



Performance Measures and Reporting

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Accountability in Government Act



AGA on
OneSource



LFC
Finance
Facts on
AGA

Chapter 6, Article 3A

- The Accountability in Government Act, enacted in 1999, replaced line-item budgeting with a process focused on performance.
- Agencies have greater flexibility but face greater accountability for their performance.
- They must identify, and the Legislature evaluates, their core services, the purpose of those programs, and ways to measure whether the program is fulfilling its purpose.



General Appropriation Act Before and After AGA

1996

STATE COMMISSION OF PUBLIC RECORDS:

(a) Personal services	854.0
(b) Employee benefits	317.9
(c) Travel	8.0
(d) Maintenance and repairs	88.3
(e) Supplies and materials	5.6
(f) Contractual services	4.3
(g) Operating costs	150.1
(h) Other costs	
(i) Capital outlay	3.0
(j) Out-of-state travel	2.5
(k) Other financing uses	.9

2026

STATE COMMISSION OF PUBLIC RECORDS:

(1) Records, information and archival management: The purpose of the records, information and archival management program is to develop, implement and provide tools, methodologies and services for use by, and for the benefit of, government agencies, historical record repositories and the public so the state can effectively create, preserve, protect and properly dispose of records, facilitate their use and understanding and protect the interests of New Mexicans.

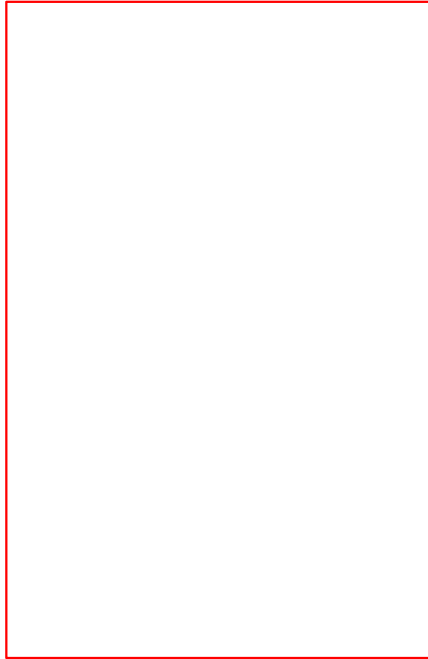
Appropriations:

(a) Personal services and employee benefits	3,250.1
(b) Contractual services	88.9
(c) Other	145.2



Performance Recommendation Before and After AGA

1996



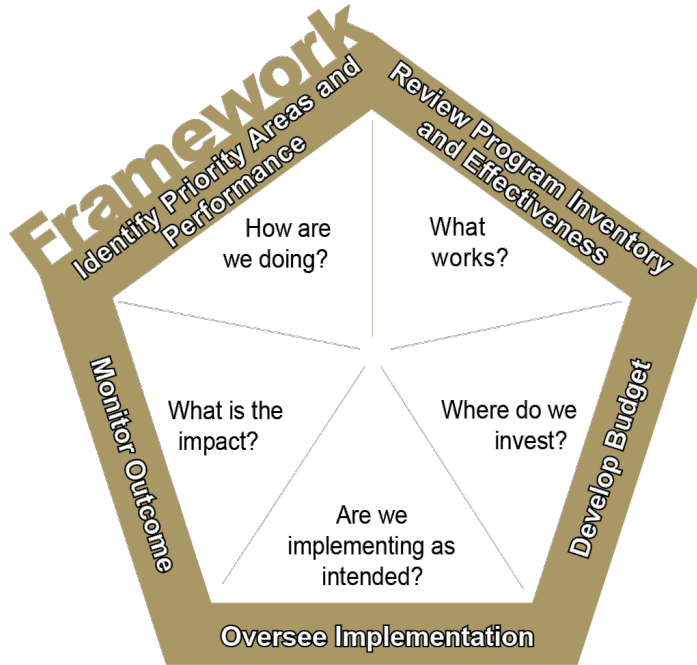
2026

State Commission of Public Records		369				
PERFORMANCE MEASURES						
		FY24 Actual	FY25 Actual	FY26 Budget	FY27 Request	FY27 Recomm
Output	Number of permanent records rehousing, described or reproduced to be made accessible to the public and other key stakeholders representing the judicial, legislative and executive branches of state government	14,213.0	13,681.0	8,000.0	8,000.0	8,000.0
Outcome	Number of trainings offered to state employees on the proper management of public records in compliance with the Public Records Act	33.0	33.0	24.0	24.0	24.0
Outcome	Number of state employee trainings on filing and publishing notices of rulemaking and rules in compliance with the State Rules Act	86.0	96.0	24.0	24.0	24.0
Outcome	Number of agency educational, research, preservation and community outreach activities that foster and facilitate an appreciation and understanding of New Mexico history and culture	61.0	60.0	50.0	50.0	50.0
Outcome	Number of days to compile and post all rules onto the New Mexico Administrative Code website from their effective date	5.0	30.0	30.0	30.0	30.0
Outcome	Number of records described and made available online via a descriptive finding aid to support law enforcement, attorneys, the courts and the public	Discontinued	0.0	Discontinued	Discontinued	0.0
Outcome	Percent of requests by records custodians to access public records stored in the records center within twenty-four business hours and percent of requests to access archival holdings within two hours of on-site request, adhering to any applicable laws	100%	100%	100%	100%	100%

LFC Volume 2



Legislating for Results Framework



- Improve oversight of programs and policies
- Provide objective evidence on activities
- Identify successful and unsuccessful programs for potential budget cuts or increases
- Encourage long-term focus on results
- Push managers to focus on goals and outcomes

Legislating for
Results
Explainer

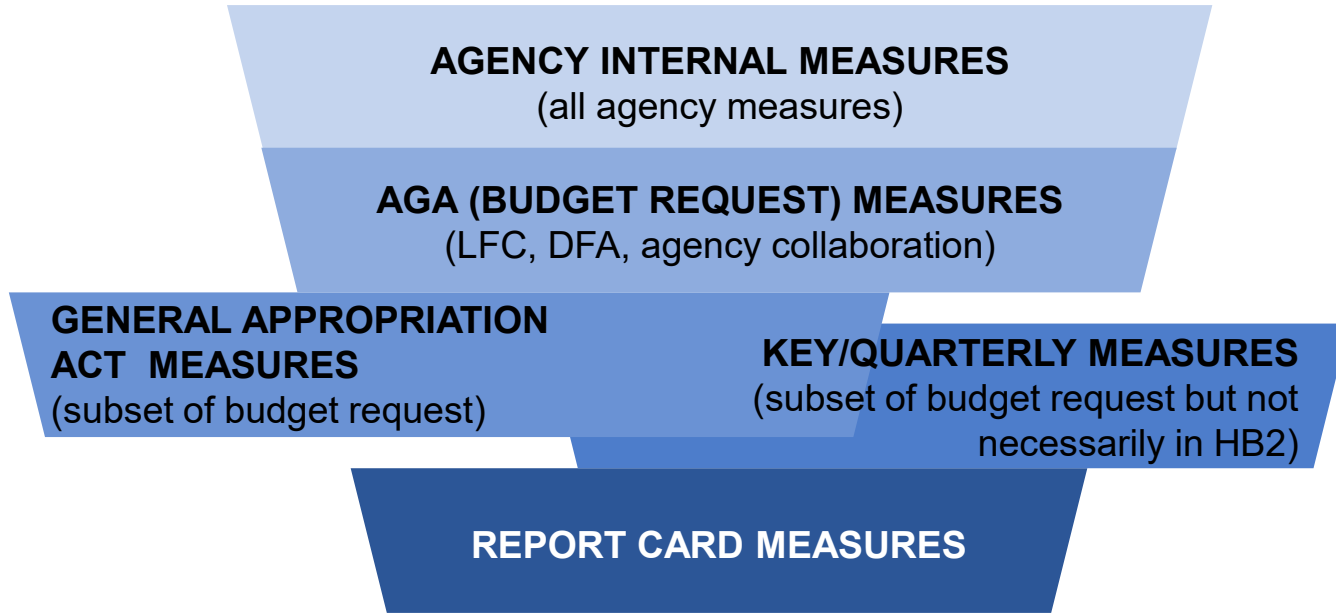


Types of Performance Measures

Outcome	Impact on those served; Results	Number of lanes miles rated fair or better
Output	Volume of work completed	Number of physician assistant licenses issued or renewed
Explanatory	Useful information (but no target)	Number of pretrial detention motions made
Efficiency	Cost or time per unit	Average call center waiting time to reach an agent
Quality	Quality of service level; timeliness, reliability	Percent of patients readmitted with the same or similar diagnosis



Performance Measure Hierarchy



Elements of a Good Performance Measure

Results-Oriented: Focused on outcomes

Relevant: Assess the core function of the program or significant budget expenditures

Clear: Communicate in a plain and simple manner to all stakeholders (employees, policymakers, and the public)

Responsive: Reflect changes in performance levels

Valid: Capture the intended data and information

Reliable: Are accurate and consistent

Comparable: Allow direct comparison of performance at different points in time

Timely: Provide regular information to all stakeholders

Benchmarked: Use relevant and standards-based targets



Common Performance Measure Concerns

Measure Not Focused on Performance

Some measures offer surface-level information, providing no insight into the effectiveness of an agency or information that could help with policy decisions.

Example 1: Public School Insurance Authority: “Number of loss control prevention seminars.”

Discussion: The measure simply demonstrated that seminars are occurring. It does not provide information on the impact of Public School Insurance Authority-led seminars on schools.

