



New Mexico Roadmap to Address Dementia and Brain Health **2026-2031**

Prepared by Aspen Solutions



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LIST OF ACRONYMS

- ADOD = Alzheimer’s Disease and Other Dementias
- ADRC = Aging and Disability Resource Center
- ACL = Administration for Community Living (U.S. Department of Health and Human Services)
- APS = Adult Protective Services
- DALTCS = Division of Aging and Long-Term Care Supports (Navajo Nation Department of Health)
- IAAA = Indian Area Agency on Aging
- OIEA = Office of Indian Elder Affairs (New Mexico)

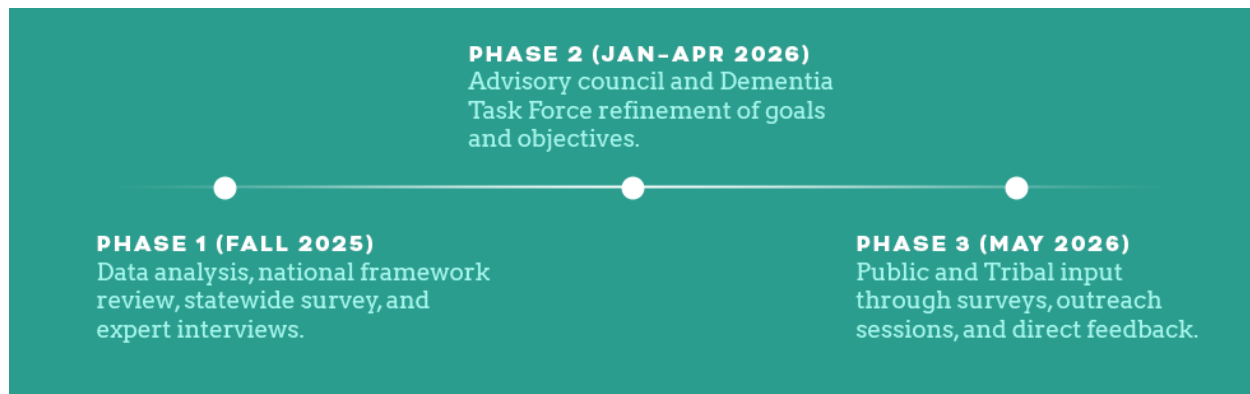
I. EXECUTIVE SUMMARY

The New Mexico Roadmap to Address Dementia and Brain Health 2026-2031 outlines a statewide strategy to promote brain health and to strengthen care and support for New Mexicans living with Alzheimer's disease and other dementias (ADOD) and for their families, friends, and care partners. Led by the New Mexico Aging and Long-Term Services Department (ALTSD) and developed with state agencies, Tribal governments, healthcare systems, community-based organizations, academic institutions, and caregivers, the roadmap guides work from July 2026 through December 2031.

The roadmap advances ALTSD's vision of maintaining independence and healthy aging for all New Mexicans. It emphasizes expanding public understanding of brain health, reducing risk through healthy behaviors, ensuring dignified and respectful care for those living with dementia, and giving caregivers the supports needed to navigate the dementia journey.

This roadmap builds on achievements from the 2022–2025 Alzheimer's Diseases and Other Dementias State Plan, including the creation of New Mexico's Silver Alert system. ALTSD supports people living with dementia across a wide range of programs that provide caregiver assistance, dementia training, resource navigation, and community partnerships. These efforts also include ongoing collaboration with Tribes, Pueblos, and Nations. The Alzheimer's and Dementia Task Force now serves on the advisory council guiding this roadmap, which aligns with national frameworks such as the National Plan to Address Alzheimer's Disease, the CDC Healthy Brain Initiative Road Map, and the National Strategy to Support Family Caregivers.

Development of the roadmap followed a three-phase process:



Dementia is a rising public health challenge as New Mexico's older adult population grows. Key findings that shaped this roadmap include:

- About **46,000** residents aged 65+ live with Alzheimer's, and **20% of adults** 45+ report cognitive decline, though few seek evaluation.
- Alzheimer's was the state's **eighth leading cause of death** in 2023, with deaths **up 122%** since 2000.
- Hispanic/Latino residents are **1.5 times more likely** to develop ADOD than White Americans, and **more than half** of American Indian/Alaska Native adults over 70 experience cognitive impairment.
- About **67,000** New Mexicans provide **119 million hours** of unpaid care annually, valued at **\$2.4 billion**. Many experience depression, and dementia caregivers are three times more likely to report suicidal ideation.
- Medicaid spends **\$316 million annually** on Alzheimer's care, while families shoulder most lifetime costs through unpaid care and out-of-pocket expenses.

Despite these challenges, strong evidence shows that managing chronic conditions, staying physically, socially, and cognitively active, and addressing hearing loss can reduce dementia risk or delay onset. Two recently approved treatments can also slow Alzheimer's progression, underscoring the importance of public awareness, early detection, and timely access to care.

The roadmap includes five goals and 26 measurable objectives, with a focus on rural, Tribal, and underserved communities:

**GOAL 1:
PUBLIC EDUCATION AND
AWARENESS**

Increase statewide awareness and early detection of ADOD, and public understanding of brain health.

**GOAL 2:
CAREGIVING SUPPORTS**

Stabilize and support family caregivers across the dementia trajectory by expanding access to respite, education, navigation, and financial supports.

**GOAL 3:
POLICY AND SUSTAINABILITY**

Support and use recent research to establish policies that reduce ADOD's fiscal impact and enhance the quality and efficiency of care.

**GOAL 4:
DIRECT SERVICES**

Strengthen, increase, and coordinate services and supports for people living with ADOD, their caregivers, and family members.

**GOAL 5:
WORKFORCE DEVELOPMENT**

Strengthen and stabilize New Mexico's dementia-capable workforce by expanding training, improving recruitment and retention, and promoting culturally competent, high-quality care, with a focus on direct care and respite care.

ALTSD's Office of Alzheimer's and Dementia Care will lead implementation through shared partnerships across state agencies, Tribal governments, healthcare and community organizations, academic institutions, and people with lived experience. Efforts will be data-driven, culturally responsive, community-informed, and adaptable, guided by a measurement plan with indicators for each objective. ALTSD will publish annual updates and conduct comprehensive reviews every two years. The roadmap is a living document that supports ongoing review, shared learning, and adjustments based on emerging research and community needs.

II. DEFINING DEMENTIA

Dementia is a collection of symptoms associated with a decline in memory, reasoning, language, and other thinking skills. There are several distinct conditions that cause dementia, but many include a harmful buildup of proteins in the brain, and all cause damage to parts of the brain such as neurons, brain tissue, blood vessels, nerve cells, etc. Although there are several types of dementia, Alzheimer's disease dementia is the most common, accounting for 60 to 80% of cases.¹ Other dementias include Parkinson's disease dementia, other Lewy body dementias, LATE dementia (limbic-predominant age-related TDP-43 encephalopathy), frontotemporal dementia, vascular contributions to cognitive impairment and dementia, mixed dementias (such as Alzheimer's disease dementia mixed with cerebrovascular disease or Lewy bodies), Hippocampal Sclerosis, and more.

The course of dementia, especially Alzheimer's disease, spans many years, sometimes decades. Initially, changes in the brain result in no noticeable symptoms. In more than 90% of people with Alzheimer's disease and other dementias (ADOD), symptoms do not appear until after age 60.² In rare cases, known as "early-onset" or "younger-onset" dementia, people develop symptoms in their thirties, forties, or fifties. Most people with Down syndrome develop Alzheimer's dementia at an earlier age, with significant levels of the protein clumps that cause Alzheimer's (beta-amyloid plaques and tau tangles) in their brains by age 40.³ The risk of developing dementia is higher among people from racial and ethnic minority populations. Hispanic and Latino Americans are 1.5 times as likely to develop ADOD compared to White Americans,^{4,5} and more than half (54%) of American Indian and Alaska Native people over the age of 70 experience cognitive impairment.⁶

Regardless of when symptoms appear, the changes in the brain that cause dementia are thought to begin twenty years or more before the symptoms. During those years, the brain compensates for changes by using alternate networks of neurons that enable people to continue to function normally. When the brain can no longer compensate, symptoms that interfere with a person's ability to perform everyday tasks begin. Eventually, the ability to carry out basic functions, such as walking and swallowing, are also affected. In the final stages of Alzheimer's and other diseases that cause dementia, individuals often require twenty-four-hour care.¹

