



DRAFT

**AGING AND LONG-TERM
SERVICES DEPARTMENT**

State Plan on Aging

OCTOBER 1, 2025 – SEPTEMBER 30, 2029



DISCLAIMER

This document is a draft version of the New Mexico State Plan on Aging prepared by the New Mexico Aging and Long-Term Services Department (ALTSD). It is being made available to the public to enhance transparency and gather input. Feedback gathered from listening sessions and public input will be incorporated into the final version. **Please note that this is not the final version and may be subject to changes, updates, revisions and additional attachments.** For questions or to provide feedback, please visit www.nmaging.gov or send an email to: ALTSD-NMStatePlanComments@altsd.nm.gov

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DRAFT FOR PUBLIC COMMENT

VERIFICATION OF INTENT

The New Mexico Department of Aging and Long-Term Services (ALTSD) hereby submits this State Plan on Aging for the period of October 1, 2025, through September 30, 2029, Federal Fiscal Years (FFY) 2026 through 2029, as required under Title III of the Older Americans Act of 1965 as amended in 2020. The Plan includes all assurances and information requirements and was developed following all rules and regulations specified in the Older Americans Act, 45 CFR 1321 regulations, and the New Mexico Administrative Code.

The Governor of the State of New Mexico designates the Aging and Long-Term Services Department as the sole state agency in New Mexico to receive federal funds under the Older Americans Act. The Department has been given authority to develop and administer the State Plan on Aging following all the requirements of the Older Americans Act.

The Governor of the State of New Mexico approves the New Mexico State Plan on Aging and provides authorization to proceed with activities under the Plan upon approval by the United States Department of Health and Human Services, Assistant Secretary on Aging.

The New Mexico State Plan on Aging, hereby submitted, has been developed following all Federal statutory and regulatory requirements.

Emily Kaltenbach, Cabinet Secretary
Aging and Long-Term Services Department

Date: _____

Michelle Lujan Grisham, Governor
State of New Mexico

Date: _____

EXECUTIVE SUMMARY

New Mexico's FFY 2026–2029 State Plan on Aging establishes an overarching goal and mission that New Mexico's older adults, adults with disabilities, and their caregivers have the right to remain active participants in their communities, to age with respect and dignity, to be protected from abuse, neglect, and exploitation and to have equal access to health care and social supports. Progress toward this goal is critical because opportunities for healthy aging are out of reach for too many New Mexicans. For example, New Mexicans living in urban areas experience strikingly different life expectancies driven by differences in community conditions and access to resources.

The Aging and Long-Term Services Department's (ALTSD) commitment to older adults and caregivers is unwavering in the face of these challenges. New Mexico's 2023–2029 State Plan on Aging overarching purpose is to assist older adults and their caregivers to maintain independence and live safely and autonomously. To achieve this, New Mexico will enhance the quality of programs through data standardization, program evaluation, and outcome measurement, as well as implementing the three agency goals in this plan:

Goal 1: Administer core programs that enable older New Mexicans to remain in their residence and community through the availability of and access to high-quality home and community services and supports, including supports for families and caregivers.

Goal 2: Respond to social determinants of health, including food and housing security, social support and connection, employment and meaningful engagement, and access to information and health services.

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

ALTSD's longstanding mission, vision, and guiding principles continue to complement the overall purpose of the department's work and the State Plan on Aging.

The advocacy responsibilities outlined in 45CFR 1321.11 remain a quintessential aspect of the work that ALTSD engages in daily. In 2004, ALTSD, a cabinet level department, was established to provide advocacy, support and resources for older adults and people with disabilities. The Department's stewardship and oversight plans remain steadfast and the execution of the strategic plan and its

data-based approach that embraces performance measurement as a top priority the Agency will be:

- Successful in supporting aging through high-quality, efficient, and innovative programs.
- 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.
- Effective in addressing consumer protections, elder rights and allegations of abuse, neglect, and exploitation through nationally recognized approaches.
- Inclusive of best practices and innovations to continuously improve services and interventions and drive sustainability.
- Committed to innovations and investments that are data-driven and value-based.

ALTSD has utilized the data, findings and recommendations of the statewide needs assessment, public comment period, and information gathered from the Area Plan submissions to inform the development of this State Plan on Aging. Through all methods, the Department recognized key themes including the need to address service deserts/gaps throughout the state, malnutrition, improved Title III and VI Coordination as well as working towards strengthening community conditions through workforce development and capacity. ALTSD seeks to ensure that the State Plan on Aging reflects real, on-the-ground needs of older adults, adults with disabilities, and caregivers, and that the priorities of both the communities and stakeholders involved, lead to more effective and impactful services.

State Unit on Aging Overview:

As the designated State Unit on Aging, New Mexico's Aging and Long-Term Services Department works to meet the needs of older adults and people with disabilities. ALTSD encompasses the Office of the Secretary and five key divisions that provide direct access to essential resources. These divisions are:

- Administrative Services Division
- Consumer and Elder Rights Division
- Aging Network Division
 - Office of Indian and Elder Affairs
- Adult Protective Services Division
- Long Term Care Division

The ALTSD's mission remains focused on empowering individuals to maintain their independence, health, and dignity, providing services that enhance their ability to live independently and participate fully in their communities.

Achieving New Mexico's State Plan on Aging through Partnership and Collaboration

The successful implementation of this plan is reliant on public and private partnerships and collaborative efforts through leveraging community strengths, key partners, engaging and empowering communities to achieve the goals, mission, and vision of ALTSD.

- The needs assessment provided the data-driven foundation for identifying priorities and emerging needs.
- The public comment periods facilitated a democratic and inclusive process, allowing stakeholders to share their insights and concerns.
- Area Plans offered localized solutions and strategies that complement the state's broader goals, ensuring that services are effectively tailored to different regions.

This State Plan provides a comprehensive roadmap to improve older New Mexicans' health and well-being. Rooted in public and private collaboration, New Mexico's plan ensures all partners are aligned in their approach (see figure 1). The outcomes and objectives in New Mexico's State Plan are achievable with a focus on evidence-informed strategies. This plan requires intentional, synchronous efforts to ensure everyone in New Mexico can age with grace and dignity in their chosen setting with rich, meaningful opportunities to contribute and thrive. In addition, the State Plan includes opportunities to advance elder justice and equity, which serve as key guiding principles. The OAA has consistently emphasized these principles and required that funding be targeted to those with the greatest economic and social needs. The Plan also addresses the requirements outlined in the 45 CFR 1321 and 1324 OAA regulations.