Example 2: Board of Veterinary Medicine: “Number of veterinarian licenses issued annually.”

Discussion: This measure provides useful information but could be much better. Is the agency reviewing all license applications that it receives in a timely manner? How effective is the agency at informing licensees of the requirements they must meet to get a license renewed? How does the licensed veterinarian-to-pet ratio differ in New Mexico compared with other states?

Takeaway: Measures should provide a fuller picture of agency impact.



Common Performance Measure Concerns

Confusing or Vague Language

Measures with unclear language are less effective than well-written measures because legislators, the governor, the public, and even analysts may have difficulty interpreting targets and results.

Example 1: Office of Superintendent of Insurance, Patient Compensation Fund: “Audit of all uploaded transactions within twenty-four hours”

Discussion: This might be a reference to the successful daily reconciliation of data. Or not.

Example 2: School for the Blind and Visually Impaired: “NMSBVI will foster an atmosphere of creativity that results in innovative practices and programs.”

Discussion: This measure is vague and more of a goal than a performance measure. When this measure was in place, the school routinely reported 100 percent.

Takeaway: Performance measures should provide information to the public and anyone outside the agency on agency effectiveness. They must be easy to understand and free of jargon.



Common Performance Measure Concerns

No Target or a Target that is Easily Achievable

Measures that have no target because they are explanatory or have a target that is easily achievable are less effective because they lack an incentive to improve performance.

Example 1: Energy, Minerals and Natural Resources Department: “Number of visitors to state parks”

Discussion: The number is readily available and easy to compare with past numbers or numbers from other states. Without a target, it is unclear what number should be the goal.

Example 2: Tourism Department: “Open email rate of NM True eNewsletters”

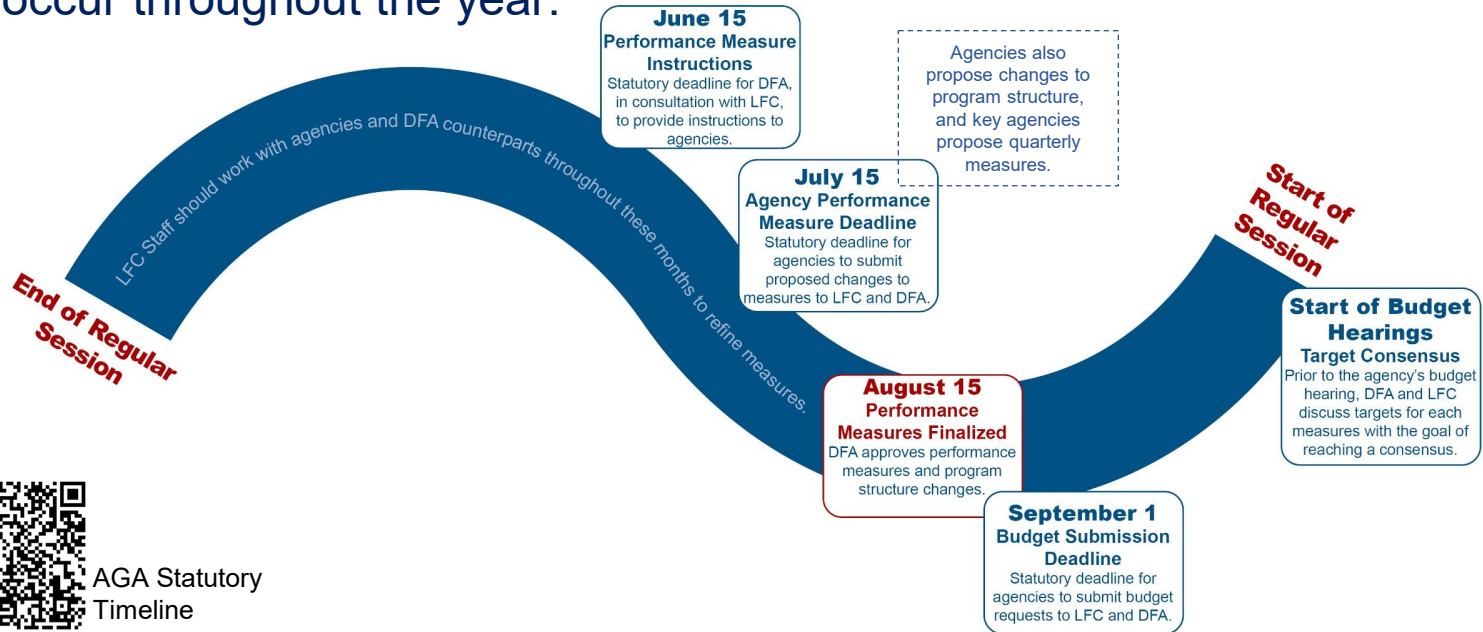
Discussion: The target is set at a relatively low 18 percent, and the department has greatly exceeded that rate for three years. Targets that are set too low are little different than nonexistent targets and a higher target should be considered.

Takeaway: While explanatory measures have no target by design and can provide important context to agency performance, their use should be limited. Targets provide the public and policymakers with the information needed to assess performance.



Performance Measure Timeline

While performance measures are not set until August, discussions among LFC, DFA, and the agency on additions or revisions are best if they occur throughout the year.



AGA Statutory
Timeline



Quarterly Reporting (Key) Agencies

From 6-3A-9 NMSA 1978

The division, in consultation with the committee, shall select agencies and specify performance measures for those agencies that shall be reported on a quarterly basis.

Quarterly reports shall compare actual performance for the report period with targeted performance and shall be filed with the division and committee within thirty days of the end of a reporting period.

200-280 – Judiciary (Including AOC and PDD)
333 – Taxation and Revenue Department
350 – General Services Department
419 – Economic Development Department
521 – Energy, Minerals and Natural Resources Department
550 – Office of the State Engineer
624 – Aging and Long-Term Services Department
630 – Health Care Authority
631 – Workforce Solutions Department

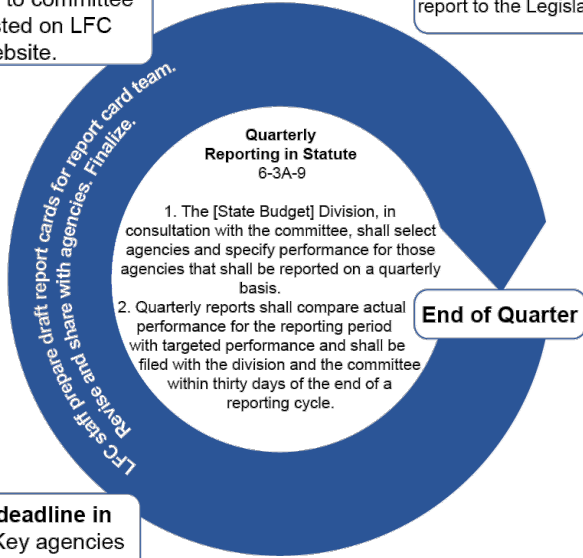
665 – Department of Health
667 – Environment Department
690 – Children, Youth and Families Department
770 – Corrections Department
790 – Department of Public Safety
805 – Department of Transportation
924 – Public Education Department
952-977 – Higher Education Institutions



Report Card Cycle

~Day 60: Report cards presented to committee and posted on LFC website.


Fourth quarter report cards become part of Volume 1 of the committee's annual report to the Legislature.



Day 30 (deadline in statute): Key agencies report to LFC staff on performance compared with targets.



Sample Report Card



PERFORMANCE REPORT CARD
Corrections Department
Second Quarter, Fiscal Year 2026

ACTION PLAN

Submitted by agency? Yes
 Timeline assigned? No
 Responsibility assigned? No

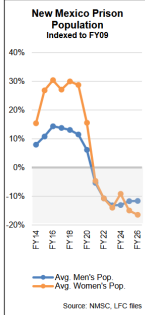
Corrections Department

The Corrections Department (NMCD) made early progress toward several of its performance targets in FY26. The agency successfully reduced vacancy rates and turnover among correctional officers at public facilities and saw a decrease in recidivism for participants in treatment programs, even as participation rates increased. The agency continued the trend of improving the percentage of people in prison participating in education programming. NMCD reduced vacancy rates among probation and parole officers and saw the average number of cases per officer decline. Prison populations appear to be leveling off after several years of consistent decline.

Inmate Management and Control

The state's inmate population has plunged since 2018, falling more than 23 percent by FY19 and FY25. Recent increases in admissions for new offenses suggest the population is likely to stabilize in the near future. The New Mexico Sentencing Commission's October 2025 prison population projection estimated total prison populations would average 6,068 over FY26, but actual data shows average populations of approximately 5,621, a 0.4 percent increase from FY25.

Staffing Low populations enabled NMCD to adjust facility occupancy to align with staffing levels despite high vacancy rates. However, this has not been possible at all facilities. About 25.3 percent of the agency's total positions were unfilled as of January 2026. Public correctional officer vacancies declined by approximately six percent to 16.7 percent, while private correctional officer vacancies were reported at 0 percent now that the Lea County Correctional Facility has closed. The Otero County Processing Facility uses dynamic staffing to ensure there are no vacancies in the portion of the prison leased to NMCD.