The causes of ADOD are not completely understood, but researchers believe they include a combination of genetic, environmental, and lifestyle factors.¹ Evidence suggests that chronic diseases such as hypertension and diabetes can contribute to dementia risk and impact the brain in negative ways. Other factors, such as stroke, alcohol misuse, head trauma, hearing loss, and depression, may play a role in increasing the risk of developing ADOD.^{7,8,9,10} While the importance of any one of these factors may differ from person to person, growing evidence supports that chronic disease management and healthy behaviors, such as preventing traumatic brain injury, limiting or avoiding smoking or drinking, healthy eating, exercise, educational attainment, social and cognitive engagement, managing hypertension and diabetes, maintaining cardiovascular health and blood pressure, getting enough sleep, reducing hearing loss, controlling diabetes, and reducing exposure to air pollution may reduce the risk of brain health decline and dementia or delay the onset of symptoms.^{1, 11, 12}

While progress has been made in the development of diagnostic tools and treatments available to help relieve symptoms of ADOD, including two that change the underlying biology of Alzheimer's and slow disease progression, no proven cure for Alzheimer's has yet been identified.¹

III. NEED FOR AN UPDATED ROADMAP

State of Dementia in the United States and National Approaches to Address it

People Living with Dementia

Dementia is a growing public health crisis in the United States. Unless a preventative treatment or cure is identified, the number of Americans with ADOD will increase significantly in the coming years. The number of Americans aged 65 and older living with Alzheimer's dementia is predicted to increase from 7.2 million to nearly 12.7 million in 2050 (this does not include other dementias).¹ Moreover, the U.S. Census Bureau estimates the number of Americans aged 65 and older will almost double to 84 million by 2050. Because the prevalence of people living with ADOD doubles for every five-year period after age 65, the growth in the older population will likely result in a substantial increase in the number of people who will be living with ADOD.¹³ Although screening and early diagnosis methods have

improved,¹³ it is estimated that more than half of people living with dementia are either undiagnosed by their healthcare providers or unaware of their diagnosis.¹⁴

Caregivers/Care Partners of Those Living with Dementia

Eighty-three percent (83%) of the help provided to older adults in the United States comes from family members, friends, or other unpaid caregivers,¹⁵ and almost half of all unpaid caregivers (48%) who provide care for older adults do so for an individual with Alzheimer's or another dementia.¹⁶ Nearly 12 million Americans provide unpaid care for people living with ADOD and, in 2024, their care totaled an estimated 19.2 billion hours, valued at more than \$413 billion.¹ Significant emotional, physical, and financial stress is placed on individuals with ADOD and their family members. Unpaid caregivers, often family members and friends, provide the majority of care for people with ADOD. The intensive level of care required can negatively impact the caregivers' emotional and physical health, and their ability to engage in paid work. Unpaid caregivers often report symptoms of depression and anxiety, and have poorer health outcomes than those who do not provide such care.^{1,17} Hispanic, Black, and Asian American dementia caregivers use fewer outside/formal services and report greater depression compared to White caregivers.¹ Furthermore, cultural values such as the "Latino cultural value of putting family needs and loyalty to one's family above one's own needs" (Alzheimer's Association Facts and Figures, 2025, p. 51) may also impact disparities in perceptions and use of outside resources among caregivers.^{18, 19}

Cost of Care for Those Living with Dementia

Additionally, dementia care costs are significant. In 2025, health and long-term care costs for those living with ADOD cost the United States an estimated \$384 billion, a number that, without rapid advances in treatment, is projected to rise to almost \$1 trillion by 2050. This includes significant increases in government spending through Medicare and Medicaid and out-of-pocket expenses.¹ The total lifetime cost of care for a single individual with dementia has been estimated at \$405,262 in 2024 dollars.²⁰ Seventy percent (70%) of this cost is shouldered by family caregivers in the form of unpaid caregiving and out-of-pocket expenses, and much of the remaining costs are covered by Medicare and Medicaid.^{1,20} These costs may not fully account for the financial impacts on families associated with family caregiver/care partners' health, work productivity, and more.²¹

National Approaches to Addressing Dementia and Brain Health

In addition to meeting the state's needs related to ADOD and brain health, ALTSD also identified an opportunity to align its strategies with those of national strategies to address dementia and brain health. Three relevant and recently updated national plans that address ADOD are the [National Plan to Address Alzheimer's Disease \(2024 Update\)](#), the [Healthy Brain Initiative State and Local Road Map \(2023-2027\)](#), and the *National Strategy to Support Family Caregivers (2022)*.

The National Plan to Address Alzheimer's Disease is a comprehensive plan developed under the National Alzheimer's Project Act (NAPA) that aims to prevent and effectively treat Alzheimer's disease and related dementias (ADRD) by 2025. It outlines goals to enhance care quality, expand support for caregivers, and improve public awareness. The latest update from 2024 provides progress reports and outlines ongoing strategies to meet the plan's objectives.¹⁹

Established by the CDC and the Alzheimer's Association, the [Healthy Brain Initiative](#) is a nationwide effort that integrates brain health into public health practice. It focuses on risk reduction, early detection, and supporting caregivers through strategic partnerships and data-driven approaches.²² The Healthy Brain Initiative Roadmap provides twenty-four actionable steps for public health agencies to promote cognitive health and support people living with dementia and their caregivers/care partners.²³ It aims to specifically equip state, local, and Tribal public health agencies to engage in dementia risk reduction and caregiver support as public health priorities. A separate [Healthy Brain Initiative Road Map for American Indian and Alaska Native Peoples \(2024\)](#) provides actionable steps specifically to address ADOD in American Indian and Alaska Native communities. Developed by Tribal leaders, physicians, and public health experts and researchers, it promotes health equity by using a strength-based approach and respects Tribal sovereignty and traditions.²⁴ To help implement the Healthy Brain Initiative, the CDC introduced the BOLD Infrastructure for Alzheimer's Act in 2019 with five-year grant award opportunities for state, local, territorial, and Tribal areas. Many state plans have been developed in alignment with the Healthy Brain Initiative Road Map, and NM plans to pursue future grants such as this in order to prioritize brain health as a central part of public health practice.

The *National Strategy to Support Family Caregivers* released in 2022 by the Administration for Community Living (ACL) offers nearly 500 actions to support family caregivers across various sectors. It emphasizes the importance of caregivers in the long-

term care system and provides a framework for enhancing their support. The [2024 progress report](#) details the federal government’s implementation efforts, highlighting completed actions and ongoing initiatives to support caregivers. This strategy supports all family caregivers, including those caring for children, adults with disabilities, Veterans, and older adults with dementia.²⁵

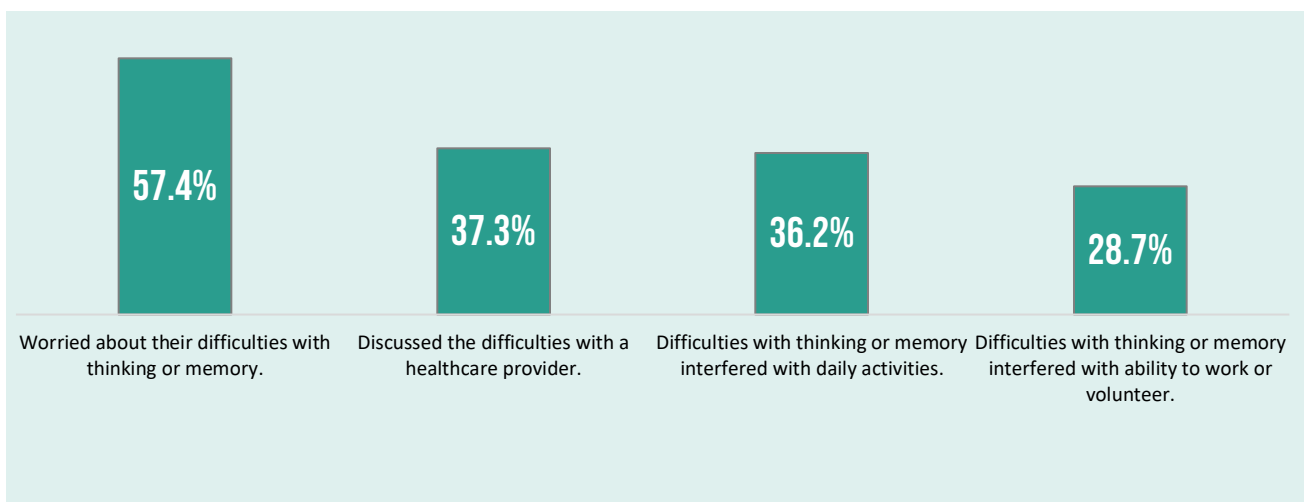
State of Dementia in New Mexico

Like in the greater United States, the impacts of Alzheimer’s disease, the most prevalent cause of dementia, is a growing public health crisis in New Mexico, and those impacts are projected to rise. Costs associated with ADOD are significant in the state. According to the Alzheimer’s Association:

