges is to create a memorandum of understanding with APS and external stakeholders such as Children, Youth and Families

Department, Department of Health, Department of Justice, District Attorneys and local law enforcement offices to identify each entities' role, responsibility and designation to facilitate vulnerable adults' safety, establishment of services, benefit and placement if necessary.

New MexiCare Bureau/APS Caregiver Support Services Bureau/ Community Support Bureau
In addition to the high-performing investigatory work of APS, the division has also launched prevention strategies, like New MexiCare. The New MexiCare pilot program is a Governor initiative that provides financial support to individuals and their caregivers who do not otherwise qualify for a paid caregiver status through Medicare or Medicaid. The goal of this program is to allow older adults to thrive in their homes and communities of choice while reducing nursing home placements and emergency room visits, potentially saving New Mexico at least $33 million per year.[9] Qualified participants are provided with a stipend of up to $12,000, per fiscal year, for their existing caregiver, respite or day care, transportation, and safety monitoring servoces.  Each participant is given an individualized service plan with a community engagement specialist to best meet their needs. This program is now available in 31 counties throughout New Mexico.

The New MexiCare Bureau administers four programs to address the service gaps within the overall system: The Caregiver Health Program (CHP); Veteran-Directed Care (VDC); Caregiver Respite Program, and Title XX Homecare Services. The goal of these programs is to reduce institutional care, emergency department visits, and maintain older adults in their homes and communities while ensuring caregivers have the tools, resources and supports to continue providing care.

The Caregiver Health Program provides financial assistance up to $1,400 per month for up to 12 months to assist with paying caregiver(s) who provide home care, respite/daycare, transportation, and home health and safety monitoring services. Caregivers are also trained to assist friends or family members with daily activities due to physical or cognitive limitations. This program is currently in 31 counties with plans to expand into the last two counties.

Veteran Directed Care (VDC) is a program funded by the Veteran's Administration (VA). This program is for veterans who need assistance with activities of daily living (e.g., bathing and getting dressed) or instrumental activities of daily living (e.g., fixing meals); are isolated, or their caregiver is experiencing burden. Veteran-Directed Care can be used to help veterans remain in their homes or communities. The Agency is setting up a referral system that will provide our divisions and programs the ability to identify veterans who may benefit from this program to the VA Albuquerque Hospital. The Agency is in the process of developing relations with other VA systems serving New Mexico veterans to expand the delivery of this program to more areas of the state.

Caregiver Respite Program is in development and will build a state-wide Lifespan Respite Care System that provides reimbursement for caregivers to obtain respite care services, resources, and training across the lifespan of adults living with dementia or Alzheimer's Disease, and adults and children of all ages with disabilities. As training sites allow, caregivers can bring their loved ones along where they will receive on-site supervision by a trained individual for the

duration of the training. If the care recipient cannot leave their home, in-home stipends are made available to the caregiver to solicit care through an agency. Respite Program strives to reduce barriers and ensure the caregiver can receive the support to reduce caregiver burnout. The agency is also sponsoring regional caregiver conferences that will provide caregivers with additional respite, training, and support.

# Senior Center Improvement Division

## Current Status

Many of the programs that service the senior centers throughout the state are currently siloed within the Agency. While the Aging Network Division (AND) and the Office of Indian and Elder Affairs (OIEA) are two separate Agency units, there is significant overlap in purpose and function. AND manages the Area Agencies on Aging (AAA) funding and federal reporting for services to senior centers, while OIEA is the acting Area Agency on Aging for tribal governments, or IAAA. The Capital Outlay Bureau which is responsible for funding local and tribal government senior center infrastructure projects is currently located within the Agency's Administrative Services Division. There is opportunity for greater collaboration and strategic cooperation between the three units to elevate the level of services to senior centers.

The Agency proposed the Senior Center Improvement Division that will integrate these three Agency units to maximize economies of scale, forge comprehensive long-term planning, expand capacity-building infrastructure to the AAAs, and enhance service delivery. This transition was executed in FY24.

### Aging Network Division – Current Status

AND's AAA providers deliver critical services to older New Mexicans statewide, particularly in rural, frontier and tribal areas. Aging network providers have faced numerous challenges in recent years, including increased vacancy rates, low starting salaries for kitchen and center staff and a lack of meal delivery drivers. These realities limit recruitment efforts, increase raw food and packing material costs. The AAAs are also anticipating and concerned with increased demand for services as New Mexico's older adult population grows.