New Mexico Prison Population Indexed to FY09

Source: NMSC, LFC files

	FY24 Actual	FY25 Actual	FY26 Target	FY26 Q1	FY26 Q2	Rating
Budget: \$301,956.9 FTE: 1,852						
Staffing						
Vacancy rate of correctional officers in public facilities	29.7%	26.9%	25%	22.6%	16.7%	🟢
Vacancy rate of correctional officers in private facilities	31.9%	28.6%	25%	0%	0%	🟢
In-House Parole						
Average number of male inmates on in-house parole	39.2	41.9	65	45.3	42.3	🟢
Average number of female inmates on in-house parole	1.9	2.0	10	1.0	1.3	🟢
Prison Violence						
Number of inmates on inmate assaults resulting in injury requiring off-site medical treatment	13	7	10	3	5	🟡
Number of inmate-on-staff assaults resulting in injury requiring off-site medical treatment	2	1	4	0	0	🟢
Health						
Percent of random monthly drug tests administered to at least 10 percent of the inmate population that test positive for drug use*	2.1%	2.7%	N/A	3.7%	4.3%	🟢
Percent of standard healthcare requirements met by the medical contract vendor	98%	93%	90%	90%	94%	🟢

Performance Report Card | Corrections Department | Second Quarter, FY26 | Page 1



PERFORMANCE REPORT CARD
Corrections Department
Second Quarter, Fiscal Year 2026

Budget: \$301,956.9 FTE: 1,852

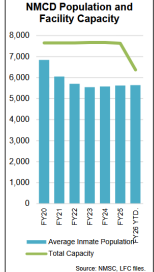
Program Rating FY24 Actual: 🟡, FY25 Actual: 🟡, FY26 Target: 🟢, FY26 Q1: 🟢, FY26 Q2: 🟢, Rating: 🟢

Reentry

Recidivism. The three-year recidivism rate of offenders released from NMCD's custody decreased from approximately 40 percent in FY25 to an average of roughly 37 percent in the second quarter of FY26. Recidivism due to new offenses declined slightly to 16.4 percent. Recidivism rates for participants in the recovery center programs during FY23-FY26 are expected to reflect lower recovery center populations due to Covid-19, potentially leading to higher recidivism numbers. However, recovery center populations are gradually increasing, with both the women's and men's recovery centers nearing capacity. The number of individuals enrolled in these programs began to rise following the resumption of normal court operations and the subsequent increase in admissions to these specialty programs.

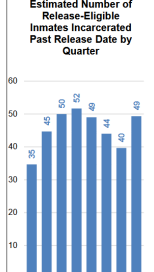
Programming. One of the highlights of the past few years for NMCD was its success in maintaining the number of eligible students who completed adult basic education, and in achieving a record number of students who earned their high school equivalency credential. The agency remained committed to increasing the availability of these programs in its facilities, and the results indicate these efforts have been largely successful. However, progress slowed somewhat at the start of the fiscal year, but it remains on track to meet the agency's FY26 target.

NMCD focuses on providing evidence- and research-based programs for all individuals in its custody. However, a 2024 study of the inmate classification system used by NMCD cited evidence of over-classification of some inmates based on the availability of medical and behavioral health services at certain facilities. LFC previously raised concerns about completion rates among participants in certain evidence-based programs, which can be affected by disparities in the availability of programming and services across facilities. NMCD recently adjusted its classification policy based on recommendations from this study; these changes should enable more appropriate placement of certain inmates. LFC staff are working with the agency to monitor progress and learn more about the impact of these changes.



NMCD Population and Facility Capacity

Source: NMSC, LFC files



Estimated Number of Release-Eligible Inmates Incarcerated Past Release Date by Quarter

Source: NMCD, LFC files

	FY24 Actual	FY25 Actual	FY26 Target	FY26 Q1	FY26 Q2	Rating
Budget: \$22,074.5 FTE: 130						
Recidivism						
Prisoners reincarcerated within 36 months	39.2%	39.8%	40%	37.3%	36.7%	🟢
Prisoners reincarcerated within 36 months due to new charges or pending charges	17.9%	17.7%	16%	17.8%	16.4%	🟢
Prisoners reincarcerated within thirty-six months due to absconding	13.2%	14.1%	13%	13.2%	10.0%	🟡
Prisoners reincarcerated within 36 months due to technical parole violations	21.2%	8.1%	9%	6.3%	9.7%	🟢
Percent of sex offenders reincarcerated on a new sex offense conviction within 36 months of release on the previous sex offense conviction	3%	0%	5%	0%	2%	🟢
Percent of residential drug abuse program who are reincarcerated within 36 months of release*	26%	31%	N/A	33%	19%	🟢

Performance Report Card | Corrections Department | Second Quarter, FY26 | Page 2

Report Cards Website



Report Card Ratings

Green

Agency has met the quarterly target or is on track to meet the annual target.

Yellow

Agency slightly missed the target or is off track for meeting the annual target.

Red

Agency missed the target or is off track for meeting the annual target.

Fine Tuning

- Did the agency provide the data? How reliable is the data? Is the collection method transparent?
- Does the measure gauge a core function of the agency? Is the measure a good gauge of effectiveness?
- Does the agency use the information internally? Does the agency have a plan to maintain or improve performance.





NEW MEXICO LEGISLATIVE FINANCE COMMITTEE

Questions? Helen.Gaussoin@nmlegis.gov

For More Information

- <http://www.nmlegis.gov/lfc>
- Annual Budget Recommendation
- Agency Report Cards
- Program Evaluations



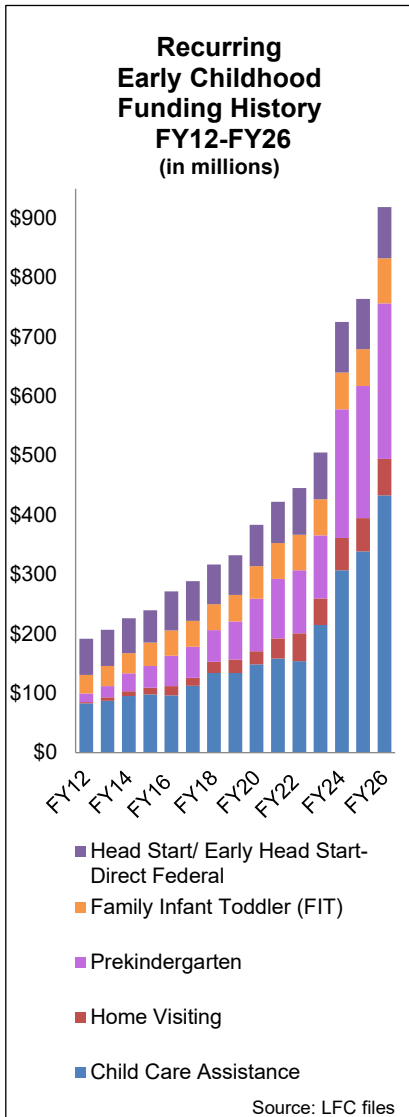
ACTION PLAN

Submitted by agency?	Yes
Timeline assigned?	No
Responsibility assigned?	No

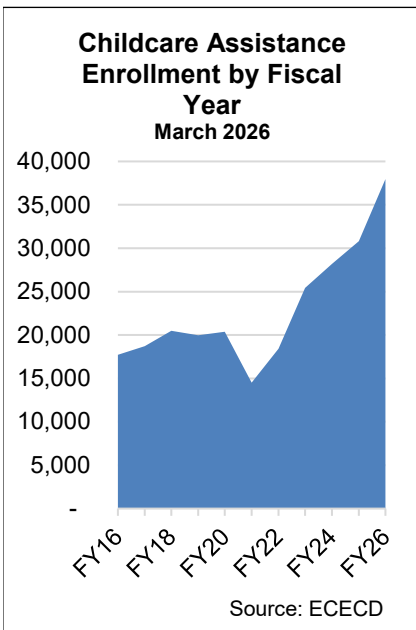
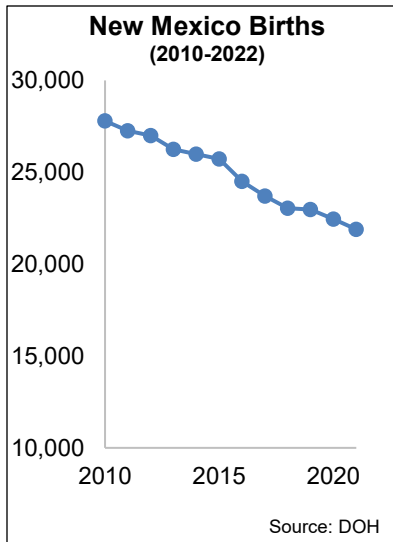
The Early Childhood Education and Care Department (ECECD) reported mixed results for the third quarter of FY26. The department also has several measures reported annually. Many of the annual measures relate to prekindergarten and early learning readiness. The department has experienced increases in the number of families enrolled in Home Visiting, a positive sign, because increased enrollment in this program has been a focused performance goal for the Legislature.

Family Support and Intervention

The program, primarily consisting of the Family, Infant, Toddler (FIT) developmental disabilities intervention program, the Families First case management program, and the Home Visiting parental education and support program, reported mixed results for performance targets and did not meet targeted performance for pregnant women enrolled in home visiting who access postpartum care. The program has reported an enrollment of 4,169 families in the Medicaid-funded Home Visiting program, a marked increase from last fiscal year. Increasing family enrollment in Medicaid-funded home visiting has been a policy priority of Legislature. If implemented well, in combination with other child welfare interventions, certain home visiting models, such as Nurse Family Partnership, Health Families America, and SafeCare Augmented, could help the state reduce child maltreatment.