Figure 1. Achieving the State Plan through Partnerships and Collaboration

CONTEXT AND STATEWIDE NEEDS ASSESSMENT

Mission: To provide accessible, integrated services to older adults, adults with disabilities, and caregivers to assist them in maintaining their independence, dignity, autonomy, health, safety, and economic well-being, thereby empowering them to live on their own terms in their own communities as productively as possible.

Vision: Lifelong independence and healthy aging.

Guiding Principles: Protect the safety and rights of those we serve; Promote personal choice and self-determination; Treat all people with respect; Embrace cultural diversity; Encourage collaborative partnerships; Provide fiscally responsible services.

Needs Assessment Activities

Two phases of stakeholder engagement and data collection activities were completed to assess the needs of older New Mexicans and caregivers to inform this State Plan on Aging.

Phase 1: Statewide Needs Assessment (the full Needs Assessment can be found in Attachment F)

The Center for Applied Research and Analysis at the University of New Mexico's (UNM) Institute for Social Research was contracted by ALTSD to conduct a statewide mixed-methods needs assessment with distinct attention to service gaps in rural and frontier communities.

This mixed method analyzed data from five focus groups of older adult participants in two urban and three rural communities in New Mexico. Two statewide surveys were conducted of OAA and state-funded providers of service. UNM analyzed U.S. Census American Community Survey data of five-year batches, 2013–2017 and 2018–2022, to identify trends in New Mexico's older adult population. Additionally, ALTSD's consumer data was assessed to report the distribution of Title III services, statewide and by Planning & Service Area (PSA). On a limited basis, UNM analyzed aggregate data on Adult Protective Services Division (APS), the Long-Term Care Ombudsman Division, and the Consumer and Elder Rights Division (CERD).

Service Provider Survey — Part A

A 30-question online survey was distributed through Microsoft Qualtrics to ALTSD contractors, ALTSD personnel, AmeriCorps Seniors volunteer program participants, and APS contract providers. A total of 71 survey responses were received. Of the 71 respondents, 63 (88.7%) completed the survey.

Service Provider Survey — Part B

A second survey was sent to statewide providers to assess the business and financial health of providers. The Part B survey contained 41 new questions in addition to 24 questions from the initial (Part A) survey. The combined Part A and Part B surveys included 65 total questions that was distributed to an ALTSD-approved contract list of 159 providers. The contract list was comprised of administrators at senior centers, on-the-ground service providers at senior centers, and providers and administrators serving the Tribes, Pueblos and Nations (PSAs 5 and 6). Overall, the completed survey rate was 39.6%. The response rate from the Tribes Pueblos and Nations was 16.7%.

Focus Groups

Eight focus groups were held to solicit input on older adult needs across five New Mexico counties: (1) Bernalillo, (2) McKinley, (3) Mora, (4) Santa Fe, and (5) Union. Focus group sites were selected based on three characteristics: (1) rurality, (2) percent of adults 65 and older living below poverty, and (3) percent of adults 65 and older with a disability. The largest senior centers residing in counties with the greatest vulnerability across all three measures were selected as focus group sites. People were eligible to participate in focus groups if they were 60 years or older and lived within county lines. Over the eight hours of focus groups, audio was recorded and professionally transcribed by the TranscribeMe! company. Through the UNM Needs Assessment, including the focus groups and surveys, the following needs were identified.

The overall findings of the need assessment are as follows:

1. Older adults in rural areas describe service deserts with high need for transportation assistance and access to medical supportive services like dental, vision, and hearing
2. Consumer data highlights the need for targeted service expansion to address service gaps
3. Providers identified similar needs to older adult focus group participants
4. Rural and urban vulnerabilities differ, but service gaps remain unclear
5. Providers report funding, personnel, and training as critical barriers
6. New Mexico's older adult population has grown significantly, as have several vulnerability metrics (poverty, disability, etc.)

The needs assessment established six recommendations:

1. Expand services to support unmet older adult needs: community supports, caregiver support, in-home services, health promotion & disease prevention, transportation, and legal services
2. Improve outreach and centralized information supports to older adults
3. Address workforce shortages with focused recruitment and training
4. Strategic planning and targeted service expansion
5. Conduct statewide services inventory
6. Implement a statewide consumer survey

Phase 2: Stakeholder Engagement and Data Collection

In addition to the Statewide Needs Assessment conducted by the University of New Mexico, the following activities were completed to inform the development of the State Plan on Aging:

- A QR code published in *ALTSD Generations Magazine*
- Data and service gaps analysis by the Area Agencies on Aging
- Public listening and roundtable sessions for the 2026–2029 State Plan on Aging took place on the following dates:
 - October 28, 2024 — Listening Session held at the Conference on Aging
 - January 15, 2025 — Roundtable Session with the Area Agencies on Aging
 - Public comment period on ALTSD’s website from April 18 – May 18, 2025
 - Methods to provide input include webform, email, and US Mail
 - Email — ALTSD-NMStatePlanComments@altsd.nm.gov; U.S. Mail — ALTSD Aging Network Division Public Comment, 2550 Cerrillos Road, Santa Fe, NM 87505
 - Email notifications, e-newsletter publication, and digital social posts from ALTSD on behalf of the Office of Indian Elder Affairs (OIEA) to New Mexico Tribes, Pueblos, and Nation's providers
- Three to Five Tribal Consultation Sessions held during the public comment period

New Mexico’s Aging Network

The New Mexico Aging Network is comprised of the ALTSD, Area Agencies on Aging (AAAs), and providers within each planning and service area (PSA). The New Mexico Aging Network currently has two “federally recognized” AAAs that serve four designated PSAs, covering all the counties and older individuals in the State. ALTSD seeks to recognize the Indian Area Agency on Aging (IAAA) as

“federally recognized” to enable the IAAA to administer Title III funding to the New Mexico Tribes, Pueblos, and Nations in PSA 6 through the area plan process.

During the first year of this state plan, ALTSD’s Office of Indian Elder Affairs which serves as the IAAA, will issue guidance to the PSA6 Tribes, Pueblos and Nations, some of which are Title VI providers, on the process for the tribal providers to apply for Title III funding and also for Title III core program service compliance and reporting requirements.