The AND providers are responding to increases in meal services and transportation requests. Most providers have staff that are assigned and funded for multiple service deliveries making it difficult to accommodate long distance and specialty medical transportation request. Despite these ongoing challenges, the AAAs and senior service providers noted many accomplishments.

- The Aging Network providers responded to the highly popular nutritional services. The Area Agencies on Aging and senior service providers reported that 3,864,706 congregate and home delivered meals were served in FY24.
- Through the Area Agencies on Aging and the contracted providers, in FY24 the Older American's Act Title III services increased by 12.5% in unduplicated consumers served

(50,903), resulting in a total of 5% increase in units of services from FY23 (congregate and home delivered meals, transportation, case management, homemaker, chore services, and evidence based enhanced fitness for a total of 4,367,617.97 units of service).

- In FY24 $925,600 state general funds were used to expand the New Mexico Grown Program to 32 Aging Network Providers, 32% increase allowing 91 senior centers, total increase of 45% more senior centers incorporate locally grown produce into their senior nutrition program.

- In FY24 the Agency transferred $1,700,000.00 to HSD to increase SNAP benefits for older adults.  This transfer calculated to 492,282 meals based on the USDA 3.4533 meal rate or an extra $135 in SNAP benefits serving 11,834 seniors. The Agency also transferred $100,000.00 to the Department of Health for the Senior Farmers' Market voucher program to support 1,105 Community Supported Agriculture bags for elders in Catron and Otero Counties and Mescalero Apache, Pueblo of Laguna, San Felipe, Santo Domingo, and Isleta, and Navajo Nation.

- In FY24 the Agency implemented a volunteer driver program with the North Central New Mexico Economic Development Department (NCNMEDD), which recruited 17 volunteers who provided 66 seniors with a total of 362 transports.

- In Fy24 the Agency allocated $62,445.00 to NCNMEDD Non-Metro AAA to fund Grandparents Raising Grandchildren/Rural Senior Food Vouchers-Provided funds to service provider Las Cumbres Community Services, Inc. (Las Cumbres), for the issuance of food assistance vouchers to assist grandparents raising grandchildren in the counties of Taos, Santa Fe and Rio Arriba. Las Cumbres distributed food assistance vouchers monthly to identified service clients age 60+ (55+ for tribal affiliated older adults) who are in households or arrangements as grandparents taking care of, raising grandchildren; 181 individuals served (60 seniors and 121 grandchildren).

- In FY24 the Agency allocated $35,000.00 to NCNMEDD Non-Metro AAA to fund a grocery delivery system with Colfax Senior Services to meet the need of 11 elders in Harding County, known as a food desert with limited resources.

- Every year, New Mexico's older adults are impacted by weather-related emergencies. For example, the fires and flooding that have ravaged areas of the state require collaboration among departments and agencies to ensure food reaches our constituents.  In May 2024 the department allocated $39,315 to the Metro AAA to support 4,500 freshly prepared and ready to eat meals, which were delivered to Ruidoso for impacted seniors and $76,608.00 to the Non-Metro AAA for 26,880 Miss Olives ready to eat meals, which were delivered to the Armory in Roswell to support those immediately evacuated.

- The AAAs' area plans have been approved for the coming year. These plans directly align with the Agency's (ACL approved) State Unit on Aging State Plan, including performance measures to increase service delivery across the state, drastically reducing and working toward eliminating the waiting list.

- The Aging Network Division also contracts with the New Mexico Senior Olympics, promoting physical fitness for seniors statewide, and providing year-round opportunities and motivation for adults 50+ to participate in local and state sporting events. FY24 state games saw 850 senior athletes participating in 24 sporting events.

- AND's Employment Programs Bureau provides subsidized training placements for older workers through the federally funded Senior Community Services Employment Program

(SCSEP) and the state funded Senior Employment Program (SEP) for a total of 82 participants.