Budget: \$107,212.1 FTE: 65	FY24 Actual	FY25 Actual	FY26 Target	FY26 Q1	FY26 Q2	FY26 Q3	Rating
Number of families enrolled in Medicaid Home Visiting	402	1,467	1,250	2,425	2,789	4,169	G
Average annual number of home visits per family	22	23	22	Reported Annually			
Percent of children enrolled in home visiting for longer than six months that receive regular well child exams as recommended by the American Academy of Pediatrics	91%	91%	93%	91%	91%	92%	Y
Percent of parents participating in the New Mexico home-visiting program for at least eight months who demonstrate progress in practicing positive parent-child interactions as demonstrated by the state-approved, evidence-based screening tool	82%	83%	82%	82%	84%	87%	G
Percent of women enrolled in Families First who are eligible for Medicaid and access prenatal care by the twenty-eighth week of pregnancy	90%	86%	80%	62%	63%	73%	Y
Percent of children making significant improvement annually in social emotional skills, knowledge and skills and appropriate behavior	Not Reported	78%	75%	79%	77%	78%	G
Percentage of women that are pregnant when they enroll in home visiting who access postpartum care	New	80%	90%	79%	80%	80%	Y
Percent of eligible infants and toddlers with individual family service plans for whom an initial evaluation and initial assessment and an initial individual family service plan meeting	94%	97%	100%	Reported Annually			



Budget: \$107,212.1 **FTE:** 65

were conducted within the forty-five-day timeline

Percent of home visiting families with face-to-face visits, monthly*

Percent of families enrolled in Families First by the twenty-eighth week of pregnancy

Percent of families enrolled in home visiting by the twenty-eighth week of pregnancy

Percent of families enrolled in home visiting that receive safe sleep education and supporting materials and follow the recommended safe sleep practices

Percent of pregnant women enrolled in home visiting who are eligible for Medicaid and access prenatal care by the twenty-eighth week of pregnancy

Percent of women who are pregnant when they enroll in Families First and access postpartum care

Percent of Comprehensive Addiction and Recovery Act families connected to agency services and supports

Percent of children performing at categorical age expectations annually, to include positive social and emotional skills, knowledge and skills and appropriate behavior

Percent of families enrolled in Families First prenatally

Percent of (at risk) children participating in the FIT program for at least six months who demonstrate substantial increase in their development as measured by the early childhood outcomes tool in: positive social-emotional skills (including social relationships), acquisition and use of knowledge and skills (including early language/communication), and use of appropriate behaviors to meet their needs

Program Rating

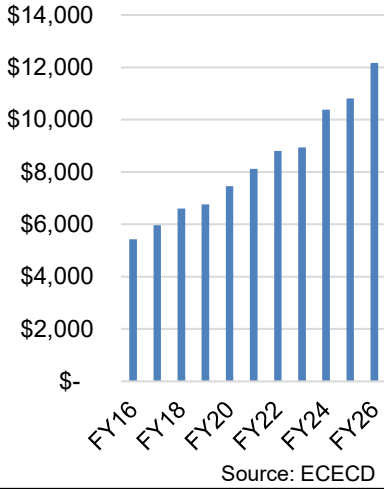
	FY24 Actual	FY25 Actual	FY26 Target	FY26 Q1	FY26 Q2	FY26 Q3	Rating
Percent of home visiting families with face-to-face visits, monthly*	91%	94%	95%	95%	96%	96%	G
Percent of families enrolled in Families First by the twenty-eighth week of pregnancy	65%	62%	80%	Not Reported	Not Reported	Not Reported	R
Percent of families enrolled in home visiting by the twenty-eighth week of pregnancy	75%	44%	30%	42%	42%	42%	G
Percent of families enrolled in home visiting that receive safe sleep education and supporting materials and follow the recommended safe sleep practices	82%	79%	83%	81%	83%	84%	G
Percent of pregnant women enrolled in home visiting who are eligible for Medicaid and access prenatal care by the twenty-eighth week of pregnancy	93%	92%	94%	92%	92%	92%	Y
Percent of women who are pregnant when they enroll in Families First and access postpartum care	100%	47%	95%	99%	99%	99%	G
Percent of Comprehensive Addiction and Recovery Act families connected to agency services and supports	New	45%	60%	49%	46%	47%	R
Percent of children performing at categorical age expectations annually, to include positive social and emotional skills, knowledge and skills and appropriate behavior	New	New	80%	46.9%	48%	48%	R
Percent of families enrolled in Families First prenatally	New	New	80%	66%	46%	38%	R
Percent of (at risk) children participating in the FIT program for at least six months who demonstrate substantial increase in their development as measured by the early childhood outcomes tool in: positive social-emotional skills (including social relationships), acquisition and use of knowledge and skills (including early language/communication), and use of appropriate behaviors to meet their needs	New	New	78%	75.2%	77%	77%	R
Program Rating							Y

*Measure is classified as explanatory and does not have a target.

Early Education, Care and Nutrition

The Early Education, Care and Nutrition Program is primarily composed of Childcare Assistance, the Family Nutrition Bureau, and prekindergarten. Prior to the pandemic, Childcare Assistance average monthly enrollment had been relatively flat, ranging between 18 thousand and 20 thousand children a month. However, in fall 2020, enrollment declined significantly to 15 thousand. In FY21, average monthly enrollment was 14.5 thousand. The average monthly cost per child, however, increased to \$676, or \$8,117 annually. At the close of FY22, monthly enrollment had increased to nearly 22

**Childcare Assistance
Annual Cost per Child
March 2026**



thousand, and the average monthly cost was \$734, or \$8,810 annually. In fall 2025, ECECD removed income eligibility requirements and waived copayments. At the close of FY25, enrollment had increased to around 31 thousand, with an average annual cost per child of \$10.8 thousand. As of the third quarter of FY26, average enrollment was close to 45 thousand and the average annual cost per child was \$12.2 thousand.

Budget: \$490,642.8	FTE: 179	FY24 Actual	FY25 Actual	FY26 Target	FY26 Q1	FY26 Q2	FY26 Q3	Rating
Percent of infants and toddlers participating in the childcare assistance program enrolled in childcare programs with four- or five-stars		65%	69%	75%	71%	71%	71%	Y
Average monthly copay as a percentage of monthly income		New	0%	7%	No Copay			
Average length of time enrolled in months for families receiving childcare assistance		18	18	18	17	18	18	G
Percent of children attending full-time childcare, defined as thirty hours or more a week		73%	72%	75%	81%	77%	96%	G
Percent of enrolled families at or below two hundred percent of the federal poverty level		New	New	70%	66%	58%	52%	R
Program Rating		Y	Y					Y

Policy, Research and Quality

The Policy, Research and Quality Program reported meeting two of four targeted performance measures. The program’s primary purpose is to manage initiatives to improve the quality of early childhood education and care programs and professional development support for providers. The program also provides data assessment and support in addition to policy development for the department. The program leads the state’s childcare tiered quality rating and improvement system, Focus.

Budget: \$37,275.6	FTE: 36	FY24 Actual	FY25 Actual	FY25 Target	FY25 Q1	FY25 Q2	FY25 Q3	Rating
Percent of early childhood professionals, including tribal educators, with degrees and/or credentials in early childhood related fields		77%	76%	77%	Reported Annually			
Percent of licensed childcare providers participating in Focus tiered quality rating and improvement system		65%	66%	68%	68%	70%	70%	G
Percent of licensed childcare providers participating in Focus tiered quality rating and improvement system at the four- and five-star level		62%	65%	65%	67%	71%	72%	G
Number of early infant mental health professionals trained and onboarded		15	21	25	Reported Annually			
Percent of early childhood professionals receiving support from infant early child mental health consultants		30%	34%	30%	Reported Annually			
Program Rating		R	G					G

Prekindergarten

Performance measures for the program are reported annually. New Mexico PreK, an early education program for 3- and 4-year-olds, currently serves over 17 thousand children. Despite certain obstacles to expansion, New Mexico has made substantial strides in ensuring sufficient funding is in place to guarantee all 4-year-olds have access to some form of early education through programs such as Childcare Assistance, New Mexico PreK, or the federal Head Start program. New Mexico ranks 5th in spending on prekindergarten, 7th for providing access to 3-year-olds, and 11th in access for 4-year-olds, according to the National Institute for Early Education Research (NIEER). As of FY26, the state appropriated over \$238 million on prekindergarten and early prekindergarten statewide.

Budget: \$238,173.6 FTE: 17	FY24 Actual	FY25 Actual	FY25 Target	FY25 Q1	FY25 Q2	FY25 Q3	Rating
Percent of children who were enrolled for at least six months in the state-funded prekindergarten program who score at first step for kindergarten or higher on the fall observation kindergarten observation tool	49%	50%	80%				Reported Annually
Percent of children participating in public and private state-funded New Mexico prekindergarten program for at least six months showing measurable progress on the school readiness spring preschool assessment tool	91%	91%	92%				Reported Annually
Percent of children who participated in prekindergarten for at least nine months who are proficient in math in kindergarten	52%	54%	75%				Reported Annually
Percent of children who participated in the prekindergarten program, for at least nine months, who are proficient in literacy in kindergarten	51%	51%	80%				Reported Annually
Program Rating	R	Y					

ACTION PLAN

Submitted by agency?	Yes
Timeline assigned?	Yes
Responsibility assigned?	Yes

Aging and Long-Term Services Department

The Aging and Long-Term Services Department (ALTSD) reported similar performance for the third quarter of FY26 compared to the beginning of the last quarter. ALTSD is on track to meet the targets for most of its measures. The department’s mission is to serve older adults and adults with disabilities so they can remain active, age with dignity, be protected from abuse, neglect, and exploitation, and have equal access to healthcare.