- **\$316 million annually in Medicaid costs** is spent on tracking and treating Alzheimer’s alone.
- **\$28,143 of Medicaid per capita** is spent on people living with Alzheimer’s or another dementia.
- **119 million hours** of unpaid care are provided, valued at an estimated \$2.4 billion of unpaid caregiving provided by family/friends in NM.³⁰

Adults with Cognitive Decline Expressed Concern About Their Memory, Thinking, and Daily Activities

Source: Behavior Risk Factor Surveillance System - NM 2023



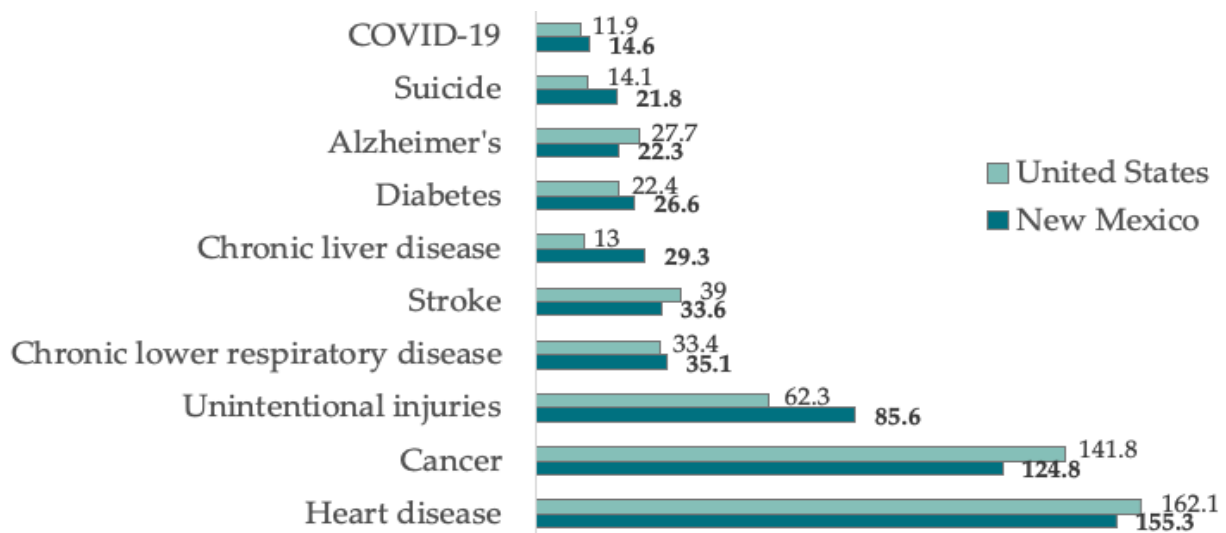
People Living with Dementia

According to 2020 data from the Alzheimer's Association, 46,000 people aged 65 and older (11.8%) are living with Alzheimer's disease in New Mexico (and this does not include other dementias).¹ Additionally, in 2023, 20.2% of New Mexicans aged 45 and older experienced subjective cognitive decline,²⁶ meaning they reported experiencing difficulties with thinking or memory that increased in frequency and/or severity over the previous twelve months. Of those who reported subjective cognitive decline, 57.4% were worried about the difficulties but only 37.3% had discussed the difficulties with a healthcare provider. About 36% reported the difficulties interfered with daily activities and 28.7% reported the difficulties interfered with their ability to work or volunteer.²⁶

Alzheimer's Disease was the eighth leading cause of death in New Mexico in 2023.²⁷ In 2023, 620 New Mexicans died from Alzheimer's disease, a 122.2% increase since 2000.²⁷ Costs associated with ADOD are significant in the state.

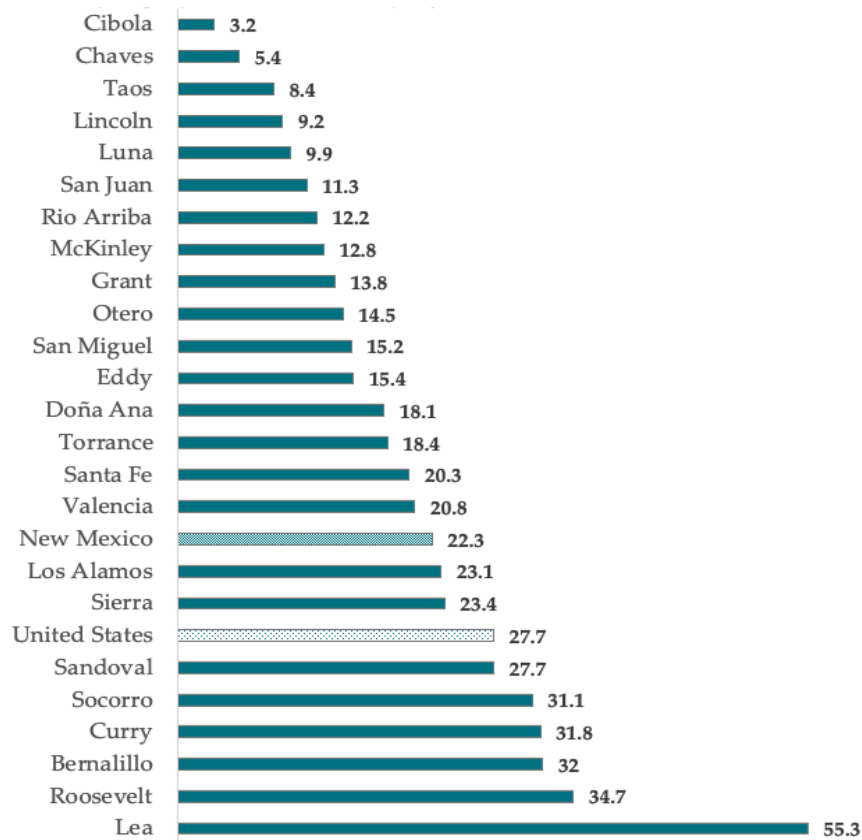
Alzheimer's Disease was the Eighth Leading Cause of Death in New Mexico in 2023 (Deaths per 100,000)

Source: <https://ibis.doh.nm.gov/indicator/view/DthRateLdgCause.Cause.html>



Alzheimer's Disease Death Rate by *County in NM in 2023 (Age-Adjusted Death Rate per 100,000)

Source: <https://ibis.doh.nm.gov/query/results/mort/MortCnty/AgeRate.html>



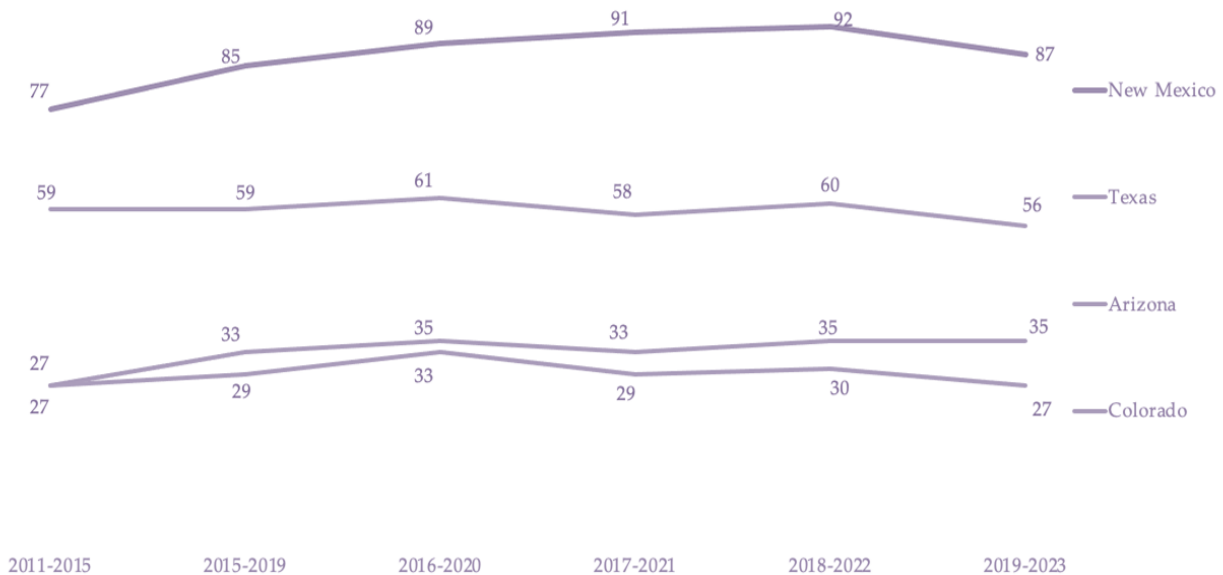
*Several counties did not have enough data to be included in the chart above, largely due to small populations. They include Catron, Colfax, De Baca, Guadalupe, Harding, Hidalgo, Mora, Quay, and Union.