Title III funding is based on the Intrastate Funding Formula that utilizes the US Census 60+ population data, ensuring no overlap of population totals in the physical county locations. With the addition of the IAAA, the “federally recognized” AAA and their PSAs would be as follows:

- City of Albuquerque/Bernalillo County Area Agency on Aging:
 - PSA 1—County served—Bernalillo
- North Central New Mexico Economic Development District/Non-Metro Area Agency on Aging:
 - PSA 2— Counties served—Cibola, Colfax, Los Alamos, McKinley, Mora, Rio Arriba, Sandoval, San Miguel, Santa Fe, Taos, Torrance and Valencia
 - PSA 3—Counties served—Chaves, Curry, De Baca, Eddy, Guadalupe, Harding, Lea, Lincoln, Quay, Roosevelt and Union
 - PSA 4—Counties served—Catron, Doña Ana, Grant, Hidalgo, Luna, Otero, Sierra and Socorro

The New Mexico Aging Network includes the New Mexico portion of the Navajo Nation’s Division of Aging and Long-Term Care Support (DALTCs) which serves as the Navajo Area Agency on Aging (NAAA) (PSA 5) and Office of Indian Elder Affairs which serves as the Indian Area Agency on Aging (PSA 6).

- PSA 5—Services for older adults were officially established on the Navajo Nation in 1974 when the first congregate nutrition site opened in Chinle, Arizona. The Governors of Arizona, New Mexico, and Utah and the U.S. Administration on Aging created a tri-state agreement in October 1979, designating the Arizona State Unit on Aging as the entity through which the Navajo Area Agency on Aging receives federal OAA Title III funding. In New Mexico, the ALTSD awards State general funds to the Navajo Area Agency on Aging.
- PSA 6—The Indian Area Agency on Aging (IAAA) is designated under state authority to develop a comprehensive and coordinated service system of senior centers and adult day care services in

partnership with New Mexico's 19 Pueblos and 2 Apache Tribes. The IAAA, as a federally recognized Area Agency on Aging will administer the Title III and state general funding to 21 of New Mexico's 22 Tribal geographic service areas. The IAAA general operational functions include contract management, program compliance monitoring, and the provision of technical assistance, advocacy, and training. New Mexico provides funds that are appropriated from the New Mexico Legislature.

In the first year of this state plan, ALTSD's annual allotment of OAA Title III funds will be allocated to three of New Mexico's four AAAs based on the intrastate funding formula. The Navajo Nation's Division of Aging and Long-Term Care Support (DALTCS) which serves as the Navajo Area Agency on Aging (NAAA) receives OAA Title III funding through the state of Arizona and OAA Title VI funding directly from the Administration for Community Living (ACL).

New Mexico's Tribes, Pueblos and Nations receive state general funds for the administration of state funded services. Beginning the second year of this state plan period, after the New Mexico Tribes, Pueblos and Nations have entered into contract with the IAAA for Title III funds, the Department will allocate the Title III funds to four Area Agencies on Aging including the IAAA. Each Area Agency on Aging plans, develops, and implements a system of services for individuals aged 60 and older or 55 and older in the Native American Indian communities. All services are targeted to those with the greatest economic and social needs, with particular attention on minority older adults with low income and older adults residing in rural, Tribal, and frontier areas. New Mexico provides funds to all four of the AAA's that are appropriated from the New Mexico Legislature.

New Mexico's Aging Landscape

New Mexico's Population Growth

The following data characterizes New Mexico's rapidly aging population¹:

- New Mexico currently ranks 13th in the United States for the percentage of the population 65 and over.
- 75% of older adults in New Mexico want to age in place.²
- The 65+ population is projected to grow 122% by 2030 to 475,687, from 391,207 in 2020.³
- From 2010 to 2020, New Mexico's total population increased by 3%, while the population of people ages 65+ increased by 44%.⁴
- The University of New Mexico⁵ projects the number of adults 85 and older to more than double from 2020 to 2040.

Life Expectancy in New Mexico⁶

Life expectancy is defined as the average number of years a person is expected to live. In 2020, New Mexico had the 7th lowest life expectancy in the United States. This creates vast opportunities for improvement in comparison to the national average. In 2020, New Mexicans could expect to live on average, until age 74.5. This life expectancy is almost 2.5 lower than the average life expectancy in the U.S. (76.9 years).

Premature Death⁷

Each year, thousands of New Mexicans die before they reach 75 years of age. New Mexico ranks 48 out of the 50 states and Washington, DC, on premature death. In 2021, New Mexico experienced an estimated 13,946 years of potential life lost due to premature death before the age of 75 per 100,000 population.

Elder Abuse, Neglect, and Exploitation Many older New Mexicans face the devastating consequences of elder abuse, neglect, and exploitation. In 2023, 35,392 Critical Incident Reports were made to New Mexico's Adult Protective Services (APS), a division of ALTSD. In 2023 there was a total of 6925 investigations and 7632 in 2024, which represents a 10% increase. The National

¹ https://data.census.gov/profile/New_Mexico?q=040XX00US35

² <https://stateline.org/2023/11/02/older-adults-want-to-age-in-place-but-their-options-are-limited-in-most-states/>

³ University of New Mexico, Geospatial Population Studies. 2020

⁴ University of Virginia Weldon Cooper Center. National Population Projections. 2018

⁵ <https://news.unm.edu/news/new-mexico-population-projections-an-aging-population-and-minimal-growth>

⁶ <https://usafacts.org/topics/health/state/new-mexico>

⁷ <https://www.americashealthrankings.org/explore/measures/YPLL/NM>

Academies of Science, Engineering, and Medicine suggest that only 4-7% of cases of elder abuse are reported to authorities.

As one of four majority-minority states in the U.S., along with California, Hawaii, and Texas⁸. New Mexico has the highest percentage of Hispanic or Latino Americans in the country and has the second-highest percentage of Native Americans in the country, after Alaska. As previously referenced, New Mexico is home to the Navajo Nation, 19 federally recognized Pueblo communities, and three federally recognized Apache Tribes.

| RACE ESTIMATES⁹ | NEW MEXICO | % | UNITED STATES | % |
|--|-------------------|----------|----------------------|----------|
| American Indian and Alaska Native | 188,610 | 18.0% | 2,251,699 | 0.9% |
| Asian | 35,261 | 3.4% | 19,618,719 | 7.7% |
| Black or African American | 38,330 | 3.7% | 39,940,338 | 15.6% |
| Native Hawaiian and Other Pacific Islander | 1,451 | 0.1% | 622,018 | 0.2% |
| Some Other Race | 10,340 | 1.0% | 1,689,833 | 0.7% |
| White alone | 772,952 | 73.8% | 191,697,647 | 74.9% |
| ETHNICITY ESTIMATES¹⁰ | NEW MEXICO | % | UNITED STATES | % |
| Hispanic or Latino | 1,010,811 | 47.7% | 62,080,044 | 18.7% |
| Not Hispanic or Latino | 1,106,711 | 52.3% | 269,369,237 | 81.3% |