- The Agency implemented Community Health Worker programming in FY23 as a result of the $314,000 ACL award funding ten CHW senior employment positions and supported clinical supervision by the University of New Mexico (UNM).
- Additional funding through the Kiki Saavedra Dignity Fund made it possible to increase services in FY24 to senior centers. This additional investment is to combat isolation and provide social interaction and engagement activity opportunities, such as:
    - Developing and implementing new senior center activities designed to attract older adults into centers
    - Encouraging older adult independence, and continued participation at senior centers by supporting current center activities.
    - Providing one-time small equipment, electronic purchases and/or repairs totaling up to $1,500.00 per contractor to support senior centers and activities for older adult participants.
    - Sponsoring subcontractors and/or older adults for registration, and travel expenses associated with attending the annual Conference on Aging.

FY25 Kiki Saavedra Aging Network programming includes AAA Leadership programs with two cohorts of six full-day leadership sessions including emergency management, Title III and Title VI service provider best practices, seeking and applying for grants, market trends, and business acumen and networking as well as AAA Expansion Initiatives designed to fill geographic gaps in legal, case management and transportation services.

Office of Indian and Elder Affairs – Current Status

FY24 was a transitional year for the Office of Indian and Elder Affairs (OIEA) and tribal partners. A new OIEA director was hired. A deputy director position was newly created and filled. Staff roles and responsibilities were redefined to ensure tribal partners were properly served and accountability measures were in place. The AmeriCorps Vista grant was returned to compliance and the New Mexico Grown program was offered to tribal partners. Moreover, the OIEA director collaborated across the Agency to ensure every program and outreach effort also included support for tribal communities and constituents. Specifically, culturally appropriate visual and written printed material were created to improve understanding of the Agency's services to the tribal communities.

In spring 2023 (FY23), New Mexico's Tribes, Pueblos & Nations Providers, which had been severely impacted by the COVID-19 pandemic, finally began re-opening. The tribal senior and adult day service centers faced a myriad of challenges: community member loss, facility maintenance needs, understaffing, limited applicant pool, unmet training needs, safety concerns and ultimately trying to encourage qualified community members to return and take advantage of the senior or adult day center services provided. As FY24 began, OIEA, on behalf of the senior & adult services centers, focused on initiating and navigating the centers' return to standard operating processes and assessing the barriers the tribal eldercare centers were then facing.

Forging solutions has been a priority and is addressed carefully as each tribe is diverse in culture, language, landscape and community. For these reasons, unique approaches specific to each tribe are considered. Throughout this reintegration process, the Agency and OIEA continued to develop programs, streamline provider processes, and build connections through the collective work that is being accomplished by tribal administrations, tribal senior and adult day services centers, the Indian Affairs Department and Native American elder advocacy organizations.

Reopening tribal senior and adult day centers across the state in FY24 required additional training and support from OIEA staff. Most of the tribal senior and adult day center staff were new to the program. OIEA met the need by establishing monthly virtual meetings. In FY25, additional training programs will aid education and capacity building. OIEA is also conducting a gap analysis and needs assessment specifically geared toward tribal partners.

Executing the Intergovernmental Agreements timely was identified as a priority to best prepare and succeed in FY25. Additionally, tribal partners were encouraged to apply for Agency grant programs which resulted in 24 tribal partners being awarded $708,972 in grant funds to increase direct services such as transportation and case management. The first tribal health summit is scheduled for FY25 and will connect more tribal elders to resources and services.

OIEA Operations Advancement

In FY24, OIEA focused on assessing barriers the Tribal Provider centers were facing post-pandemic. Evaluation of these challenges and changes, provided an opportunity to reevaluate methods, tools, and efficiencies needed to support and better equip the Tribal Providers to meet those challenges and identify sustainable solutions. Operations advancement included appointing two Native American women to lead OIEA operations. The Agency reinstated and redirected the scope of work for the AmeriCorps Vista Project for an additional $25,000 grant to fund a needs assessment, an initiative, "Identifying Tribal Eldercare Needs for Supplemental Services." OIEA deployed the NM Grown program to six tribal providers during Q3 and Q4 of FY24, furthering availability of local foods to tribal communities. Capital outlay requests for Taos Pueblo and Pueblo of Laguna were restarted, and despite the fact that at end of Q2 (December 2023), only 30% of FY24 Tribal Provider IGA allocations were expended, after a significant push, expenditures increased to 70% by the end of Q3, March 2024. Q4 final expenditures were 93 percent, representing a one percent gain over FY23.