Social isolation is a significant risk factor for ADOD. According to the 2025 Senior Report from America's Health Rankings, New Mexico seniors experience very high risks related to social isolation.²⁸ New Mexico ranked 48 out of 50 states, indicating seniors in New Mexico are at greater risk than those in most other states (only Louisiana and Mississippi scored higher). The social isolation index includes living in poverty; living alone; being divorced, separated, or widowed; having never married; having a disability; and having an independent living difficulty among adults aged 65 and older. Normalized values range from 0 to 100, with higher values indicating greater risk. New Mexico's score was 87 out of 100. Additionally, 25.2% of New Mexicans aged 45 and older with subjective cognitive decline live alone.²⁶

New Mexico Seniors are at Risk for Social Isolation

Data from U.S. Census Bureau, American Community Survey, 2019-2023

https://www.americashealthrankings.org/explore/measures/isolationrisk_sr_b/NM



Caregivers/Care Partners of Those Living with Dementia

As in the greater United States, unpaid caregivers in New Mexico bear a significant weight in caring for those living with ADOD. One in five adults provides regular care for a friend or family member who has a health problem or disability.²⁹ About 67,000 caregivers provide care for those living with Alzheimer's disease or another dementia in New Mexico. Together, they provide an estimated 119 million hours of unpaid care, an amount worth 2.4 billion dollars.¹ Sixty-six percent (66%) of all caregivers in New Mexico are female, 43% are between the ages of 41 and 64, and 34% have provided care for five years or more.²⁹ For caregivers of those with dementia, 30% spend 40 hours or more per week providing care, and 67% spend that time on both personal care and household tasks for their friend or family member.²⁵ Caregiving takes a toll on caregivers. Notably, 31.3% of caregivers of those with Alzheimer's disease in New Mexico report depression, 12.6% report being in poor physical health, and 64.8% report having at least one chronic condition.¹ Significantly, adult New Mexicans caring for a friend or family member with Alzheimer's disease, dementia, or another cognitive impairment disorder are three times as likely to experience suicidal

ideation compared to non-caregivers and adults caring for a friend or family member without a cognitive impairment disorder.²⁹

Summary of New Mexico's 2022-2025 State Plan and Current Initiatives

The recently expired *New Mexico State Plan for Alzheimer's Disease and Other Dementias 2022-2025* outlined a coordinated, statewide approach to addressing ADOD through improved awareness, prevention, workforce development, caregiving supports, service expansion, and sustainable policy. It emphasized cultural competence, rural access, early detection, and integration of dementia care across health and social service systems. One major accomplishment was the development and implementation of the Silver Alert — an advisory notification issued by the Department of Public Safety to alert the public about endangered or missing adults over age 50 with compromised cognitive abilities. The Silver Alert complements locally operated wandering-response programs, such as Project Lifesaver, a search-and-rescue program run by participating public safety agencies that equips people at risk of wandering with a personal locating transmitter and trains first responders to quickly find and safely return them.

Several programs and resources overseen by ALTSD currently serve people living with ADOD and their caregivers/care partners. The New MexiCare program provides financial and training assistance to family and friend caregivers who support older adults and individuals with disabilities, including those with Alzheimer's disease. In FY26, 43% of New MexiCare participants were living with memory loss or confusion. The goals of the program are to allow older adults to thrive in their homes and communities as an alternative to long-term facility placements, and to help reduce emergency department visits. The program is designed to ease the stress of caregiving and improve the quality of life for both caregivers and care recipients. Services include respite care, training and education, access to support groups, and financial assistance. Another program, the Care Transitions Program, helps individuals who wish to transition from long-term care facilities back into community settings. The program offers long-term support options and short-term assistance connecting individuals to programs and services in their communities. Care transition specialists use a person-centered approach, working with individuals to assess, advocate for, and follow up on their needs.

Additional services, including the Aging and Disability Resource Center (ADRC), Adult Protective Services (APS), and the Aging Network, also serve people living with ADOD and their caregivers/care partners. The ADRC operates a resource helpline that anyone can call to learn about services in their community, such as care facilities, meal delivery, transportation resources and more. They received 70 calls in FY26 recorded as Dementia-related. APS investigates cases of abuse, neglect, and exploitation, and provides services specifically for adults living with ADOD, including protective planning, education, emergency placements, and assistance with personal and home care. About 70% of APS' investigations are for self-neglect of people aged 60 and older. Many of these cases involve symptoms of cognitive decline and approximately 7,000 cases a year (or 50% of those cases) are for people living with dementia of some kind. The Aging Network provides senior centers, respite services, adult day services, and resources such as meals, food delivery, and transportation, which all reach people living with ADOD. Data on ADOD is not tracked by the Network at this time.

ALTSD received and implemented a federal Lifespan Respite Grant that expanded respite care services statewide by providing support to caregivers and strengthening the respite workforce. A continuation of this grant was received in 2026 to expand support specifically for caregivers and people living with ADOD. The grant aims to improve coordination of services, increase availability of respite services, and raise awareness of these services. Examples of this work include a respite voucher program, administered by the New Mexico Caregiver Coalition and other partners, which provides additional respite support; public awareness and education efforts, such as the "Take Action. Talk." campaign, and the Conference on Aging, all include messaging and programming specifically aimed at educating people with ADOD and their caregivers. ALTSD's Office of Alzheimer's and Dementia Care also offers free monthly webinars by the Alzheimer's Foundation of America to an unlimited number of participants, continuing education for healthcare professionals and others working with geriatric populations that is focused on specialized dementia care training, and statewide training events led by a dementia care training specialist. The Office of Indian Elder Affairs (OIEA), also within ALTSD, supports New Mexico's Tribes, Pueblos, and Nations in developing comprehensive, coordinated service systems of Tribal senior centers and adult day centers. OIEA manages the Indian Area Agency on Aging (IAAA) and supports the Navajo Nation Department of Health's Division of Aging and Long-Term Care Supports (DALTCS). They identified three key priorities that align with this roadmap:

education and awareness, caregiver supports, and access to services including providers, clinicians, diagnostics, clinical trials, and treatments.

All these services supporting people living with ADOD and their caregivers/care partners are part of the greater ALTSD, which oversees additional innovative programs such as the Kinship Caregiver Program. A pilot program, the Kinship Caregiver Program supports kinship caregivers, such as grandparents, aunts, uncles, other relatives, and fictive kin, who are raising children whose parents are unable to care for them. The program provides support on a voluntary basis, helping caregivers find and use programs and services that meet the needs of both the children in their care and the caregivers themselves. Partnerships with private, public, state, and Tribal programs allow program navigators to connect caregivers with needed information, services, and referrals, including legal assistance and case management.

As mandated by House Memorial 53, ALTSD convened an Alzheimer's and Dementia Task Force in 2025. Members included the New Mexico Department of Health, caregiver organizations, Tribal representatives from the So' Tsoh Foundation and the OIEA, a direct caregiver with lived experience, a physician from the UNM Memory and Aging Center, and other partners. Research informed the task force's key priorities, which included strategies to increase access to services in Tribal and frontier/rural communities through telehealth expansion and other technologies, incorporating the newest research into education and training for updating dementia related health programs, and increasing resources and support for both people living with dementia and their caregivers/care partners (see [Task Force report](#)). When the roadmap advisory council formed in January 2026, the Dementia Task Force merged with the council to help develop and carry out the roadmap.

This 2026-2031 plan aims to strengthen and expand much of ALTSD's current work, guiding progress with specific, measurable goals and objectives that are ambitious and actionable.

IV. 2026-2031 GOALS AND OBJECTIVES

The following goals, objectives, and strategies are intended to serve as a shared roadmap for strengthening dementia awareness, services, supports, and systems across the state. Successful implementation will depend upon ongoing collaboration and coordination among multiple state agencies, Tribal governments, healthcare systems, community-based organizations, advocacy groups, academic partners, caregivers, and other stakeholders. While the ALTSD can help lead and convene these efforts, many recommendations will require shared responsibility, cross-sector partnership, and sustained investment to achieve meaningful and lasting impact.

GOAL 1: PUBLIC EDUCATION AND AWARENESS

Increase statewide awareness and early detection of Alzheimer's disease and other dementias (ADOD), and public understanding of brain health.