Note: Race is reported as a single race with race and ethnicity percents calculated separately. Source: [2023 U.S. Census](#)

English Proficiency

The population in New Mexico who speaks English only is 67.4%, while 32.6% speak a language other than English. Of those who speak English, 22.6% speak it "very well," and 10% speak it less than "very well."¹¹

⁸ <https://www.forbes.com/sites/chuckdevore/2015/06/21/america-majority-minority-by-2044-with-four-states-already-there-minorities-do-best-in-texas/>

⁹ https://data.census.gov/profile/New_Mexico?g=040XX00US35#race-and-ethnicity

¹⁰ https://data.census.gov/profile/New_Mexico?g=040XX00US35#race-and-ethnicity

¹¹ <https://www.migrationpolicy.org/data/state-profiles/state/language/NM>

New Mexico's Priority Populations

New Mexico defines priority populations as groups of New Mexicans with the greatest economic or social needs and who are most at risk for poor outcomes. The New Mexico Administrative Code 9.2.1.7 NMAC defines these terms of "Greatest economic need" as a need resulting from an income level at or below the federal poverty level. New Mexico's poverty rate for adults 65 years and over was 13.7% in 2024¹². "Greatest social need" is need caused by noneconomic factors which include physical and mental disabilities; language barriers; and cultural, social or geographical isolation, including isolation caused by racial or ethnic status, that restricts an individual's ability to perform normal daily tasks, or which threatens an individual's capacity to live independently. Many priority populations are systematically disadvantaged groups of older adults who often have inadequate access to resources and lack the vital support needed to live long, healthy lives with dignity and autonomy. As a result, New Mexico's priority populations are more likely to experience poor outcomes as they age.

Allocating Resources to Meet the Needs of Priority Populations

Resources allocated to the strategies identified in this plan are tailored and adapted to meet the needs of priority populations (i.e., older New Mexicans with the greatest economic or social need). Additionally, many other groups of older New Mexicans require custom strategies and resources, including veterans, people living in rural areas, people who are at risk of elder maltreatment, and people with Alzheimer's Disease and related disorders. The allocation of OAA Title III funds to AAAs is based on the economic and social needs of the older New Mexicans and caregivers in each planning and service area after base-level funding is assured to each agency. The awards for FFY 2022 are included in the intrastate funding formula (IFF) in Attachment C of this State Plan. For more information about the percentage of individuals with the greatest economic and social need receiving OAA services, see Attachment B of this State Plan.

Aging Services in New Mexico: Older Americans Act Core Programs

New Mexico's federal Older Americans Act (OAA) funding and significant state funding support a comprehensive array of services and the administrative infrastructure to deliver those services. OAA core programs are the foundation of the work of ALTSD and the New Mexico Aging Network. These core services include nutrition, transportation, legal services, in-home services, caregiver support, health promotion, disease prevention, the Senior Community Service Employment Program, elder rights advocacy, elder abuse prevention, and the Long-Term Care Ombudsman Program. These services provide crucial support

¹² https://www.dws.state.nm.us/Portals/0/DM/LMI/Poverty_in_NM_2023.pdf

to older adults so that they can live in the community with dignity and independence for as long as possible.

Many factors contribute to the need for supportive services. Factors such as where people live, learn, work, play, and age affect a wide array of health, functioning, and quality-of-life outcomes. These conditions are known as social determinants of health and are largely responsible for health inequities. OAA core services positively impact social determinants of health, enhance quality of life, and significantly influence health outcomes for older adults. The core programs support a range of home and community-based services intended to assist older adults in maintaining their independence and avoiding or delaying hospitalization and long-term care.

While anyone age 60 or older is eligible for services, assistance is targeted to persons with the greatest social or economic need, such as low-income or minority persons, older adults with limited English proficiency, and those residing in rural areas. OAA programs also support family caregivers and adults 18 or older with disabilities. Over the next four-year period, ALTSD will continue to implement core OAA programs and services by providing OAA and State General Funding to the AAAs, Tribes, Pueblos, and Nations in New Mexico. From state fiscal years (SFY) 2021 through 2025, ALTSD increased funding by 76% to allow for expanded services and increase minimum wage for lowest paid positions within the AAA network to support skilled staffing levels for consistent service delivery.

Title V and Employment Programs

The Employment Programs Bureau at ALTSD has utilized a grant from ACL titled “Expanding the Public Health Workforce within the Aging Network” to improve coordination between the Title V Senior Community Service Employment Program, the State funded employment programs, and the OAA funded programs, across the state. In collaboration with the Office of Community Health at the University of New Mexico, the Employment Programs Bureau developed a program to train and certify older workers as Community Health Workers (CHWs). These CHWs serve rural New Mexico’s older adults, acting as the social drivers of health through referral and follow-up. State funding is sustaining this important work.

The Employment Programs Bureau has host agency agreements with senior centers, including home-delivered meals, Ombudsman Division, the Senior Services Bureau, and the Aging and Disability Resource Center of ALTSD. In addition, several other host agencies are not directly affiliated with the Older

Americans Act. The Bureau collaborates with the Workforce Innovation and Opportunity Act (WIOA) Title I services at one-stop locations throughout New Mexico and contributes to a combined State Workforce Plan with all WIOA partners.

The Employment Bureau is developing relationships with the State Division of Vocational Rehabilitation and the Commission for the Blind to identify specialty training opportunities for Senior Employment Program (SEP) accommodations. A new non-profit called "New Mexico NEW" is building software to offer a job and volunteer search platform for older workers. The Employment Bureau continually establishes new host agency agreements and seeks additional collaborations and partnerships.

Coordinating Title III programs with Title VI Native American programs

New Mexico is a unique in that it is part of a tri-state agreement with Utah and Arizona because the Navajo Nation crosses multiple state boundaries. Section 305(b)(3) of the Older Americans Act directs the establishment of such agreement and the process in which New Mexico's and Utah's Title III allotments are adjusted to reflect the number of older individuals within the area and the associated allocation is granted to Arizona for implementation of services.