Consumer and Elder Rights

During the third quarter of FY26, the Aging and Disability Resource Center (ADRC) received 8,233 calls, of which 93 percent were answered by a live operator. For the percentage of customers satisfied with their call to the ADRC, the departments reports that it will follow up with constituents who identify as being neutral or less than satisfied to incorporate their feedback in ADRC workflow. The Consumer and Elder Rights Program maintained visiting all 283 long-term care facilities throughout the fiscal year. ALTSD reports an increase in the percent of ombudsman complaints resolved within sixty days from the prior quarter, with the third quarter reporting aligned with prior-year actual spending.

Budget: \$6,301.1 FTE: 55	FY24 Actual	FY25 Actual	FY26 Target	FY26 Q1	FY26 Q2	FY26 Q3	Rating
Percent of calls to the Aging and Disability Resource Center that are answered by a live operator	70%	64%	90%	94%	91%	93%	G
Percent of calls to the Aging and Disability Resource Center that are resolved in a single contact	99%	93%	90%	78%	82%	78%	Y
Percent of customers satisfied with the outcome of their call to the Aging and Disability Resource Center	97%	93%	90%	82%	85%	81%	Y
Percent of individuals provided short-term assistance that accessed services within 30 days of a referral from options counseling	93%	99%	92%	100%	100%	100%	G
Percent of facilities visited monthly	56%	68%	40%	100%	100%	100%	G
Percent of ombudsman complaints resolved within sixty days	100%	99%	99%	98%	87%	99%	G
Program Rating	Y	Y					G

*Measure is classified as explanatory and does not have a target.

Adult Protective Services

The Adult Protective Services Program reported 5,334 investigations of abuse, neglect, or exploitation for the first half of FY26, trending similarly to the 5,258 investigations reported this time last year. ALTSD reports the program is projected to meet or surpass its FY26 target of annual investigations. The department states, while the program is

effective in providing timely intervention and harm reduction, additional APS investigators will be needed as reports and case complexity grow. While the percent of repeat abuse, neglect, or exploitation cases within six months of a substantiation of an investigation have decreased from the second quarter, the program has seen an increase of repeat cases in FY26 compared to FY25. The program will work on strengthening harm reduction strategies to support long-term client safety and reduce repeat involvement, in addition to targeted training and effective protective plans.

Budget: \$16,098.1 FTE: 130	FY24 Actual	FY25 Actual	FY26 Target	FY26 Q1	FY26 Q2	FY26 Q3	Rating
Number of Adult Protective Services investigations of abuse, neglect or exploitation	7,632	6,915	6,150	1,860	1,675	1,799	G
Percent of emergency or priority one investigations in which a caseworker makes initial face-to-face contact with the alleged victim within prescribed timeframes	99%	99%	100%	98%	98%	100%	G
Percent of repeat abuse, neglect or exploitation cases within six months of a substantiation of an investigation	0.5%	0.3%	2%	0.8%	1.3%	0.51%	G
Number of outreach presentations conducted in the community within adult protective services' jurisdiction	438	384	180	88	94	94	G
Percent of contractor referrals in which services were implemented within two weeks of the initial referral	71%	69%	80%	66%	69%	73%	Y
Number of referrals made to enrollments in home care and adult daycare services resulting from an investigation of abuse, neglect or exploitation	248	68	400	70	75	72	G
Percent of priority two investigations in which a caseworker makes initial face-to-face contact with the alleged victim within prescribed time frames	99%	98%	98%	99%	99%	98%	G
Percent of consumers for whom referrals were made who accessed services and remained in a community setting for six or more months	95%	95%	90%	100%	97%	95%	G
Program Rating	Y	Y					G

*Measure is classified as explanatory and does not have a target.

Aging Network

The Aging Network has already exceed its target for number of hours of caregiver support provided and the percent of older New Mexicans receiving congregate and home-delivered meals who are assessed with “high” nutritional risk and is on track to meet the target for number of transportation units provided. However, the department is

off track to meet its target for number of hours of senior volunteers. ALTSD states it will provide Older Americans Act eligibility training and expand targeted outreach to increase client registration, as well as collaborate with the Area Agencies on Aging for a coordinated workplan to increase senior volunteer participation.

Budget: \$58,350.4 FTE: 29	FY24 Actual	FY25 Actual	FY26 Target	FY26 Q1	FY26 Q2	FY26 Q3	Rating
Percent of older New Mexicans receiving congregate and home-delivered meals through Aging Network programs that are assessed with "high" nutritional risk	20%	25%	17%	28%	29%	30%	G
Number of hours of services provided by senior volunteers, statewide	454,772	602,853	745,000	111,572	145,460	148,940	R
Number of outreach events and activities to identify, contact and provide information about aging network services to potential aging network consumers who may be eligible to access senior services but are not currently accessing those services	986	745	800	178	167	225	Y
Number of meals served in congregate and home-delivered meal settings	4,020,390	4,430,000	4,430,000	1,021,120	1,171,371	1,040,067	G
Number of transportation units provided	265,565	286,470	300,000	75,518	80,181	77,647	G
Number of hours of caregiver support provided	222,922	264,906	167,000	66,139	64,631	71,807	G
Program Rating	Y	Y					Y

*Measure is classified as explanatory and does not have a target.

Long-Term Care Division

The Long-Term Care Division, re-established in FY26, has only one performance measure, previously reported under the Consumer and Elder Rights Program. The department reports slight increases in the third quarter of FY26, noting a 70 percent rise in client calls, expanded program and services training, and increased staffing capacity. The program expanded community transition units to a total of nine during this quarter, with expanded education, outreach, and technical assistance to nursing facilities to come, particularly in rural areas of the state.

Budget: \$7,894.3 FTE: 28	FY24 Actual	FY25 Actual	FY26 Target	FY26 Q1	FY26 Q2	FY26 Q3	Rating
Percent of residents who remained in the community six months following a nursing home care transition	99%	94%	90%	84%	77%	79%	Y
Program Rating	New for Program	New for Program					Y

*Measure is classified as explanatory and does not have a target.

ACTION PLAN

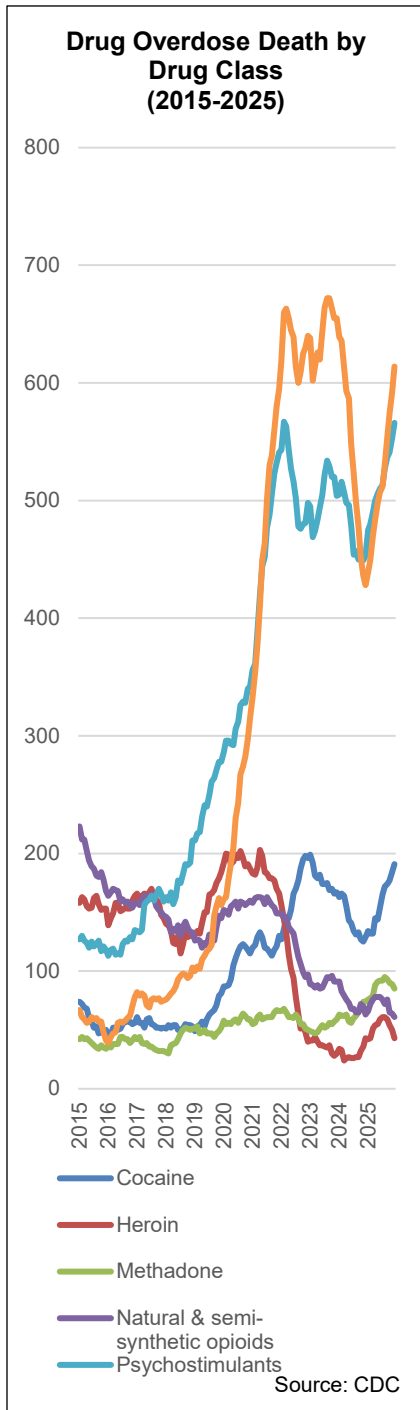
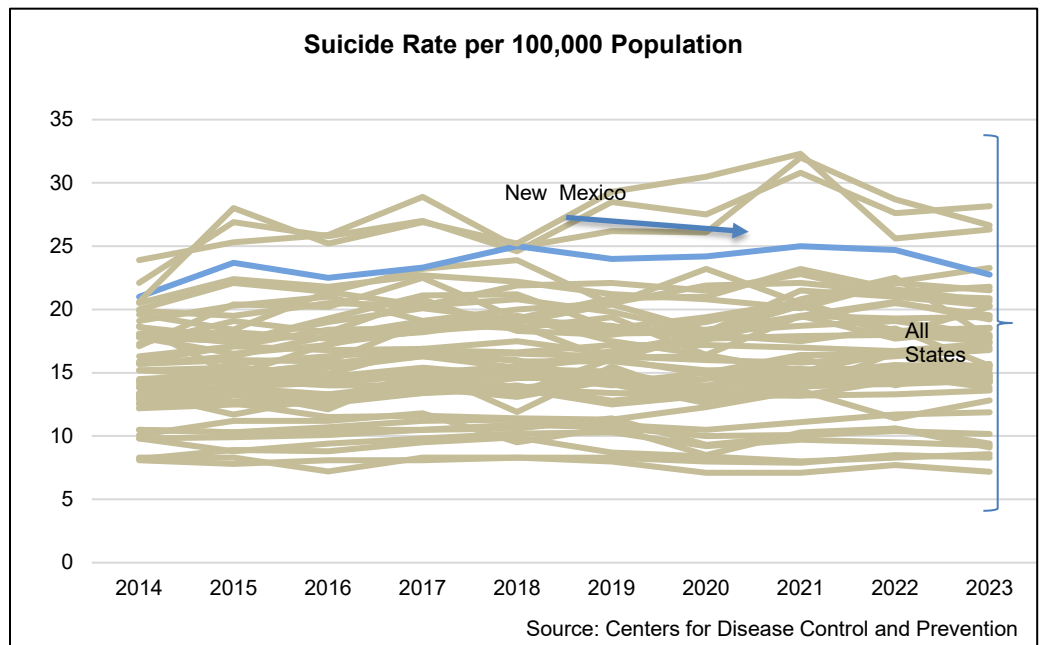
Submitted by agency?	Yes
Timeline assigned?	Yes
Responsibility assigned?	Yes