Public Education and Awareness Objectives

Aligned with the CDC Healthy Brain Initiative's goal of engaging and educating the public.

1. **Objective 1.1:** By June 2027, develop and disseminate a standardized "What to Do After a Dementia Diagnosis" resource toolkit that includes advanced directives and legal planning, is culturally tailored to different communities (print, web, and referral formats), and is distributed to at least 25 participating healthcare and aging service organizations statewide, and an additional 25 by December 2027.
2. **Objective 1.2:** By June 2028, identify relevant partners and coordinate with them to increase referrals to dementia screening, care navigation, and caregiver support services by 25% statewide, as measured through utilization of the closed loop referral system.
3. **Objective 1.3:** By December 2028, implement at least three state-supported public awareness campaigns targeted at a wide range of audiences (youth, people caring for children and aging parents simultaneously, and seniors) and reaching a minimum of 125,000 New Mexicans through digital, print, or community-based channels.
 - Campaigns should: reduce stigma and encourage family conversations around brain health and cognitive decline, educate the public about where to

start if they have concerns about brain functioning, encourage patient discussions with medical professionals to increase early detection and diagnosis, promote lifetime brain health and modifiable risk factors (drawing from the U.S. POINTER Study), and provide avenues for support and resources for caregivers.

GOAL 2: CAREGIVING SUPPORTS

Stabilize and support family caregivers across the dementia trajectory by expanding access to respite, education, navigation, and financial supports.

Caregiving Supports Objectives

Aligned with the CDC Healthy Brain Initiative's goal of supporting caregivers.

1. **Objective 2.1:** By December 2027, expand access to respite or care navigation services, including overnight, weekend and expanded day services, and/or care navigation, by supporting at least three new or enhanced respite models, including at least one in a rural, Tribal, and/or underserved population, resulting in a 15% increase in available respite or navigation capacity statewide.
2. **Objective 2.2:** By December 2027, increase caregiver participation in dementia-specific education and training programs by 25%, prioritizing programs in rural, Tribal, and/or underserved populations focused on disease progression, behavioral symptoms, communication and behavioral management strategies, and crisis prevention.
3. **Objective 2.3:** By December 2028, reduce self-reported caregiver stress by 20% from baseline, among family caregivers of people with ADOD or cognitive decline who attended caregiver social-emotional trainings or support groups, or received respite services (as measured by Zarit Burden Interview scale).
4. **Objective 2.4:** By June 2028, increase utilization of financial assistance programs (e.g., respite vouchers, caregiver stipends), including in rural, Tribal, and underserved populations by 20%, through improved outreach, streamlined eligibility processes, and integration into care navigation services.

GOAL 3: POLICY AND SUSTAINABILITY

Support and use recent research to establish policies to reduce ADOD's fiscal impact and enhance quality and efficiency of care.

Policy and Sustainability Objectives

Aligned with the CDC Healthy Brain Initiative's goal of strengthening public health infrastructure and data systems.

1. **Objective 3.1:** By December 2027, support current statewide dementia data and surveillance strategy, in partnership with the Department of Health, including regular implementation of Behavioral Risk Factor Surveillance System (BRFSS) cognitive decline and caregiving modules and the development of additional state-level data indicators to guide policy and planning.
2. **Objective 3.2:** By June 2028, work with sister agencies to improve the collection, frequency of collection, accessibility, and utilization of dementia-related data. Data could include information about treatment access, coverage, and utilization rates; the number of people living with early-onset Alzheimer's, caregivers, workforce challenges, and more.
3. **Objective 3.3:** By June 2028, formalize statewide, cross-agency collaboration and infrastructure to address ADOD by maintaining and supporting a multi-sector Dementia Task Force or advisory body or otherwise engaging multiple agencies to monitor progress on the Roadmap and provide policy recommendations.
 - Participants could include federal, state, local, and Tribal partners, health systems, community-based organizations, courts, EMS/first responders, public safety entities, fiduciaries, aging services, APS, ALTSD's Long-Term Care Division, Ombudsmen, public health entities, State Human Resources, nursing and medical boards, Chronic Disease Prevention and Control Bureau, pharmacists and academic institutions.
4. **Objective 3.4:** By December 2028, coordinate with partner agencies to secure at least two new federal, philanthropic, or research funding opportunities (e.g., CDC BOLD Infrastructure grant or related initiatives) to support statewide dementia prevention, care, and capacity.

5. **Objective 3.5:** By December 2028, incorporate Parkinson’s disease considerations into relevant dementia-related policies, funding opportunities, and program guidance where service needs overlap, including caregiver support and evidence-informed therapeutic activities.
6. **Objective 3.6:** By December 2030, integrate health equity strategies into statewide dementia initiatives by prioritizing policies and programs that improve access to services, workforce placement, and caregiver supports in rural, Tribal, and underserved communities.
7. **Objective 3.7:** By December 2030, coordinate with relevant partners to advance policies that support collaboration in research among universities, hospitals, and local and national research institutes to promote, conduct, and evaluate clinical trials, documenting research needs in underrepresented populations.
8. **Objective 3.8:** By December 2031, coordinate with the Health Care Authority to advance at least two state policy initiatives or financing mechanisms that support long-term sustainability of dementia services.
 - Policy initiatives could include Medicaid reimbursement for cognitive assessment and care planning, dementia-capable service incentives (including for early detection, care planning, and care coordination), a mandate that state-regulated insurance plans provide appropriate coverage to FDA-approved treatments and diagnostics, education and awareness efforts about relevant billing codes, collection of data on Medicaid reimbursement rates and utilization, an increase to Medicaid reimbursement rates for quality dementia care (including in-home, day center, and residential care), and/or exploration of a dementia-specific Medicaid waiver or demonstration program.

GOAL 4: DIRECT SERVICES

Strengthen, increase, and coordinate services and supports for people living with ADOD, their caregivers, and family members.

Direct Services Objectives

Aligned with the CDC Healthy Brain Initiative’s goal of improving care and services for people living with dementia.

1. **Objective 4.1:** By June 2028, collaborate with sister agencies to expand telehealth-enabled dementia specialty care access (such as neurology, geriatrics, psychiatry, or behavioral health) in at least two rural or Tribal regions, through partnerships with integrated health systems and academic medical centers.
2. **Objective 4.2:** By June 2028, establish a pilot that expands dementia care navigation services which connect individuals and families to community-based supports (e.g., adult day services, transportation, Meals on Wheels, caregiver programs, and benefits assistance), resulting in a 30% increase in referrals to community-based services as measured by the closed-loop referral system.
3. **Objective 4.3:** By December 2029, coordinate with partner agencies to identify and support at least two innovative service delivery pilot programs/models to improve access to care for people with complex dementia-related conditions (e.g., behavioral health integration, complex care consultation teams, or specialized dementia-capable facilities).
4. **Objective 4.4:** By June 2031, support the opening of at least three new/expanded dementia-capable residential care and/or assisted living facilities, with at least one in a rural/Tribal community serving Medicaid recipients (adding 25 beds total).
5. **Objective 4.5:** By December 2031, increase the number of service providers equipped to serve individuals with complex dementia-related conditions by providing advanced training and technical assistance to at least three residential care, assisted living, or community-based service providers statewide.
6. **Objective 4.6:** By December 2031, collaborate with healthcare systems, state agencies, insurers, and other partners to identify and reduce barriers to accessing FDA-approved dementia treatments, diagnostic services, and other evidence-based interventions, with particular attention to rural, Tribal, and underserved communities.

GOAL 5: WORKFORCE DEVELOPMENT

Strengthen and stabilize New Mexico's dementia-capable workforce by expanding training, improving recruitment and retention, and promoting culturally competent, high-quality care, with a focus on direct care and respite care.

Workforce Development Objectives

Aligned with the CDC Healthy Brain Initiative's goal of assuring a competent workforce.

1. **Objective 5.1:** By June 2028, build upon a statewide dementia workforce training framework that includes core competencies, culturally responsive practices, and tiered skill levels, and secure participation from at least 25 organizations across health care, home- and community-based services, and residential care.
2. **Objective 5.2:** By June 2028, support the development or expansion of at least two dementia-specific certification or credentialing pathways recognized by employers and linked to compensation or advancement opportunities.
3. **Objective 5.3:** By December 2029, coordinate with partner agencies, including the Department of Workforce Solutions and New Mexico Health Occupations Students of America (HOSA), to identify and support at least three pilot workforce development initiatives (e.g., wage supplements, career ladders, flexible scheduling, or peer support models).
4. **Objective 5.4:** By December 2029, collaborate with the Department of Workforce Solutions, Human Services, Emergency Management, the Health Care Authority, and the Department of Health to strengthen ongoing education of clinicians on early detection and diagnosis, treatment, and care of individuals living with ADOD as part of regular continuing medical education.
5. **Objective 5.5:** By December 2031, collaborate with the Department of Workforce Solutions, Emergency Management, the Health Care Authority, and the Department of Health to enact or revise state funding, reimbursement, or procurement policies to incentivize dementia-specific training, certification, and retention strategies (e.g., wage enhancements, career ladders, or training stipends), potentially through integration of Project Echo for entire health systems, especially those in rural areas.