With the overall mission to empower American Indian Elders with support and resources to live a healthy lifestyle in their tribal communities, the Department's Office of Indian Elder Affairs (OIEA) serves New Mexico's 23 Tribes, Pueblos & Nations in the development of a comprehensive and coordinated service system of senior centers and adult day services centers and fosters relations between sovereign Tribal governments and the State of New Mexico. The Department's Cabinet Secretary appoints the Director of the OIEA and the department's Tribal Liaison.

New Mexico has two state planning and service areas (PSAs) designated specifically to serve its Native American Indian populations and tribal service providers: PSA 5, which encompasses the Navajo Nation, and PSA 6, which consists of the 19 Pueblos and two Apache tribes. The state designated AAA for PSA5 is the Navajo Nation's Division of Aging and Long-Term Care Support (DALTCS) which serves as the Navajo Area Agency on Aging (NAAA).

New Mexico is unique in that it is part of a tri-state agreement with Utah and Arizona because the Navajo Nation crosses multiple state boundaries. Section 305(b)(3) of the Older Americans Act directs the establishment of such agreement and the process in which New Mexico's and Utah's Title III

allotments are adjusted to reflect the number of older individuals within the area and the associated allocation is granted to Arizona for implementation of services.

The state designated AAA for PSA 6 is the Office of Indian Elder Affairs which serves as and manages the Indian Area Agency on Aging. PSA 6, the Indian Area Agency on Aging (IAAA), advocates for and facilitates supplemental state general fund allocations to NM's Tribes, Pueblos and Nations providing senior services and supports the efforts of the Navajo Nation's DALTCS (NAAA) New Mexico senior centers. OIEA's general operational functions includes advocacy and facilitation of state general funding allocations and grant opportunities, contract management of state general funds, technical assistance, advocacy, and training.

OIEA is conducting outreach targeting tribal providers to assess needs and gaps to identify barriers that may include geographical remoteness, transportation, education disparities, inadequate infrastructure, cultural and linguistic barriers, disparities in health and well-being, limited awareness, capacity building and inadequate data collection. In addition, communication outreach includes monthly and quarterly meetings, e-newsletters and announcements, exhibit booths, technical.

The Albuquerque/Bernalillo County Area Agency on Aging, Planning and Service Area (PSA) I, is a single county AAA which includes Bernalillo County and the Pueblo of Isleta. PSA 2, includes the north central and northwestern portions of New Mexico, including thirteen counties, the nineteen Pueblos of Acoma, Cochiti, Isleta, Jemez, Laguna, Nambe', Ohkay Owingeh, Picuris, Pojoaque, San Felipe, San Ildefonso, Sandia, Santa Ana, Santa Clara, Santo Domingo, Tesuque, Zia, Zuni, Taos, and the Jicarilla Apache Nation. PSA 3 is comprised of eleven sparsely populated and rural counties in eastern New Mexico and the Mescalero Apache Tribe. PSA 4 includes eight counties in south central and southwestern New Mexico and a portion of the Mescalero Apache Tribe. The Area Agencies on Aging do not have contractual relationships with the Tribes, Pueblos or Nations in New Mexico

The following Older Americans Act Title III services are available throughout the state.

- Nutrition
- Transportation
- Homemaker
- Adult Day Care
- Respite
- Evidence-Based Health
- Case Management
- Grandparents Raising Grandchildren
- Assisted Transportation
- Physical Fitness

New Mexico defines greatest economic need and greatest social need as need resulting from an income level at or below the federal poverty level and need caused by noneconomic factors which include physical and mental disabilities; language barriers; and cultural, social or geographical isolation, including isolation caused by racial or ethnic status, that restricts an individual's ability to perform normal daily tasks, or which threatens an individual's capacity to live independently.

Expanding Access to Home and Community-Based Services (HCBS)

ALTSD has been purposefully working to expand access to home and community-based services through the strategic alignment of Department services. ALTSD acknowledges that the aging population in New Mexico is growing, institutional care beds are decreasing and there is a strain on and lack of personal caregivers. The Long-Term Care Division, established under Section 9-23-9 (D) NMSA 1978, has been re-activated with an appropriation and is being charged to administer caregiver-based programming and support not otherwise provided or administered by the New Mexico Health Care Authority. The Division will oversee the following programs:

- Care Transitions
- Veterans self-directed services
- New MexiCare
- Alzheimer's and dementia programs

Collaborating to Reduce Elder Abuse, Neglect, and Exploitation

The New Mexico State Unit on Aging, ALTSD, has an integrated a tiered method to accomplish the critical work of to prevent and address elder abuse, neglect, and exploitation by utilizing a multi-disciplinary approach. Reducing elder mistreatment requires collaboration among various public and private partners at the state and local levels. Adult Protective Services (APS) is committed to actively developing and enhancing Multi-Disciplinary Team (MDT) responses. Through partnerships with long-term care ombudsman programs, social service providers, healthcare professionals, financial institutions, and criminal and civil justice system stakeholders, APS fosters collaboration to support vulnerable adults. The agency engages in MDT meetings with local medical providers, law enforcement, and social service agencies to discuss protocols, cross-reporting practices, and challenging cases. Internal case reviews, including input from APS clinical and legal teams, ensure shared accountability and holistic decision-making. APS's Peer-to-Peer review team further strengthens these efforts by offering diverse perspectives on complex cases. Training sessions for staff and external partners promote a shared

understanding of elder abuse indicators, reporting protocols, and trauma-informed practices. Through monthly outreach and education campaigns, APS raises public awareness about elder abuse, neglect, and exploitation, thereby encouraging community involvement in recognizing and reporting suspected cases of elder abuse, neglect, and exploitation. These efforts reflect APS's dedication to comprehensive care and support for the communities it serves.

DRAFT FOR PUBLIC COMMENT

STEWARDSHIP AND OVERSIGHT RESPONSIBILITIES AND RESPONSES—

The following definitions will be used to comply with the Stewardship and Oversight section of the New Mexico State Plan on Aging submitted annually with the ALTSD budget on September 1.

- **Stewardship**—The efficient and effective management of the public funds entrusted to ALTSD.
- **Oversight**— Ensuring that the federal programs and projects implemented by ALTSD are delivered in a manner that complies with all applicable laws, regulations, and policies.

ALTSD’s current stewardship and oversight activities include

- Annual fiscal and programmatic monitoring of contractors
- Monthly fiscal and programmatic data analysis and reconciliation prior to reimbursement of funds
- Fiscal and programmatic training and technical assistance; will become stronger as the processes, policies and procedures come into alignment and compliance with the federal regulations.