Meaningful Tribal Site Visits
 Cabinet Secretary Jen Paul Schroer, Deputy Secretary Sarah Jacobs, Deputy Secretary Antoinette Vigil and several division directors, including OIEA's director, visited Tribal Provider sites throughout FY24. During these visits, The Agency toured facilities and spent time visiting with center team members, Tribal administration and community members. Agency leaders gleaned a deeper understanding of the uniqueness of Tribal Senior Centers, Adult Day Services Centers and additional centers in operation, assessed needs and strengthened understanding of

data collected. They collaborated to generate and share new information for improved stakeholder and beneficiary engagement, and gained first-hand knowledge of sites' progress, challenges, and accomplishments

Secretary Tribal Tour locations included:
- Upper Fruitland Senior Center
- Hogback Senior Center
- Shiprock Senior Center
- Pueblo of Isleta Elder Center
- Pueblo of Isleta Adult Day Care, Assited Living & Memory Care Facility
- Pueblo of Santa Clara Senior Center
- Pueblo of Santa Clara Adult Day Care Center
- Pueblo of Zuni Senior Center
- Pueblo of Zuni Adult Day Care Center

Additional OIEA site visits included:
- Pueblo Pintado Senior Center Grand Opening
- Pueblo of Santa Ana Senior Center
- Pueblo of Santo Domingo Senior Center
- Pueblo of Zia Senior Center
- Pueblo of Sandia Senior Center

Bridged Programming to Tribes, Pueblos & Nations
An OIEA organizational focus is to increase awareness of the Agency's programs, services and resources to Tribal Provider's, elders and caregivers with the Indian Area Agencies on Aging (IAAA) and the Navajo Area Agencies on Aging (NAAA). This focus takes into consideration serving tribal elders living outside reservations who are consumers of AAA provider centers and facilities. Mutually beneficial advantages include improvements to service delivery, operational efficiency, partnerships, knowledge sharing, improved decision making and overall inclusivity. For our constituents, the advantage is improved well-being, welfare, and independence. FY24 Agency and OIEA outreach events are listed below.

- New Mexico State Fair
- American Indian Day at the Legislature
- NM Indian Council on Aging
- Blue Zone Panel Discussion: Tribal Provider representation
- 2023 Conference on Aging: Industry resources for IAAA, NAAA and AAA
- Inaugural issue of ALTSD magazine *New Mexico Generations* Spotlight article on OIEA Director, Melissa Sanchez were shipped to all IAAA & NAAA Tribal Providers
- Tribal representation within the Agency's Policy Advisory Committee (PAC)

- Meetings and Communications such as presentations to the IAAA and NAAA as part of the AAA quarterly meetings and letters from the Secretary to Tribal leaders and All Pueblo Council of Governors
- The Agency included OIEA's recommendations for the upcoming Universal Consumer Information Tool (UCIT) training for this new consumer assessment tool that will be utilized by Tribal Providers
- Secretary Tribal Tour site visits and OIEA staff site visits

## FY25 Goals

Allocated Funding Expenditures of 100%
OIEA administers the IAAA and NAAA Intergovernmental Agreements (IGA). The IGAs (contracts) are the government-to-government agreement for the state general funds allocated as supplemental funding, and other funding opportunities such as the Senior Services Expansion and NM Grown, to support tribal senior and adult day service centers. OIEA manages the IGA's in collaboration with Tribal Leaders and their Tribal Provider managers and directors by monitoring timely responses of contract reporting responsibilities and monthly reimbursement requests.
- OIEA will expand its efforts to support tribal entities in spending all their IGA funds.
- The Agency will continue with early IGA distribution to allow for additional time for Tribal Administrative review.
- Fiscal staff and tribal leaders will be invited to meetings (in addition to Tribal Provider manager/directors)
- The Office will host individual meetings, monthly phone calls and deadline reminders.
- Mid-fiscal year funding balance review will assess possible IGA budget reductions.
- Applicable Agency divisions will be available to support Tribal Providers with training, service development and service improvement.
- Applicable Agency divisions and OIEA will seek to identify and provide relevant technical assistance for Tribal Providers to support timely reporting responsibilities, submission and monthly funding reimbursement requests.
- The Capital Outlay Bureau will continue to provide funding opportunities and OIEA will continue to guide Tribes, Pueblos and Nations to expend 100% of the funding allocation.