V. IMPLEMENTATION AND EVALUATION

The Roadmap to Address Dementia and Brain Health provides a shared framework for improving brain health, dementia care, and caregiver supports across New Mexico.

Successful implementation will depend on continued collaboration among state agencies, Tribal governments, healthcare organizations, community-based organizations, academic institutions, people living with dementia, family caregivers, and other partners. While the Office of Alzheimer's and Dementia Care will continue to provide leadership and coordination, implementation will be a shared responsibility among many organizations.

Guiding Principles for Implementation

- Collaborative
- Data-informed
- Community-driven
- Flexible and adaptive
- Culturally responsive
- Focused on continuous improvement

Existing partnerships and advisory structures will be leveraged whenever possible rather than creating new committees. Implementation may be supported through existing advisory groups, topic-specific workgroups, task forces, or other collaborative structures as determined by ALTSD and its partners.

Continuous Quality Improvement

Implementation will include regular opportunities to review progress, identify barriers, celebrate and document successes, share best practices, modify implementation, and respond to emerging trends. A companion measurement plan identifies indicators, potential data sources, and performance measures associated with each objective. Because implementation activities and available data systems will continue to evolve, the measurement plan should be viewed as a living document that may be refined over time (See annex for current draft).

Reporting and Monitoring

An annual implementation summary will be produced and shared publicly, and a more thorough review of the roadmap will occur every two to three years to identify progress, barriers, successes, and best practices. This will provide an opportunity to modify implementation and respond to emerging trends as appropriate. Implementation is

intended to be adaptive. As new research emerges, community needs evolve, and implementation experience grows, ALTSD and its partners should periodically review progress, incorporate lessons learned, and refine strategies to ensure the roadmap remains responsive, evidence-informed, and reflective of the needs of New Mexicans living with dementia, their caregivers, and communities.

VI. PROCESS FOR DEVELOPING THE ROADMAP AND ACKNOWLEDGEMENTS

PHASE 1: 2025-2026

Meta-Analysis and Inventory of Services and Needs

Meta-Analysis of Surveillance Data and Existing Needs Assessments

During September and October 2025, the development of New Mexico's Alzheimer's Disease and Other Dementias (ADOD) roadmap began with a comprehensive review and synthesis of existing information sources. This foundational phase involved analyzing national and state-level data from the Alzheimer's Association, the National Plan to Address Alzheimer's Disease, and data from the New Mexico Indicator Based Information System (IBIS) to establish baseline understanding of ADOD prevalence and impact. The team conducted a meta-analysis of recent needs assessments, drawing primarily from the University of New Mexico's New Mexico Older Adults Needs Assessment and input from Alzheimer's Association forums conducted in rural communities across the state (see [Meta-Analysis & Key Strategies report](#)).

To inform strategic direction, the research team reviewed key national frameworks including the Healthy Brain Initiative roadmaps and examined ADOD plans from multiple states, including Montana, Maryland, Virginia, and Arizona, to identify proven strategies and best practices. This systematic review of existing research, databases, and policy documents provided the evidence base necessary to understand current service gaps, emerging needs, and successful intervention models, establishing a solid foundation for the subsequent phases of data collection and stakeholder engagement that would shape New Mexico's comprehensive ADOD roadmap.

Survey of Dementia-Related Services

From October through December 2025, the research team conducted an extensive online survey to collect information for developing an inventory of dementia-related services and gaining additional insights on perceived needs across New Mexico. The 61-question survey was distributed to 542 administrators of organizations serving individuals living with ADOD and their caregivers. By the end of December, 109 respondents had completed the survey, providing valuable data on the types of services available, service gaps, and challenges faced by providers. The survey data was analyzed using frequencies, cross-tabulations, and other statistical techniques.

Interviews with Content Experts

To supplement the survey findings and gather additional input to inform the state's new ADOD roadmap, the research team conducted a series of 45-minute interviews via Zoom with eleven content experts purposefully selected based on recommendations from the state's ALTSD. The interview guide covered topics such as ALTSD's past accomplishments and challenges, the state's top ADOD-related needs, and potential strategies and best practices for the new plan. A content analysis of the interview notes identified key themes and areas of consensus and divergence among the expert perspectives.

Despite some limitations in the data collection, particularly around incomplete provider contact information, the multi-pronged approach of the meta-analysis, service inventory survey, and expert interviews provided a grounded evidence base to guide the development of New Mexico's comprehensive ADOD roadmap.

PHASE 2:

Draft of Goals, Objectives, and Strategies with Dementia Taskforce/Advisory Council

Using the information compiled through phase one, the research and ALTSD teams drafted goals and objectives and presented them to the Dementia Task Force/Advisory Council to further hone in on actionable implementation. The Advisory Council provided input on action items for each proposed objective via interactive virtual monthly meetings from January-April 2026.

PHASE 3:

Public Comment Period and Updated Roadmap

In May 2026, ALTSD released a draft of the roadmap and partnered with Aspen Solutions to facilitate a six-week public comment period to gather community and Tribal input. At least 168 individuals participated in the public comment period. They included professionals in dementia education and services, local and state government officials, a range of community-based organizations, people with lived experience caring for family members with dementia or experiencing cognitive decline or dementia themselves, and representatives from several Tribes.

Through a public survey, a series of nine community outreach sessions, and an invitation to submit comments directly to ALTSD staff, participants provided feedback about the goals related to public education and awareness, caregiving supports, policy and sustainability, direct services, and workforce development. The invitation to participate in the public comment period was advertised through ALTSD's website, ALTSD's newsletter, and local media. Outreach sessions were held both in person and virtually. In-person sessions were held in Las Cruces (Convention Center), Las Vegas (Senior Center), Isleta Pueblo (Isleta Resort and Casino), and Albuquerque (North Domingo Baca Multigenerational Center). Four of the nine sessions specifically invited Tribal participation.

The results of all methods of community input collection were then compiled, analyzed, and incorporated into a revised roadmap that was submitted to ALTSD. Additionally, much of the input will inform the roadmap's implementation strategies and activities.

Acknowledgements

ALTSD would like to thank the many people who contributed to the roadmap's development. Heartfelt thanks goes out to the 109 individuals who responded to the survey assessing existing dementia-related services and needs in New Mexico. Their insights provided valuable data on the types of services available, service gaps, and challenges faced by providers. Gratitude also goes out to the eleven experts who participated in informational interviews, offering significant contributions to supplement and expand on the survey findings: Tracy Alter (New Mexico Healthcare Association), Kristen Borders Wood (New Mexico Healthcare Authority), Michelle Jefferson (ALTSD), Nancy Laster (New Mexico

Division of Health Improvement), Chris Leroi (Alzheimer's Foundation New Mexico Chapter), Meggin Lorino (New Mexico Association for Home Health and Hospice Care), Julie Rogers (Alzheimer's Foundation New Mexico Chapter), Maurella Sooh (New Mexico Healthcare Authority), Tallie Tolen (New Mexico Healthcare Authority), Jennifer Vigil (ALTSD), and Pat Whitacre (New Mexico Healthcare Association). ALTSD also owes gratitude to the members of the Roadmap Advisory Council and the Dementia Task Force, who offered considerable contributions that shaped and refined the draft roadmap: Adrienne Smith (New Mexico Caregivers Coalition), Bob Ballance (Punching Out Parkinson's Santa Fe), Lena Ernst (Retreat Healthcare), Lorey Esquibel (Retreat Healthcare, Family Caregiver), Pamelya Herndon (NM Legislature Representative), Sean Kinniry (Senior Citizens' Law Office), Janice Knoefel (UNM Memory and Aging Center), Chris Leroi (Alzheimer's Association New Mexico Chapter), Havens Levitt (Older Rainbow Community of Albuquerque), Michele Lis (ML Consulting), Amanda Martinez (NMAAA), Jennifer Nachtrab (Vista Living Care), Rachel O'Connor (Consultant), Paul Oostenbrug (Older Rainbow Community of Albuquerque), Joseph Roybal-Sanchez (AARP New Mexico), Pamela Stafford (Consultant), Erin Tarica (Family Caregiver Center of New Mexico), and Valerie Tsosie (So'Tsoh Foundation). Special thanks also extend to the sites that hosted the community outreach sessions: Las Cruces Convention Center, Las Vegas Senior Center, Isleta Resort and Casino, and North Domingo Baca Multigeneration Center. Finally, ALTSD wishes to thank the at least 168 community members who engaged during the public comment period and provided valuable feedback on the draft roadmap. The roadmap's development and implementation would not be possible without the participation of a wide network of individuals and organizations dedicated to improving supports for those living with ADOD and their caregivers/care partners. ALTSD looks forward to continued partnership and collaboration.