Since the promulgation of the updated Older Americans Act Regulations, 45CFR 1321 and 1324, in March 2024, ALTSD has established policies, procedures and processes that are compliant with the rule. This includes fulfilling 1321.9(a)(1) where the Department shall have quality and effective standards in its programmatic and fiscal monitoring. The policies, procedures and processes will meet all the established requirements for monitoring the programmatic and financial activities of its contractors (subrecipients) and subcontractors (subgrantees) including but not limited to:

- Evaluating each contractor’s risk of noncompliance to ensure proper accountability and compliance with program requirements and achievement of performance goals;
- Reviewing contractor policies and procedures; and
- Ensuring that all contractors and subcontractors complete audits as required in 2 CFR part 200, subpart F and 45 CFR part 75, subpart F.

- 60+ is 24% of the overall population in New Mexico
- It is estimated that 22% of the 60+ population is being served with OAA Title III Services.

| INTRASTATE FUNDING FORMULA (IFF) DATA ¹³ | | | | | |
|---|------------|---------|-----------|-------------------------|----------------|
| | Population | 60+ | 60+ Rural | 60+ Below Poverty (65+) | 60+ Minorities |
| Total | 2,234,077 | 552,932 | 161,027 | 49,709 | 245,632 |
| FFY 2024 TITLE III OLDER AMERICANS ACT SERVICE DATA | | | | | |
| Total estimated unduplicated number of persons served | | | | | 114,771 |

New Mexico’s definition of greatest economic need and greatest social need is defined as need resulting from an income level at or below the federal poverty level and need caused by noneconomic factors which include physical and mental disabilities; language barriers; and cultural, social or geographical isolation, including isolation caused by racial or ethnic status, that restricts an individual’s ability to perform normal daily tasks, or which threatens an individual’s capacity to live independently. The IFF data demonstrates the number of New Mexicans who are isolated, who are at or below the federal poverty level and New Mexicans who are minorities. ALTSD collaborates with the New Mexico Health Care Authority and Department of Health to target older New Mexicans who are at greatest economic need and those receiving state and federal administered benefits.

ADULT PROTECTIVE SERVICES RELATED DATA FFY 2024

| INTAKE REPORTS | INVESTIGATIONS | FOOD BOX DELIVERY NUMBER | NUMBER OF REFERRALS MADE TO OUTSIDE/COMMUNITY AGENCIES |
|----------------|----------------|--------------------------|--|
| 14,553 | 7,452 | 568 | 1,445 |

¹³ <https://www.census.gov/quickfacts/fact/table/NM/PST045223>

STATE LONG-TERM CARE OMBUDSMAN PROGRAM RELATED DATA

| 10/1/23-9/30/24 | DESCRIPTION | DEFINITION |
|----------------------------|-----------------------|--|
| Number of Facilities | 71 SNF+215 ALF=286 | Skilled Nursing Facility or Assisted Living Facility |
| Facility Visits | 1,649 | In person visit to a Skilled Nursing Facility or Assisted Living Facility by an Ombudsman or Ombudsman Volunteer |
| Cases | 701 | A case is comprised of a complainant, complaint code(s), a perpetrator for Abuse/Neglect and Exploitation codes, a setting, verification, resolution, and information regarding whether a complaint was referred to another agency. Each case must have a minimum of one complaint |
| 800 Calls Answered | 870 | 800 Phone call answered by Ombudsman Representative in which information was given or information was taken to give to an ombudsman |
| Community Education/Traing | 55 | Event where an Ombudsman Representative conducted a Residents Rights presentation to a group of Facility Staff |

STATE PLAN GOALS, OBJECTIVES, STRATEGIES, AND OUTCOMES

This section of the State Plan on Aging contains three goals that align with the ALTSD's legislatively established performance measures, the strategic plan, as well as the associated objectives, strategies and outcomes fulfilling the mandate as the State Unit on Aging to effectively administer the Older Americans Act.

GOAL 1

Administer core programs that enable older New Mexicans to remain in their residence and community through the availability of and access to high-quality home and community services and supports, including supports for families and caregivers.

Objective 1.1 Expand access to information, referral and assistance to evidence-based services that support continuum of care and support resources in the community to improve the autonomy, awareness of options, and outcomes for consumers through the Consumer and Elder Rights Division (CERD).

Strategies

- Enhance the Aging and Disability Resource Center operations by expanding staff levels to facilitate and track warm handoffs to ALTSD programs and external partners.
- Modernize and integrate information technology systems to communicate with Medicaid programs across agency programs such as Adult Protective Services and Aging Network programs.
- Increase Medicare knowledge and eligible benefits access through the Senior Health Insurance Program (SHIP)
- Increase outreach efforts to senior centers and other Aging Network and community partners to help prevent health care fraud through the Senior Medicare Patrol (SMP).
- Update information access with texting capabilities, on-demand case management, and website updates.
- Enhance resource education and offerings for individuals who live with disabilities and their caregivers.
- Strengthen collaboration with HCA divisions who support these constituents.

- Expand facilitation of counseling sessions with expansion of a CERD presence across New Mexico including Espanola, Albuquerque, Los Lunas, Roswell and Las Cruces areas with Family Resource Center partners.

Outcomes

- Increased numbers of Medicare-eligible beneficiaries reporting a greater knowledge of the program benefits, policies, and guidelines.
- At least 250 constituents who participate in SHIP counseling surveyed to assess satisfaction. On a 5-point assessment scale, where 3 is 'neutral' and 5 is highly satisfied, the target is that at least 85% of respondents report an average satisfaction score of at least 4 (satisfied).
- Increased outreach activities to educate about identity protection, reporting errors on health care bills, and identifying deceptive health care practices or fraud.
- Increased number of SHIP / SMP trained volunteers to assist with community outreach efforts by 10%.
- 10% increased call volume to the Aging and Disability Resource Center (ADRC) for disability-related topics and resource requests.
- Every CERD colleague or team assigned to a Family Resource Center will meet the per-colleague expectation for facilitating an average of at least 12 options counseling discussions with consumers per business day.
- Each CERD team at a Family Resource Center will participate in at least one community outreach event per quarter in the local community to help educate on Agency services and resources.

Objective 1.2 Implement Office of Alzheimer's and Dementia to provide education, training and support for direct care workforce and caregivers.