Advance Communication and Outreach
OIEA is furthering its communication strategy with tribal partners. These efforts include letters and email from the Secretary, monthly meetings and communications with IAAA and NAAA. Agency and industry resource presentations. OIEA will start a dedicated newsletter to serve as a platform for sharing updates, resources, success stories and tribal provider news, increase tribal site visits, communicate Capital Outlay application announcements and funding status updates, develop an annual calendar including relevant timelines, workshops, trainings, and information about the capital outlay funding process.

Implement FY25 Initiatives

OIEA will conduct a gaps and needs analysis using data collection tools and methodologies for the purpose of establishing a baseline of information that will lead to formation of a strategic plan for the Agency and OIEA through the AmeriCorps VISTA Project: Identifying Tribal Eldercare Needs for Supplemental Services. This analysis aims to identify operational needs of Tribal Provider facilities and services that are associated with any barriers to successful operations and meeting the needs of the tribal elders within their communities. Findings will be shared with participating Tribes, Pueblos and Nations.

Capital Outlay Assessment
ALTSD will begin a statewide assessment of all senior center buildings prioritizing capital outlay recommendations to the New Mexico Legislature. The Agency anticipates this assessment will provide invaluable information that will reduce the administrative burden on governments in the future. Tribes, Pueblos and Nations are encouraged to participate.

New Mexico Grown Tribal Participation
NM Grown is a program that works with local farmers, ranchers, and food businesses to connect them to people and organizations right here in our state. When local food producers can provide their fruits, vegetables, and meat to preschools, K-12 schools, senior centers, adult day care centers and food banks, it helps communities stay healthy and self-reliant.

NM Grown supports publicly funded meal programs by highlighting healthy food options and increasing access to fresh locally grown and produced foods for institutional and food bank buyers. The program strengthens purchasing relationships with food producers, creating sustainable market opportunities and healthy communities. Through this work, NM Grown can empower children, older adults, and families to make informed food choices while strengthening the state's local economy and contributing to vibrant communities.

FY25 New Mexico Grown Tribal allocation totals $245,311. Currently, 17 Pueblo Senior Centers, three Pueblo Adult Day Services Centers, one Apache Senior Center and 29 Navajo Senior Centers are participating, for a total of 50 centers. In FY24, only six senior centers participated. As such, the Agency and OIEA are thrilled with the dramatic increase in participation.

Service Expansion Initiative
The Agency believes that a strong AAA provider network is essential to the health of older adults in New Mexico. The goal of this initiative is to strengthen the AAA provider network and capacity. The purpose of the Senior Services Expansion Initiative is to increase the number of case management services, transportation services, legal services and community activity services offered by AAA providers with an objective of increasing the number of customers served and units of services distributed in FY25.

## SWOT Analysis

| Strengths | Weaknesses |
|---|---|
| <ul><li>Established network with knowledge of population and area needs.</li><li>Collaboration with community partners to bring added. programming to older adults.</li><li>Coordination of services to meet the needs of older adults being served.</li><li>Consumer direct services.</li><li>Establishing a direct APS referral procedure, where APS consumer assessment is utilized.</li><li>Leveraging Medicaid funding to support community-based services.</li><li>Grant funding to support sustainability of services.</li></ul> | <ul><li>The AAAs and providers need additional administrative capacity to increase services.</li><li>FY24 budget did not accommodate for provider wage increases.</li><li>High turnover rate of network provider line staff.</li><li>Inconsistent local funding to support OAA services.</li><li>Stigma limits eligible older adults in accessing senior center services and older adults are working longer.</li><li>Limited resources in rural areas.</li><li>Stronger relationships with tribal governments to support capacity building and talent development is needed.</li></ul> |
| **Opportunities** | **Threats** |
| <ul><li>AAAs may play critical role to fill gaps in services.</li><li>AAAs collaboration with community programs and local governments to enhance partnerships.</li><li>Collaboration to implement real time data collection and a universal assessment tool across entire Aging Network.</li><li>Outreach and marketing.</li><li>Enhanced collaboration with other state departments to identify and target outreach efforts for those older adults most in need (Grandparents Raising Grandchildren, Caregivers, nutritionally at risk, veterans, and potential volunteers).</li><li>Senior Center meal gold standard development similar to the public schools' meal efforts.</li></ul> | <ul><li>Population growth</li><li>Gaps in service providers for rural homebased programming/services</li><li>CARES/FFCRA/ARPA/Vax5 funding allowed for additional services without sustainability.</li><li>Limited funding and decrease in local revenue that supports direct services.</li><li>Increase cost of supplies and employee benefits that drive the increase cost of service.</li><li>Unknown historical issues popping up unexpectedly in the Capital Outlay Bureau.</li></ul> |