ANNEX

New Mexico Roadmap to Address Alzheimer's and other Dementias MEASUREMENT PLAN

(Based on Goals and Objectives dated June 29, 2026)

Goal 1: Public Education & Awareness: Increase statewide awareness and early detection of Alzheimer's disease and other dementias (ADOD), and public understanding of brain health.		
Objective	Indicator	Data Source and Collection Method
1.1: By June 2027, develop and disseminate a standardized "What to Do After a Dementia Diagnosis" resource toolkit that is culturally tailored to different communities (print, web, and referral formats), and ensure it is distributed to at least 25 participating healthcare and aging service organizations statewide, and an additional 25 by December 2027.	1.1.1: # of toolkits developed 1.1.2: # of toolkit copies distributed to #, type and location of healthcare and aging service organizations	1.1.1: ALTSD external affairs printing office, # of web views and toolkit downloads 1.1.2: Toolkit distribution list

<p>1.2: By June 2028, identify relevant partners and coordinate with them to increase referrals to dementia screening, care navigation, and caregiver support services by 25% statewide, as measured through utilization of the closed-loop referral system.</p>	<p>1.2.1: # and type of relevant partners identified and coordinated with</p> <p>1.2.2: # of referrals to:</p> <ul style="list-style-type: none"> • Dementia screening • Care navigation • Caregiver support 	<p>1.2.1, 1.2.2:</p> <ul style="list-style-type: none"> • Grantees' reports • Closed-loop referral system
<p>1.3: By December 2028, implement at least three state-supported public awareness campaigns focused on topics such as: early detection, where to start if you have concerns about brain functioning, modifiable risk factors, or help-seeking behaviors; employing messaging targeted at a wide range of audiences (youth, people caring for children and aging parents simultaneously, and seniors); and reaching a minimum of 125,000 New Mexicans through digital, print, or community-based channels.</p>	<p>1.3.1: # and type of public awareness campaigns implemented</p> <p>1.3.2: # of New Mexicans reached by # and type of media/channels</p> <p>1.3.3: # and type of culturally appropriate educational materials:</p> <ul style="list-style-type: none"> • In English • In Spanish • For Tribal communities 	<p>1.3.1, 1.3.2, 1.3.3:</p> <ul style="list-style-type: none"> • ALTSD external affairs and/or media firm's web analytics, outdoor, print, and message reach (by message type)

Goal 2: Caregiving Supports: Stabilize and support family caregivers across the dementia trajectory by expanding access to respite, education, navigation, and financial supports.

Objective	Indicator	Data Source and Collection Method
2.1: By December 2027, expand access to respite or care navigation services, including overnight, weekend and expanded day services, and/or care navigation, by supporting at least three new or enhanced respite models, including at least one in a rural, Tribal, and/or underserved population, resulting in a 15% increase in available respite or navigation capacity statewide.	<p>2.1.1: #, type and location of current respite capacity</p> <p>2.1.2: #, type, and location of new or enhanced respite models</p> <p>2.1.3: # of caregivers accessing #, type, and location of new or enhanced respite models</p>	<p>2.2.1, 2.1.2, 2.1.3:</p> <ul style="list-style-type: none"> Grantees' reports Closed-loop referral system
2.2: By December 2027, increase caregiver participation in dementia-specific education and training programs by 25%, prioritizing programs in rural, Tribal, and/or underserved populations focused on disease progression, behavioral symptoms, communication and behavioral management strategies, and crisis prevention.	<p>2.2.1: #, type/focus, and location of dementia-specific education and training programs</p> <p>2.2.2: # of caregivers participated in #, type, and location of dementia-specific education and training</p>	<p>2.2.1, 2.2.2:</p> <ul style="list-style-type: none"> Grantees' reports

	programs (<i>before, during, & after</i>)	
2.3: By December 2028, reduce self-reported caregiver stress by 20% from baseline, among family caregivers of people with ADOD or cognitive decline who attended caregiver social-emotional trainings or support groups, or received respite services (as measured by Zarit Burden Interview scale).	2.3.1: #, %, and average of caregivers' self-reported scores: <ul style="list-style-type: none"> • Attending social-emotional training • Attending support groups • Receiving respite services (<i>before, during & after</i>) 	2.3.1: <ul style="list-style-type: none"> • Grantees' reports
2.4: By June 2028, increase utilization of financial assistance programs (e.g., respite vouchers, caregiver stipends), including in rural, Tribal, and underserved populations by 20%, through improved outreach, streamlined eligibility processes, and integration into care navigation services.	2.4.1: #, type and location of financial assistance programs 2.4.2: # of caregivers using #, type, and location of financial assistance programs (<i>before, during & after</i>)	2.4.1, 2.4.2: <ul style="list-style-type: none"> • Grantees' reports

Goal 3: Policy and Sustainability: Support and use recent research to establish policies to reduce ADOD's fiscal impact and enhance quality and efficiency of care.

Objective	Indicator	Data Source and Collection Method
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<p>3.1: By December 2027, support current statewide dementia data and surveillance strategy, including regular implementation of Behavioral Risk Factor Surveillance System (BRFSS) cognitive decline and caregiving modules and the development of additional state-level data indicators to guide policy and planning.</p>	<p>3.1.1: Amount and type of support provided to:</p> <ul style="list-style-type: none"> • BRFSS cognitive decline and caregiving modules • Development of additional state-level data indicators • Other dementia data and surveillance efforts 	<p>3.1.1:</p> <ul style="list-style-type: none"> • Relevant email exchanges • Meeting notes • Review of relevant documents (i.e., questionnaires, data sets, reports, etc.)
<p>3.2: By June 2028, strengthen statewide coordination and infrastructure by maintaining and supporting a multi-sector Dementia Task Force or advisory body that includes federal, state, local, and Tribal partners, health systems, community-based organizations, and academic institutions, to monitor progress on the Roadmap and provide recommendations to policymakers as appropriate.</p>	<p>3.2.1: Composition of Dementia Task Force or advisory body membership</p> <p>3.2.2: # and type of actions taken by Dementia Task Force or advisory body to monitor progress on implementing Roadmap</p> <p>3.2.3: # of recommendations provided by Dementia Task Force or advisory body to policy makers</p>	<p>3.2.1, 3.2.2, 3.2.3:</p> <ul style="list-style-type: none"> • Dementia Task Force meeting agendas and notes • Dementia Task Force reports

<p>3.3: By December 2028, coordinate with partner agencies to secure at least two new federal, philanthropic, or research funding opportunities (e.g., CDC BOLD Infrastructure grant or related initiatives) to support statewide dementia prevention, care, and capacity.</p>	<p>3.3.1: # and type of agencies partnered with</p> <p>3.3.2: # and type of funding opportunities secured</p>	<p>3.3.1, 3.3.2:</p> <ul style="list-style-type: none"> • Relevant email exchanges • Grant reports
<p>3.4: By December 2028, incorporate Parkinson's disease considerations into relevant dementia-related policies, funding opportunities, and program guidance where service needs overlap, including caregiver support and evidence-informed therapeutic activities.</p>	<p>3.4.1: # and type of Parkinson's disease considerations incorporated into # and type of:</p> <ul style="list-style-type: none"> • Policies • Funding opportunities • Program guidance • Other 	<p>3.4.1:</p> <ul style="list-style-type: none"> • Meeting notes • Review of relevant documents (i.e., policy statements, funding proposals, etc.)
<p>3.5: By December 2030, integrate health equity strategies into statewide dementia initiatives by prioritizing policies and programs that improve access to services, workforce placement, and caregiver supports in rural, Tribal, and underserved communities.</p>	<p>3.5.1: # and type of health equity strategies integrated into statewide dementia initiatives</p> <p>3.5.2: #, type and location of improvements in:</p> <ul style="list-style-type: none"> • Access to services • Workforce development • Caregiver support 	<p>3.5.1, 3.5.2:</p> <ul style="list-style-type: none"> • Meeting notes • Review of relevant documents (i.e. program descriptions) • Grantees' reports