The September 2025 LFC *Medicaid Accountability Report* found that outcomes remain the same or have worsened since the last *Medicaid Accountability Report (2023)*, despite the large influx of both state and general funds appropriated to Medicaid. Around \$90 million from all funds in rate increases were approved in the last three years. LFC staff completed analysis of the 20 most used behavioral health codes by Medicaid patients in the state and compared New Mexico’s rates to Medicare’s rates, as well as to Medicaid rates in Arizona, Colorado, Oklahoma, and Utah. Except for three cases, New Mexico consistently had higher rates than any of the other states—sometimes by significant margins. For example, New Mexico reimburses outpatient family psychotherapy rates at 50 percent higher than Medicare and up to 363 percent higher than those in neighboring states.

In 2025, the Legislature eliminated the Behavioral Health Collaborative and replaced it with a new Behavioral Health Executive Committee, led by the Health Care Authority, charged with reviewing and approving regional plans, establishing funding strategies and structures, monitoring and tracking deliverables and expenditures, and establishing management strategies (HCA). The law also requires the Administrative Office of the Courts to complete sequential intercept mapping, to improve regional understanding of needs and gaps at the nexus of behavioral health and crime. LFC—in coordination with HCA—developed an initial set of evaluation guidelines for behavioral health services for adoption and implementation of regional plans. The General Appropriation Act of 2025 includes significant amounts to carry out the provisions of the law—with over \$565 million appropriated for behavioral health in nonrecurring funding.

Additionally, agencies serving behavioral health needs are budgeted to spend \$1.1 billion in FY25, with \$987 million of that in the Health Care Authority. These agencies received about \$407 million in nonrecurring funding from 2023 through 2025 sessions, but trends in most substance-related deaths or suicides remain high.

Existing Problem

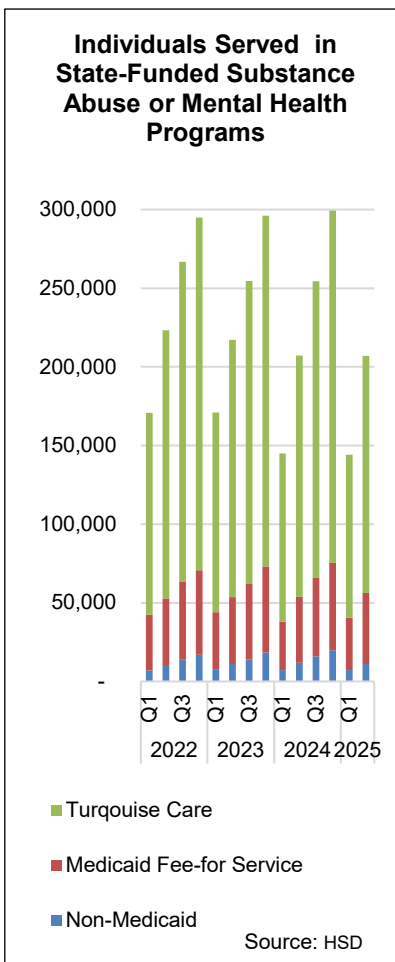
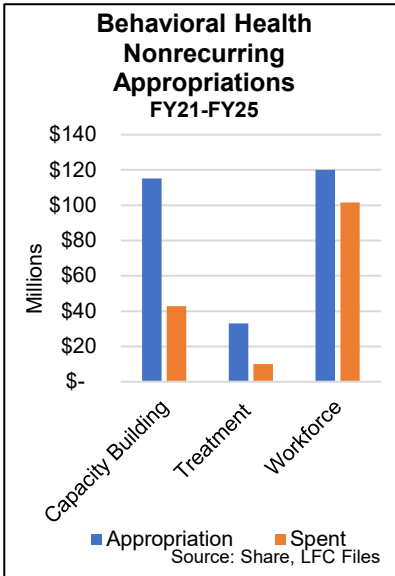


As of 2023, New Mexico had the fifth highest suicide rate in the nation, a rate of 22.8 per 100 thousand people. KFF also reported 31 percent of New Mexicans with anxiety or a depressive disorder in 2022 had an unmet need for counseling or therapy, while the federal government reported the percentage of New Mexicans with their need for mental health professionals met was 18.2 percent compared with the 28 percent nationally.

Behavioral Health System

In 2024, the total number of behavioral health encounters increased from about 2.5 million in 2020 to slightly over 3.3 million encounters in 2024 for both Medicaid and non-Medicaid. Approximately 75 percent of all people served were Medicaid managed care members, 19 percent were Medicaid fee-for-service members, and 6 percent were non-Medicaid beneficiaries. The top behavioral health provider types were psychiatrists and other physicians; nurse nurse practitioners (CNPs), which includes psychiatric certified CNPs; federally qualified health centers; licensed clinical social workers; and licensed professional clinical counselors.

For the third quarter, the share of Medicaid inpatient psychiatric stays with a community-based follow-up within seven days was 34 percent, below the 51 percent target and the national average of about 40 percent. The drop from the prior quarter reflects a new calendar-year with count resetting rather than a decline in care, as the prior year closed at near 46 percent. The division reports adult follow-up remains a larger challenge than youth follow-up.



	Budget: \$936,542.0	FTE: 0	FY24 Actual	FY25 Actual	FY26 Target	FY26 Q1	FY26 Q2	FY26 Q3	Rating
Adult Medicaid members diagnosed with major depression who received continuous treatment with an antidepressant medication			45%	47%	42%	53%	54%	45%	G
Medicaid members discharged from inpatient psychiatric hospitalization stays who receive follow-up community-based services at seven days			42%	34%	51%	42%	44%	34%	R
Persons served through telehealth in urban, rural, and frontier counties for behavioral health			73,054	73,823	50,000	34,527	50,445	63,658	G
Readmissions to same level of care or higher for children or youth discharged from residential treatment centers and inpatient care			11.9%	13%	5%	14%	15%	8%	R
Individuals served annually in substance use or mental health programs administered by the Health Care Authority			207,259	207,020	210,000	249,726	286,354	138,165	R
Emergency department visits for Medicaid members ages 13 and older with a principal diagnosis of alcohol or drug dependence who receive follow-up visit within 30 days			32%	34%	54%	36%	39%	38%	R
Program Rating			Y	Y					Y

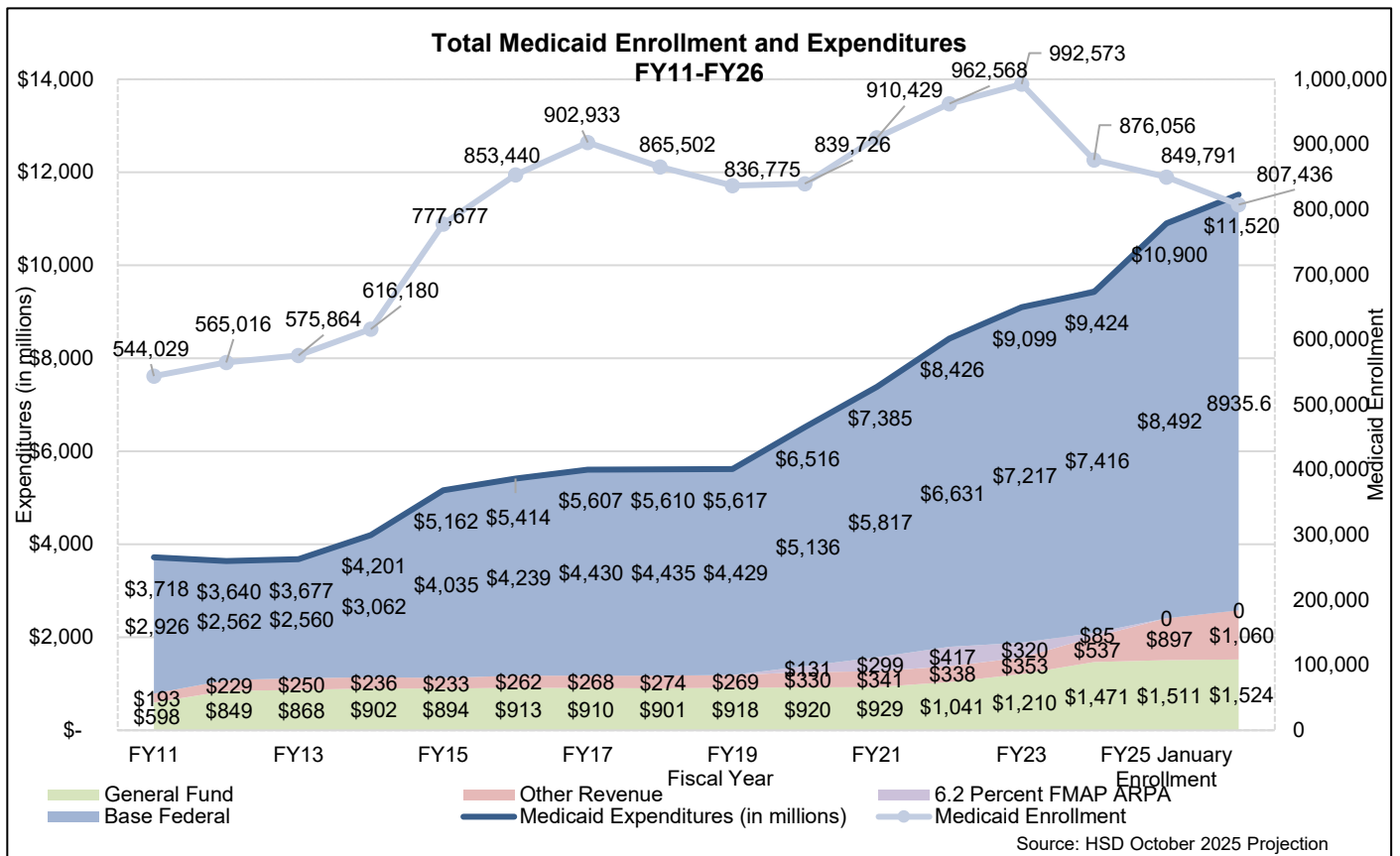
*Measure is classified as explanatory and does not have a target.