## Action Plan

Given the siloed nature of these Agency units and the limited data available at the provider level, continued research and assessment is necessary to truly understand how the Agency can play a strategic role is enhancing the Aging Network for both local and tribal governments throughout New Mexico. Again, the Office of Business Engineering and Program Development will be instrumental is formulating strategies, leveraging technology, and integrating systems to inform opportunities to improve the vast, complex system of senior centers and the services needed to elevate the level of care for the aging and disabled population.

These following tactics have been identified to build a foundation as the Agency supports the expansion of the Aging Network Division and its transition:

- The Agency, as the State Unit on Aging, must submit the FFY25 four-year State Plan on Aging, which will focus on the Older Americans' Act services and align with the updated federal rule changes,  further elevating nutritional services (congregate, grab-n-go, and home delivered meals), transportation services, case management, respite care, homemaker and chore services. The State Plan on Aging will also include the innovative Consumer Elder Rights Division Aging and Disabilities Resource Center services, the nationally recognized prevention and intervention provided by Adult Protective Services, and the Title VII Ombudsmen statewide volunteer expansion efforts to advocate for resident's rights.
- Long-term Care Companion Program FY25 pilot includes eight SeniorCorps programs implementing and recruiting volunteers committed and dedicated to serve their community by giving of their valued time, while building rapport with long-term care residents who have limited natural supports or visits from friends and family.
- Quality Assurance Program will build a framework that is sharply focused on elevating the quality and expansion of services available at the senior centers. This requires additional staff which must be considered within the next three fiscal years.
- Establishing a Senior Center Cooperative Program will focus on increasing attendance, building capacity, and identifying economies of scale.
- Building an Aging and Disability Survey and Overlay Application will take a data-based approach to illustrate the needs of various services by geographic area. The Agency will develop an innovative application that efficiently stores and manages information about various services provided to older adults. The application will also integrate and overlay data sets to identify service gaps and improve distribution of services statewide.

# Cross-Agency Collaborations

To ensure aging and disabled adults receive the resources and support necessary to thrive, the Agency collaborates with several state agencies. While not comprehensive of all the Agency's work, the below highlights several cross-collaboration efforts.

# New Mexico Grown

New Mexico Grown Interagency Task Force is made up of Aging &Long-Term Services, Public Education Department, and Early Childhood Education and Care Department. The Task Force work together to coordinate local New Mexico vendors to provide local produce, meats and dairy products to schools and senior centers.  The Agency provides funding to local providers through the AAAs to ensure seniors receive nutritious meals. The task force fosters the link between senior centers and local farms or farm organizations so that freshly harvested local foods become a staple in New Mexico seniors' diet. The Agency has been supporting the implementation of New Mexico grown foods in senior meals since 2021. Currently, 163 senior centers across New Mexico participate to offer fresh ingredients for meals.

# SNAP-HCA

Five Agency staff participated in the Community Health Initiative-train the trainer DOH certified Community Health Workers (CHW). The Agency also implemented the Senior Employment Program Community Health worker programming allows for part-time employment for eight participants to obtain the DOH CHW certification and long-term employment opportunities. The Agency is collaborating with UNM for clinical supervision of the rural senior employment CHW participants.

# Rural Senior Food Boxes

The Agency implemented a pilot project for rural senior non-perishable food boxes, collaborating with HCA and the food banks to deliver shelf-stable food items to 15 senior center, housing authority and Adult Protective Services sites.