Strategies

- Update ALTSD's Office of Alzheimer's and Dementia Care State Plan for 2026 – 2029 to include strategies that meet the needs of local communities by gathering input from internal and external stakeholders.
- Develop Alzheimer's and Dementia Care Advisory Council to gather input from internal and external stakeholders regarding education and training for direct care workers to guide office strategies.
- Establish a standardized statewide data collection system to guide program planning and policy development.
- Partner with Alzheimer's and Dementia organizations to provide expert guidance, resources, and training for direct care workforce and caregivers.
- Identify and support evidence-based and tested training programs for family caregivers that demonstrate effectiveness and share that information that is easily accessible to family caregivers.

Outcomes

- Raise overall persons reached through outreach by 5% each year.
- Maintain structure with network and stakeholders.
- Expand reach to caregivers by 5% each year.
- Increase the number of caregivers accessing services (respite care, training, education)
- Increase public awareness on early signs of Alzheimer's
- Collect county level data regularly on Alzheimer's diagnosis, mortality, and stage at diagnosis

Objective 1.3 Title III B Supportive Services

Strategies

- Implement a Community Health Worker program to inform seniors of local resources for referral and outreach in appropriate internal and external programs.
- Collaborate with NM State agencies, local governing bodies, MCO and hospital services, and religious groups to support transportation and assisted transportation services.
- Prioritize legal assistance in each planning and service area with Legal Developer input and oversight.
- Expand Care Companion Program volunteers to long term care facilities statewide to provide companionship to residents.

Outcomes

- Increase access to transportation options offered year over year, by the legal percentage required
- Increase legal assistance services in underserved areas.
- Train and certify 100% of the Community Health Workers as Long Term Care Ombudsman and maintain an 75% retention rate year over year.
- Increase Care Companion volunteer opportunities

Objective 1.4 Title III-C Nutrition Services

Strategies

- Partner with AAAs and service providers to expand meals to rural and identified gap areas.
- Implement grab-n-go meals services to consumers with behavioral health barriers.
- Expand in-house food pantries and food box availability for at-risk older adults and individuals with disabilities.
- Promote and develop nutrition education and "meal programming" options with AAAs

- Establish pilot programs such as restaurants or grocery store vouchers to address food insecurity and related social determinants of health.
- Collaborate with AAAs, partner state agencies, and MCOs on value added benefits for older adult nutritional needs and those eligible or accessing SNAP, food box distribution, and senior farmers market vouchers.
- Senior Cafe model at health clinics to address gap in food services and socializing.
- Collaborate with Adult Protective Services staff to complete nutritional assessment of consumers and referrals for home delivered meals and referral process to AAAs.

Outcomes

- Implement formal referral process of the APS clients to AAA and direct service providers in the first year of the State Plan on Aging period.
- Reduced food insecurity.
- Improved other social determinants of health such as mental health, stress levels, and community engagement.
- Evaluate cost-effectiveness, funding opportunities, and interest from local policymakers or community organizations to continue or scale up the model or pilot programs after the initial phase.

Objective 1.6 Enhance systems and supports to mitigate abuse, neglect, exploitation for vulnerable adults

Strategies

- Increase funding for Adult Protective Services related in-home services, including personal care, homemaker assistance, meal delivery, chore services, respite care for caregivers and emergency placements.
- Establish a Mobile Behavioral Health and Nurse Response Team to address high-risk self-neglect cases and provide immediate intervention for at-risk seniors and to assess cases needing placement and guardianship.
- Strengthen partnerships with community-based organizations (e.g., food banks, senior centers, and home modification programs) to improve resource accessibility.
- Expand investigative caseworker staffing statewide to enhance response capacity to a growing aging population.
- Leverage technology to improve resource navigation, referrals, and service coordination.
- Increase transportation access for APS clients in rural areas to ensure service delivery.

Outcomes

- Over three years, APS will expand access to in-home services, including personal care, homemaker assistance, meal delivery, and emergency placements by 20%, as funding allows. Progress will be tracked through service utilization data, number of individuals served, and funding changes
- Within three years, APS will launch mobile behavioral health and nurse response teams in at least two high-need areas (areas will be identified by highest reports of self-neglect) to provide immediate help in high-risk self-neglect cases. Outcomes will include the number of clients assessed and stabilized, faster response times and fewer repeated self-neglect reports.
- APS will increase investigative caseworker staffing by 10% statewide within three years to improve responsiveness to the growing aging population. This will be measured by new hires, changes in caseload distribution, and improvements in response time to 100%.
- A digital resource navigation and referral system will be created within three years to help APS clients better access services. Success measured by referral counts and reduced reports of service gaps.

Objective 1.7 Build infrastructure for Long-Term Care Division to align services and provide person-centered home and community-based services.

Strategies

- Establish organizational structures for LTC division to include staffing model and roles.
- Integrate home and community-based services staff and technology to promote person-centered services.
- Streamline operations to enhance process efficiency and customer experience.
- Enhance caregiver support to include Alzheimer's and dementia programming and support transitions from facility-based care back to the community.
- Conduct long-term care facility assessment report to analyze and assess quality of facility with aims to offer recommendations and process improvement strategies to improve quality.
- Establish and strengthen community partnerships to improve access to home and community-based services programs including caregiver training, tools, training and resources.
- Develop data system to track long-term care utilization, service gaps, and outcomes of those being served
- Increase long-term caregiver workforce through career development

- Facilitate assessment of caregiver needs and resources with internal and external stakeholders

Outcomes

- Improve participant and caregiver satisfaction by 10%.
- Include person-centered care models in ALTSD's home and community-based services.
- Increase the number of community partnerships formed with healthcare providers, community-based organizations, and advocacy groups.
- Reduce caregiver burnout, as measured by standardized tools.
- Data driven decision making and planning
- Develop career ladder for family caregivers to support pathways
- Create a caregiver action plan to address needs with one year of this plan

Objective 1.9: Address and develop opportunities for tribal providers to apply and access Title III and provide Title III core program sources.

Strategies

- The IAAA/Office of Indian Elder Affairs will develop Title III funding allocations and expenditures management processes.
- The IAAA/Office of Indian Elder Affairs will provide support and training of Title III compliance and Title III reporting requirements
- Tribal providers receiving Title III will provide core program services benefiting elders, with a focus on those with the greatest economic and social needs, in efforts to support independent living within communities. These services may include nutrition programs, senior center operations, caregiver support, health promotion and disease prevention, transportation or legal assistance.
- To support community driven solutions and build sustainable partnerships to meet tailored, effective services, IAAA/Office of Indian Elder Affairs will sustain ongoing consultation with providers.