<p>3.6: By December 2030, coordinate with relevant partners to advance policies that support collaboration in research among universities, hospitals, and local and national research institutes to promote, conduct, and evaluate clinical trials, documenting research needs in underrepresented populations.</p>	<p>3.6.1: # and type of partners coordinated with</p> <p>3.6.2: # and type of policies advanced</p> <p>3.6.3: # and type of institutions supported</p> <p>3.6.4: # and type of institutions conducting # and type of research activities</p>	<p>3.6.1 - 3.6.4:</p> <ul style="list-style-type: none"> • Relevant email exchanges • Meeting notes • Project reports
<p>3.7: By December 2031, coordinate with Health Care Authority to advance at least two state policy initiatives or financing mechanisms that support long-term sustainability of dementia services, such as Medicaid reimbursement enhancements, dementia-capable service incentives, or exploration of a dementia-specific Medicaid waiver or demonstration program.</p>	<p>3.7.1: # and type of coordination efforts with HCA</p> <p>3.7.2: # and type of policy initiatives or financing mechanisms advanced</p>	<p>3.7.1, 3.7.2:</p> <ul style="list-style-type: none"> • Relevant email exchanges • Meeting notes • Project reports

Goal 4: Direct Services: Strengthen, increase, and coordinate services and supports for people living with ADOD, their caregivers, and family members.

Objective	Indicator	Data Source and Collection Method
4.1: By June 2028, collaborate with sister agencies to expand telehealth-enabled dementia specialty care access (such as neurology, geriatrics, psychiatry, or behavioral health) in at least two rural or Tribal regions, through partnerships with integrated health systems and academic medical centers.	<p>4.1.1: # and type of agencies collaborated with to expand telehealth-enabled dementia specialty care access</p> <p>4.1.2: #, type and location of regions with type of expanded access</p>	<p>4.1.1, 4.1.2:</p> <ul style="list-style-type: none"> • Relevant email exchanges • Meeting notes • Project reports
4.2: By June 2028, establish a pilot that expands dementia care navigation services which connect individuals and families to community-based supports (e.g., adult day services, transportation, Meals on Wheels, caregiver programs, and benefits assistance), resulting in a 30% increase in referrals to community-based services as measured by the closed-loop referral system.	<p>4.2.1: # and type of pilot program established that expands dementia care navigation</p> <p>4.2.2: # and location of individuals and families connected with # and type of community-based supports before pilot program (<i>before, during & after</i>)</p>	<p>4.2.1, 4.2.2:</p> <ul style="list-style-type: none"> • Grantees' reports • Closed-loop referral system

<p>4.3: By December 2029, coordinate with partner agencies to identify and support at least two innovative service delivery pilot programs/models to improve access to care for people with complex dementia-related conditions (e.g., behavioral health integration, complex care consultation teams, or specialized dementia-capable facilities).</p>	<p>4.3.1: # and type of agencies partnered with</p> <p>4.3.2: # and type of innovative service delivery pilot programs/models identified and supported</p> <p>4.3.3: Ways in which pilot programs improved access to care for people with complex dementia-related conditions</p>	<p>4.3.1, 4.3.2, 4.3.3:</p> <ul style="list-style-type: none"> • Relevant email exchanges • Meeting notes • Partners' reports
<p>4.4: By June 2031, support the opening of at least three new/expanded dementia-capable residential care and/or assisted living facilities, with at least one in a rural/Tribal community serving Medicaid recipients (adding 25 beds total).</p>	<p>4.4.1: Type of support provided to the opening of new or expanded dementia-capable residential care and/or assisted living facilities</p> <p>4.4.2: #, type, and location of new or expanded dementia-capable residential care and/or assisted living facilities opened</p> <p>4.4.3: # of beds added</p>	<p>4.4.1, 4.4.2, 4.4.3:</p> <ul style="list-style-type: none"> • Relevant email exchanges • Meeting notes • Partners' reports

<p>4.5: By December 2031, increase the number of service providers equipped to serve individuals with complex dementia-related conditions by providing advanced training and technical assistance to at least three residential care, assisted living, or community-based service providers statewide.</p>	<p>4.5.1: #, type and location of advanced training and TA provided to service providers</p> <p>4.5.2: # and type of service providers who participated in advanced training and TA</p> <p>4.5.3: # and % of service provider participants who increased their competency levels</p>	<p>4.5.1, 4.5.2, 4.5.3:</p> <ul style="list-style-type: none"> • Grantees and other partners' reports
<p>4.6: By December 2031, collaborate with healthcare systems, state agencies, insurers, and other partners to identify and reduce barriers to accessing FDA-approved dementia treatments, diagnostic services, and other evidence-based interventions, with particular attention to rural, Tribal, and underserved communities.</p>	<p>4.6.1: # and type of barriers identified to accessing treatment</p> <p>4.6.2: # and type of partners engaged to improve access</p> <p>4.6.3: # and type of strategies implemented or supported to improve access</p> <p>4.6.4: Evidence of improved access</p>	<p>4.6.1: Assessment report and interviews/listening session notes</p> <p>4.6.2: Meeting notes</p> <p>4.6.3: Partner records and/or grantee reports</p> <p>4.6.4: Medicaid/health plan utilization or claims data, provider referral data</p>

Goal 5: Workforce Development: Strengthen and stabilize New Mexico’s dementia-capable workforce by expanding training, improving recruitment and retention, and promoting culturally competent, high-quality care, with a focus on direct care and respite care.		
Objective	Indicator	Data Source and Collection Method
5.1: By June 2028, build upon a statewide dementia workforce training framework that includes core competencies, culturally responsive practices, and tiered skill levels, and secure participation from at least 25 organizations across health care, home- and community-based services, and residential care.	5.1.1: Content of training framework built upon 5.1.2: # and type of organizations stating they will participate in new training framework	5.1.1, 5.1.2: <ul style="list-style-type: none"> • Relevant email exchanges • Meeting notes
5.2: By June 2028, support the development or expansion of at least two dementia-specific certification or credentialing pathways recognized by employers and linked to compensation or advancement opportunities.	5.2.1: Ways in which dementia-specific certification or credentialing pathways were supported 5.2.2: # of dementia-specific certification or credentialing pathways recognized by # and type of employers and linked to compensation or advancement opportunities	5.2.1, 5.2.2: <ul style="list-style-type: none"> • Partners’ reports

<p>5.3: By December 2029, coordinate with partner agencies, including the Department of Workforce Solutions and NM Health Occupations Students of America (HOSA), to identify and support at least three pilot workforce development initiatives (e.g., wage supplements, career ladders, flexible scheduling, or peer support models).</p>	<p>5.3.1: # and type of agencies coordinated with</p> <p>5.3.2: # and type of pilot workforce development initiatives identified and supported</p>	<p>5.3.1, 5.3.2:</p> <ul style="list-style-type: none"> • Relevant email exchanges • Meeting notes • Partners' reports
<p>5.4: By December 2029, collaborate with the Department of Workforce Solutions, Human Services Department, Emergency Management, the Health Care Authority, and the Department of Health to strengthen ongoing education of clinicians on early detection and diagnosis, treatment, and care of individuals living with ADOD as part of regular continuing medical education.</p>	<p>5.4.1: # and type of state agencies, healthcare systems, and other partners engaged in strengthening dementia-related continuing education</p> <p>5.4.2: # and type of dementia-related CME opportunities developed, expanded, or supported</p> <p>5.4.3: # and type of clinicians participating in dementia-related CME</p>	<p>5.4.1: Partner records</p> <p>5.4.2: Review of available CME offerings</p> <p>5.4.3: CME completion records</p> <p>5.4.4: Pre/post training surveys</p> <p>5.4.5: Review of CME catalogs/curricula, licensing or professional requirements</p>

	<p>5.4.4: # and % of clinicians with increased knowledge, skill, or competency</p> <p>5.4.5: Evidence of increased integration of dementia-related education into ongoing CME or other professional development systems</p>	
<p>5.5: By December 2031, collaborate with key partners, including the Department of Workforce Solutions, to enact or revise state funding, reimbursement, or procurement policies to incentivize dementia-specific training, certification, and retention strategies (e.g., wage enhancements, career ladders, or training stipends).</p>	<p>5.5.1: # and type of agencies collaborated with</p> <p>5.5.2: # and type of policies enacted or revised to incentivize dementia-specific training, certification, and retention strategies</p>	<p>5.5.1, 5.5.2:</p> <ul style="list-style-type: none"> • Relevant email exchanges • Meeting notes • Review of relevant documents • Partners' reports

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