# Grandparents Raising Grandchildren

According to the most recent estimates from the U.S. Census Bureau (2021), approximately 12% or 24,000 New Mexico grandparents are responsible for a grandchild. While this is about two percent less than the national average, of those families, approximately 24% of New Mexico grandparents are living below the poverty level. That's 5,765 New Mexicans bringing in $19,720 or less to care for themselves and their families, including their grandchildren. New Mexico also has an eight percent higher rate for non-parental involvement than the rest of the country. That means that for 20% of these New Mexicans, the grandchild's parent is not present. This can be for a variety of reasons, including incarceration, substance abuse and mental health. This puts extra pressure on the grandparents who are parenting "times two."

These families need resources. Some of the biggest challenges to grandparents raising grandchildren revolve around navigating systems, such as schools, early childhood programs and services, healthcare and the courts. Multiple state agencies in addition to this Agency, including Children, Youth and Families Department (CYFD), Department of Health (DOH), the Health Care Authority (HCA), Early Childhood Education and Care Department (ECECD) and

the Public Education Department (PED) are committed to expanding resources and developing comprehensive solutions.

These agencies will collaborate on a family resource fair statewide tour. For the 24,000 New Mexicans who are raising grandchildren, many don't have the time to seek out solutions that may exist, such as food boxes, financial assistance, and childcare. Through inter-agency cooperation, these informational events will help remove barriers to these resources. These state agencies will meet grandparents in their communities to provide wrap-around state services to address food insecurity, respite care, healthcare and more. Every grandparent and every family in New Mexico should have the resources they need to raise healthy, happy children, setting them up to be productive members of society in the future.

# Grandparents Raising Grandchildren / Kinship Care

## Resources for grandparents or other kinship caregivers raising children:

**NM Aging and Long-Term Services Department (ALTSD) / Aging and Disability Resource Center (ADRC)** provides information on resources and services in the community, including kinship support.
☎ 1-800-432-2080, TTY 505-476-4937
🖥 https://aging.nm.gov/consumer-elder-rights/aging-disability-resource-center-adrc/

**NM Human Services Department (HSD) /Income Support Division (ISD)** - offers emergency food assistance, Supplemental Nutrition Assistance Program, Temporary Assistance for Needy Families, Low Income Energy Assistance, and health coverage (Medicaid).
☎ 1-800-283-4465  🖥 http://www.hsd.state.nm.us/Default.aspx

**Pegasus Legal Services for Children** –provides information and civil legal services to assist grandparents raising grandchildren and other kindship caregivers in obtaining *kinship-guardianship*, especially in contested situations. Pegasus intake for kinship guardianship is through the Guardianship Legal Helpline. For free and low cost Kinship Guardianship legal services: ☎ 505-217-1660, 1-833-355-6944  Se habla español.
🖥 http://pegasuslaw.org/

**Advocacy, Inc., New Mexico Guardianship Project** – serves children and youth, birth to 18 years old living with grandparents, family members and caretakers. Information and referral regarding guardianship and adoption is provided. Downloadable forms (Power of Attorney, Caregiver's Affidavit) and links to financial benefit information are available at 🖥 www.nmadvocacy.org. It also provides legal representation in uncontested guardianship and adoption cases. A fee is charged on a sliding scale, based on income.
☎ 1-866-257-5320 or email kids@nmadvocacy.org

**Legal Resources for the Elderly Program (LREP)** – information and referral for seniors age 55 and over. Provides a free English/Spanish, downloadable 🖥*NM Senior Legal Handbook*; Chapter 12 covers *"Grandparent Caregivers/Kinship Guardianship"*. Access the *Handbook* at 🖥https://www.sbnm.org/For-Public/Legal-Resources-for-the-Elderly, click on the *Publications tab*. ☎ 1-800-876-6657

**Las Cumbres Community Services** (serves Rio Arriba and Santa Fe Counties only) – *Grandparents Raising Grandchildren Program* offers information, resources, monthly support group meetings, and educational opportunities, publications, discussion blogs, and a yearly conference.
☎ 505-955-0410 or at https://www.lascumbres-nm.org

**The City of Santa Fe, Division of Senior Services** – assists grandparents or kinship caregivers who pay out-of-pocket expenses for medical services, food, clothing and more for those they care for. Persons 55 years or older who live in the city/county of Santa Fe, and who show proof of actively caregiving and providing financial assistance for those they care for, may receive up to $200.00 annually per household for reimbursable expenses. ☎ 505-955-4721 or https://santafenm.gov/community-services/division-of-senior-services

# Health Care Authority

The Agency benefits from collaboration with the Health Care Authority (HCA); ongoing education regarding Turquoise Care, Turquoise Care MCO accountabilities and value-added services; Turquoise Care companion Medicare Advantage D-SNP plans including accountabilities and special requirements outlined in the SMAC (agreement with state, CMS and the MCOs), coordination of benefits, and extra benefits.