Outcomes

- During the first year of this State Plan on Aging period, the Indian Area Agency on Aging will develop an Area Plan on Aging and establish a process for the New Mexico Tribes, Pueblos and Nations apply to access Title III funding.
- Establish at least three ongoing collaborative networks (e.g., regional forums, advisory councils, or peer support groups) that engage tribal providers in regular dialogue and knowledge-sharing.
- By year four, at least 90% of programs and initiatives are culturally relevant programs implemented stemming from collaborative efforts.

GOAL 2

Respond to social determinants of health, including food and housing security, social support and connection, employment and meaningful engagement, and access to information and health services.

Objective 2.1 Provide opportunities for consumers, caregivers, and providers to develop sustainable opportunities to address determinants of health within the Aging Network Division.

Strategies

- Expand volunteer transportation program to new Area Agency on Aging non-metro counties
- Launch a pilot program for specialized pharmacy services to provide medication management, reviews, and consultation with a focus on needs of seniors.
- Assess feasibility of piloting a program for mobile health services for seniors. The pilot may include check-ups, vaccinations, health screenings, and other preventive care.
- Develop partnerships with the NM Department of Veteran Services, hospitals, and new specialized passenger services to implement transportation of older adults to medical appointments.
- Provide technical assistance and training to NM's four AAAs to broaden consumer base and implement a non-profit entrepreneurial, business management structure with diverse services and funding streams.
- Crosstrain across Department division staff to support consumers and provide integrated services.

Outcomes

- Increase number of transportation volunteers by 10% each year of this plan in each county
- Implement at least two pharmacy pilot programs during three years of this plan
- Assess effectiveness of volunteers and pilot programs each year
- Increase the number of licensed and insured transportation passenger services

Objective 2.2 Strengthen home and community-based supports and services

Strategies

- Expand home and community-based supports and services via the New MexiCare program, Veteran Directed Care Program, and Care Transitions focused on older adult continuum of care.
- Develop strategies for long-term financial sustainability to include financial assistance to family caregivers, respite care services, training, and resources.
- Partner with state agencies and community organizations and technical assistance partners to develop strategies to increase caregiver workforce.
- Implement Care Transition Program via Community Care Corp to support older adults in underserved and rural communities to support transitions from long-term care facilities to homes by offering volunteer-based transportation, chore services, and companionship.

Outcomes

- Increase New MexiCare program participants by 50% each year of this plan.
- 10% participant growth each plan year in Veteran Directed Care and Care Transition programs.
- 75% of caregivers in ALTSD programs attend caregiver training.
- Coordinated caregiver plan created and implementation to start in year 2 of this plan.
- Administer Community Care Corps volunteer program and increase the number of volunteer hours supporting older adults, adults with disabilities, or caregivers

Objectives 2.3 Expand training opportunities for older adults returning to the workforce in collaboration with NM Higher Education institutions.

Strategies

- Partner with community colleges to promote and strengthen enrollment in higher educational institutions
- Implement senior employee liaison support into ALTSD programs
- In partnership with the Department of Workforce Solutions, quantify and qualify the economic impact this demographic contributes to both consumer spending and tax revenues.

Outcomes

- Target a 10% change in older adults' enrollment in educational institutions in fields that require specific skills or certifications.
- Formulate collaborations higher education institutions and local employers, resulting in job opportunities for older adults.
- Assess the broader impact on local economies by tracking how the increased employment of older adults influences community stability, local tax revenue, or economic growth, through a combination of participant surveys, institutional data, employer feedback, and/or local economic indicators.

GOAL 3

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

Objective 3.1 Expand Adult Protective Services to vulnerable adults to support access to services and provide resources.

Strategies

- Expand transportation and in-home services, including personal care, homemaker assistance, meal delivery, respite care for caregivers and emergency placements.
- Enhance legal aid partnerships to provide older adults with comprehensive support for guardianship issues, elder financial abuse, and property disputes, ensuring that legal barriers do not exacerbate existing challenges.
- Assess opioid misuse to focus on prevention, intervention, and support services to reduce the associated risks that lead to abuse, neglect, and exploitation.
- Combat isolation and foster social connectedness by collaborating with programs for social engagement, senior centers, and virtual connections to foster community involvement, emotional support, and volunteer companions.
- Strengthen financial exploitation prevention by collaborating with financial institutions to develop policies and procedures that identify and report financial exploitation of older adults.
- Create a proactive risk assessment tool to allow individuals to self-identify risk of abuse, neglect, or exploitation to integrate community resources, mental health services, and family engagement.

- Expand Multidisciplinary Teams to include ALTSD, law enforcement, healthcare professionals, social workers, and legal experts to collaborate on complex cases to ensure a holistic, coordinated response that addresses the needs of both the individual and the community.
- Upgrade to an integrated case management system to enhance tracking, reporting, and case prioritization.

Outcomes

- Implement a proactive risk assessment tool to screen at least 1,000 individuals within three years to identify risks of abuse, neglect, or exploitation and connect them to appropriate resources. Success will be measured by the number of completed assessments.
- In two years, each APS region will form an MDT with at least five new partners from fields such as healthcare, first responders, legal aid services, and senior services providers. Measured by attendance and meeting records.
- Within two years, APS will establish partnerships with at least five financial institutions to improve identification and reporting of elder financial abuse and collaboration on mitigation of financial abuse. Success measured by number of reports received by financial institutions and number of investigations completed and reports received.
- Within two years, 200 older adults will join in-person or virtual social programs, with at least 60% reporting increased well-being. APS will recruit 15-20 new volunteers to support these efforts and collaborate with public libraries and senior centers to host monthly community companion events. Assess monthly and yearly participants and number of events completed in a calendar year.

Objective 3.2: Grow the LTC Ombudsman volunteer program to one volunteer assigned per facility to supplement the Agency Ombudsman facility responsibility assignments

Strategies

- Expand and strengthen networks to recruit volunteers via collaboration with other ALTSD divisions, community partners, and local schools.
- Develop and maintain a volunteer training plan implementing updated training materials and resources.
- Create a volunteer retention plan to prioritize appreciation and recognition and support in-person, coordinated peer support with training opportunities.
- Partner with Volunteer Coordinator to oversee the volunteer training program by region.

- Routinely gather and assess feedback from volunteers for program development and improvements.
- Monitor recruitment and retention strategies for effectiveness and ongoing development.

Outcomes

- Participate in at least four community events a month for volunteer outreach and recruitment by Ombudsman team.
- Increase number of volunteers by at least 25% each year.
- Raise the number of weekly volunteer visits by 25%.
- Target a 50% retention of new volunteers

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