ACTION PLAN

Submitted by agency?	Yes
Timeline assigned?	Yes
Responsibility assigned?	Yes

Despite looming federal cuts expected to further mount later in the decade, New Mexico is positioned to advance, thanks to the investments of the past five years. The state has emerged as a leader in compensating providers, hospitals, and others by dedicating billions to provider rate increases. Rural health is in an unprecedented position, with hundreds of millions in expansion and stabilization grants, while behavioral health is being reshaped through significant new funding and sweeping legislative reforms. Similarly, investments in services for the disabled and elderly have improved access to in-home and community services for these populations. These investments are new, and while New Mexico continues to underperform the nation on health outcomes, particularly for substance use, and might be making inefficient use of its public healthcare system, the payoff should be seen in coming years.

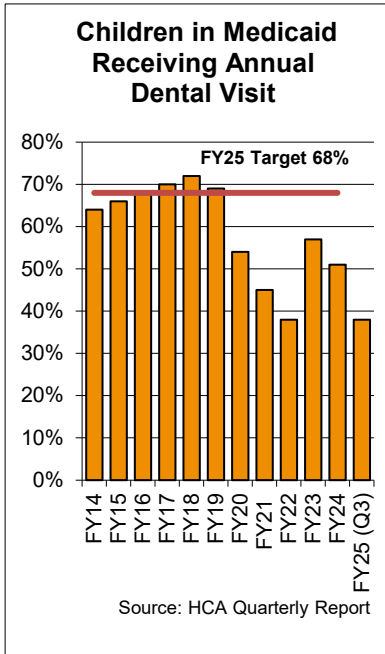
Budget Planning. For FY27, the Health Care Authority received funding to increase rates for personal care services, occupational therapists, residential services for people with developmental disabilities, increased utilization in the Developmental Disabilities Support Division, additional funding to maintain the Supplemental Nutrition Assistance Program (SNAP) supplemental benefits for the elderly and disabled, and more for SNAP administration to respond to upcoming federal budget cuts. In addition, the agency received funding to backfill federal subsidies on the health insurance exchange, additional insurance marketplace affordability, and to cover immigrants losing Medicaid coverage. With these investments oversight is more important now than ever.



Medical Assistance

To date, according to the state’s financial database, SHARE, the Health Care Authority has spent \$1.2 million of the \$188.2 million appropriated during the 2025 regular session for capacity building for the criminal justice Medicaid waiver, for building capacity for housing providers for people experiencing homelessness, for food for women with high-risk pregnancies and people on the community benefit, or to provide medical respite for the homeless. However, the agency that it is well on its way to fully expending these appropriations, with some of the appropriations included in managed care rates for 2026 or otherwise being encumbered.

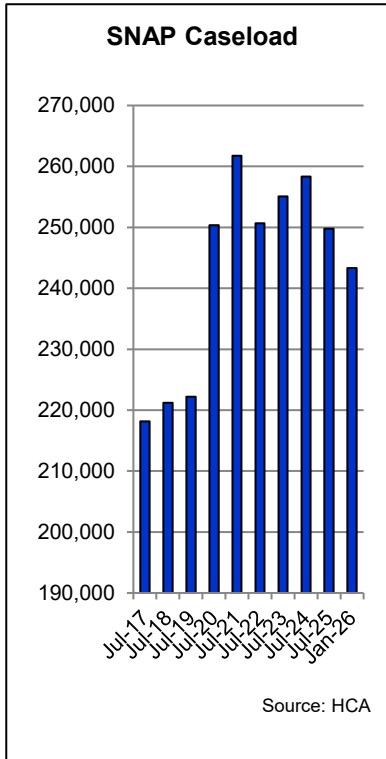
The state’s Medicaid program continued to improve on infant well-child visits, one of its most important performance measures, reaching 58 percent in the third quarter. Timely prenatal care remained weak, holding at 64 percent against an 80 percent target, and its full-year rate has trailed the national average by about eight points. The authority stated that failure to meet the established target for these measures results in a monetary penalty based on a managed care organization’s (MCO) annual payment rate. The authority has implemented quarterly monitoring intended to improve outcomes by reviewing the interventions MCOs put in place, and MCOs are required to provide detailed action plans with their quarterly submissions.



Budget: \$11,289,326.7	FTE: 223.5	FY24 Actual	FY25 Actual	FY26 Target	FY26 Q1	FY26 Q2	FY26 Q3	Rating
Infants in Medicaid managed care who had six or more well-child visits with a primary care physician during their first 15 months* †		66%	64%	N/A	32%	48%	58%	G
Children and adolescents ages 3 to 21 enrolled in Medicaid managed care who had one or more well-care visits during the measurement year †		45%	48%	63%	10%	22%	39%	R
Percent of members under 21 years of age who received a comprehensive or periodic oral evaluation with a dental provider †		51%	53%	53%	13%	33%	48%	G
Hospital readmissions for children ages 2 to 17 within 30 days of discharge		8%	7%	<5%	5%	6%	6%	Y
Hospital readmissions for adults 18 and over within 30 days of discharge †		9%	9%	<8%	11%	11%	10%	R
Emergency department use categorized as nonemergent care		57%	57%	55%	57%	57%	57%	Y
Newborns with Medicaid whose mothers received a prenatal care visit in the first trimester or within 42 days of enrollment in the managed care organization †		78%	77%	80%	65%	64%	64%	Y
Program Rating		Y	R					Y

*Measure is classified as explanatory and does not have a target.

†Measure is from the national health effectiveness data and information set (HEDIS) and is reported on a calendar year, cumulatively, and two quarters behind the state fiscal year. ^A lower rate indicates positive improvement.



Income Support

The Income Support Division (ISD) met both of its timeliness targets and one of its three work participation targets in the third quarter. The division enrolled 98 percent of expedited SNAP cases within seven days and processed 99 percent of regular SNAP cases within 30 days, both above the federal standard of 95 percent. Two-parent families meeting federal work requirements climbed to 68 percent, above the 60 percent target. The broader measure covering all families receiving Temporary Assistance for Needy Families remained well short at 20 percent against a 45 percent target.

States have never been required to pay a share of the cost of SNAP benefits. The newly created state match requirement, established in the recently passed federal reconciliation bill, is tiered based on how high a state’s payment error rate is. Based on current spending trends, New Mexico’s matching rate could be anywhere between nothing and \$173 million. The new match starts with the beginning of federal fiscal year (FFY) 2028 on October 1, 2027.

Because the size of any future match is tied to the state’s payment error rate, the division’s work to bring that rate down carries direct fiscal impact. The division reported it is adding quality checks to its eligibility system to prompt caseworkers on policy, expanding weekly caseworker training to identify staff who need support, and realigning its internal review with the federal quality control review so error trends surface within 30 days rather than after the federal process’s roughly four-month lag. It attributed much of the recent error growth to clients readjusting to interview and verification requirements after pandemic-era waivers expired, compounded by a relatively new workforce.

Budget: \$1,528,374.1	FTE: 1060.0	FY24 Actual	FY25 Actual	FY26 Target	FY26 Q1	FY26 Q2	FY26 Q3	Rating
Regular Supplemental Nutrition Assistance Program cases meeting the federally required measure of timeliness of 30 days		74%	98%	98%	98%	99%	99%	G
Expedited Supplemental Nutrition Assistance Program cases meeting federally required measure of timeliness of seven days		84%	97%	97%	97%	97%	98%	G
Temporary Assistance for Needy Families recipients ineligible for cash assistance due to work-related income		1%	8%	37%	7%	10%	8%	R
Two-parent recipients of Temporary Assistance for Needy Families meeting federally required work requirements		12%	25%	60%	14%	23%	68%	G
All families receiving Temporary Assistance for Needy Families meeting federally required work requirements		7%	13%	45%	12%	13%	20%	R
Program Rating		R	Y					Y

*Measure is classified as explanatory and does not have a target.