The Adult Protective Services, The Long-Term Care Ombudsman, Medicaid Fraud Control Division (AG's Office), and Division of Health Improvement (at Health Care Authority) meet regularly to review referral and investigation information, reports and findings   in licensed long-term care facilities (both nursing homes and assisted living facilities).  These meetings are referred to as the "Joint Protocol."  Pursuant to an existing memorandum of understanding allegations of abuse, neglect or exploitation (ANE) occurring in facilities are cross reported between agencies depending on the circumstances of the report (alleged perpetrator is an employee of the facility or a family member, etc.). Each agency's response is somewhat different based on their statutory obligations. DHI is responsible for licensing health facilities including long-term care and assisted living homes as well as investigating ANE occurring at licensed health facilities and home and community-based Medicaid waiver programs.  APS is statutorily mandated to investigate ANE of incapacities adults and adults with disabilities and provide services on an emergency and non-emergency basis. The Ombudsman is tasked with advocating on behalf of long-term care residences but have strict confidentiality provisions.

Children, Youth and Families Department (CYFD), Office of Guardianship, and Adult Protective Services (APS) work together on permanency planning for incapacitated youth who are aging out of foster care.  Many of these young adults are in need of both a guardian and conservator, when identified by CYFD, permanency planning workers coordinate with APS staff to ensure Medicaid and any home and community-based waiver services are in place as well as petition the court to appoint a guardian when no family is willing or able to serve in that role for the youth.

# Data References

1.  The estimated prevalence of caregiving for an adult age 18 or older is 19.2% in 2020, or approximately 47.9 million Americans, up from 16.6% in 2015. Over the same period, the estimated number of caregivers of adults ages 50 or older is 16.8% and increased by 7.6 million. As of 2020, there are an estimated 34.2 million caregivers of recipients aged 50 years or older. Source: AARP and National Alliance for Caregiving. Caregiving in the United States 2020. Washington, DC: AARP. May 2020.

2.  In 2010, the "caregiver support ratio" was 7-to-1. By 2030, the ratio is projected to decline sharply to 4-to-1; in 2050, it is expected to decrease to less than 3-to-1, when baby boomers will be in their high-risk years of late life. Source: D. Redfoot, L. Feinberg, and A. Houser, "The Aging of the Baby Boom and the Growing Care Gap: A Look at Future Declines in the Availability of Family Caregivers," AARP Public Policy Institute, Washington, DC, 2013, https://www.aarp.org/home-family/caregiving/info-08-2013/the-aging-of-the-baby-boom-and-the-growing-care-gap-AARP-ppi-ltc.html

3.  In New Mexico in 2021,10% of adults aged 60 years or older self-reported they have difficulty living independently, for example, doing errands alone such as visiting a doctor's office or shopping. Source: Behavioral Risk Factor Surveillance System Survey Data, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, together with New Mexico Department of Health

4.  In New Mexico: 20% of adults report they provide regular care or assistance to a friend or family member who has a health problem or disability. Source: Behavioral Risk Factor Surveillance System Survey Data, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, together with New Mexico Department of Health

5.  In New Mexico ,26% and 34% of adults have been providing care for longer than 2 and 5 years, respectively. Source: Behavioral Risk Factor Surveillance System Survey Data, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, together with New Mexico Department of Health

6.  In New Mexico, 6% and 21% reported they provide 20 and 40 or more hours of care per week, respectively. Source: Behavioral Risk Factor Surveillance System Survey Data, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, together with New Mexico Department of Health

7.  In New Mexico, 10% care for someone with dementia or Alzheimer's. Source: Behavioral Risk Factor Surveillance System Survey Data, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, together with New Mexico Department of Health

8.  In New Mexico, 53% of caregivers helped another manage personal care such as giving medications, feeding, dressing, or bathing; 85% help another person manage household tasks such as cleaning, managing money, or preparing meals.

9.  Data from Genworth Cost of Care Survey, conducted by CareScout®, November 2021