Child Support Services

Third-quarter collections totaled \$33 million, about 2 percent higher than the same quarter last year, and average monthly support collected per child rose to \$162, reflecting the seasonal effect of tax refunds. The division credited its employment referral program, through which about 40 percent of referred parents found work and 73 percent began paying support afterward, as a driver of more consistent payments. The division also reported its cost-effectiveness ratio, dollars collected for each dollar spent, declined in FY25, which it attributed to system modernization costs, a shrinking caseload, and lower monthly obligations set to match parents’ actual income. The measure has been falling nationally as well.

Budget: \$48,182.0 FTE: 340.0	FY24 Actual	FY25 Actual	FY26 Target	FY26 Q1	FY26 Q2	FY26 Q3	Rating
Noncustodial parents paying support per total cases with support orders*	51%	52%		52%	52%	52%	
Total child support enforcement collections, in millions	\$119	\$119	\$120	\$27	\$27	\$33	R
Child support owed that is collected	59%	60%	65%	60%	60%	60%	Y
Cases with support orders	83%	83%	85%	84%	85%	85%	G
Total dollars collected per dollars expended	\$2.18	\$2.05		Annual			
Average child support collected per child*	\$129	\$137		\$133	\$131	\$162	
Program Rating	Y	Y					Y

*Measure is classified as explanatory and does not have a target.

Developmental Disabilities Support Division

This is the second year the Developmental Disabilities Support Division reported on the authority’s performance report since it moved from the Department of Health in July 2024. The share of waiver applicants with a service plan and budget in place within 90 days of eligibility recovered to 95 percent in the third quarter, meeting the target after slipping to 70 percent in the second quarter. Eight of the 163 people who began services during the quarter waited longer than 90 days, which the division attributed in part to case managers submitting required monthly reports late, and it is tightening oversight of that reporting. The division also reported that recurring funding from the 2025 session ended its reliance on annual appropriations to clear the waiver waiting list, and it had offered services to all eligible applicants as of May 2025. Employment supports remained a weak point, with 8 percent of working-age waiver participants receiving them against a 20 percent target, a gap the division is working to close through outreach and a renewed agreement with the state’s vocational rehabilitation division.

Budget: \$324,452.3 FTE: 195.0	FY24 Actual	FY25 Actual	FY26 Target	FY26 Q1	FY26 Q2	FY26 Q3	Rating
Number of home visits	11,461	15,330		Annual			
Number of individuals on the home and community-based waiver waiting list*	111	194		Annual			
Number of individuals receiving home and community-based waiver services*	7,522	8,395		Annual			

Percent of adults between ages twenty-two and sixty-two served on a developmental disabilities waiver (traditional or mi via) who receive employment supports	9%	8%	20%	8%	8%	8%	R
Percent of home and community-based waiver applicants who have a service plan and budget in place within ninety days of income and clinical eligibility determination	76%	90%	95%	98%	70%	95%	G
Percent of general event reports in compliance with general events timely reporting requirements (two-day rule)	92%	91%	90%	93%	94%	94%	G
Program Rating	Y	Y					Y

*Measure is classified as explanatory and does not have a target.

Division of Health Improvement

The division scored well on the abuse rate for developmental disabilities and Mi Via waiver clients, which stayed near 1 percent, and it completed 98 percent of abuse, neglect, and exploitation investigations on time. The share of waiver clients receiving wellness checks as part of the quality management bureau’s audit remained far below target in the third quarter at 2 percent against an 18 percent target. The division noted this figure counts only clients in residential settings and understates its total contacts, but infrequent checks remain a concern because they reduce the chance of detecting abuse. Results were mixed on the division’s facility oversight measures in the third quarter. Nursing home survey citations upheld by federal reviewers recovered to 100 percent, up from 40 percent in the second quarter, and seven surveys reviewed during the quarter drew civil monetary penalties of more than \$213 thousand. Timeliness of distributing survey findings to acute and continuing care facilities fell to 42 percent, down from 77 percent, which the division tied to the departure of its quality assurance manager and a temporary review process in place until the position is filled.

Budget: \$11,289,326.7 FTE: 223.5	FY24 Actual	FY25 Actual	FY26 Target	FY26 Q1	FY26 Q2	FY26 Q3	Rating
Percent of nursing home survey citation(s) resulting in a potential sanction by CMS that was upheld when reviewed by CMS	96%	100%	91%	60%	40%	100%	G
Percent of acute and continuing care facility survey statement of deficiencies distributed to the facility within ten days of survey exit	No Report	52%	88%	58%	77%	42%	R
Percent of abuse, neglect, and exploitation investigations completed according to established timelines	80%	97%	96%	96%	97%	98%	G
Abuse rate for developmental disabilities waiver and mi via waiver clients**†	7.3%	0.06%		1%	1%	1%	
Developmental disabilities support division clients receiving wellness checks per year as part of the audit conducted by the quality management bureau		10%	18%	3%	2%	2%	R
Program Rating	R	R					Y

*Measure is classified as explanatory and does not have a target.

† Measure also includes Supports Waiver and Medically Fragile waiver programs.

State Health Benefits

In FY25, spending on prescription drugs in the program increased by \$83.7 million, a 122 percent increase over the prior year. The increase is concerning because it will eventually lead to increased premiums for state and local employees and their employers. Now that the state pays 80 percent of health insurance premiums across the board for state employees, increased premiums will lead to an increased need to fund the program with general fund revenue within state agency budgets. The authority is working toward implementing reference-based pricing, switching pharmacy benefits managers, and aligning local public body premiums with actuarially developed rates to support the long-term financial stability of the program. By the third quarter, generic drug fills had recovered to 85 percent, just above the 84 percent target, though the authority noted that benefit design still steers some members toward higher cost brand drugs because co-pay assistance programs leave them little out-of-pocket cost. The share of available appointments filled at the Stay Well health center rose to 99 percent in the third quarter, up from 86 percent in the second.

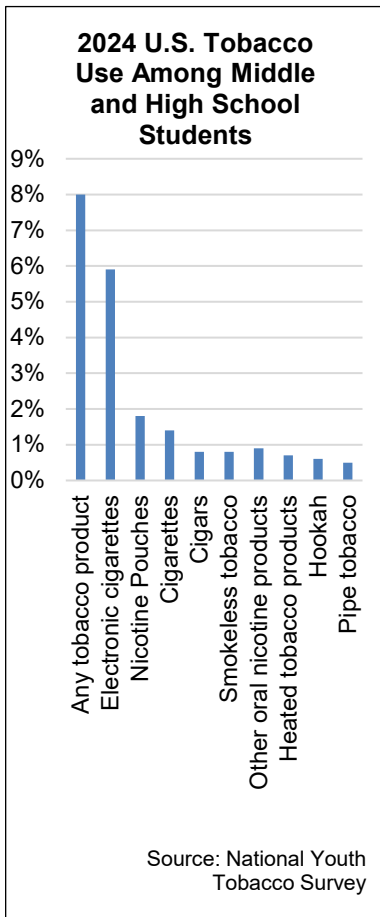
Budget: \$518,353.5 FTE: 0	FY24 Actual	FY25 Actual	FY26 Target	FY26 Q1	FY26 Q2	FY26 Q3	Rating
Number of state health plan members who designate the stay well health center as their primary care provider*	2,162	2,578		2,713	2,779	2,399	
Number of visits to the stay well health center*	7,815	7,385		1,660	1,791	1,923	
Percent change in the average per-member per-month/total healthcare cost†	No Report	17%/8%		Annual			
Percent of available appointments filled at the stay well health center*	74%	92%		Annual			
Percent of state health plan members with diabetes receiving at least one hemoglobin A1C test in the last 12 months†	49%	62%/46%	86%	31%/81%	42%/87%	20%/86%	Y
Percent of state group prescriptions filled with generic drugs within 3 percent of public-entity-peer rate as reported by pharmacy benefits manager	56%	84%	84%	85%	81%	85%	G
Program Rating	R	R					Y

*Measure is classified as explanatory and does not have a target.
†Measure reported as Blue Cross Blue Shield/Presbyterian Health Services

ACTION PLAN

Submitted by agency?	No
Timeline assigned?	No
Responsibility assigned?	No

According to the U.S. Centers for Disease Control and Prevention, tobacco product use remains the leading cause of preventable disease and death in the United States. In 2022, 49.2 million (19.8 percent)—or nearly 1 in 5—adults reported current tobacco product use.



Department of Health

The Department of Health (DOH) reported mixed performance across the agency for the third quarter of FY26. Although broader social factors play a significant role in shaping these outcomes, the department retains responsibility for programmatic interventions that can influence access, prevention, and treatment. DOH’s ongoing efforts focus on strengthening public health infrastructure and community-based initiatives to address these challenges.

Public Health

The Public Health Division reported mixed performance during the third quarter. Smoking cessation programs reflect national trends: in FY25, DOH spent \$2.93 per smoker with a 0.92 percent reach, compared to the national averages of \$3.03 and 0.95 percent reach. The department reports a decline in the percentage of immunized preschoolers, consistent with national trends observed following recent federal changes to immunization guidance. Laws 2026, Chapter 42, allows DOH to establish its own childhood immunization recommendations, which the state previously followed guidance from the federal Centers for Disease Control and Prevention and the American Academy of Pediatrics. Though immunization rates among preschool-aged children have declined, DOH reports that 93.2 percent of kindergarteners are fully immunized, a rate the department expects will place New Mexico at the high end of coverage nationally once CDC data are released. The department will continue its vaccination education and outreach efforts to help ensure access to vaccination services statewide. Meanwhile, the department continues to report increases in the number of successful overdose reversals in the harm reduction program and already exceeded its target for the year, which may potentially be undercounted.

Budget: \$271,853.9 FTE: 837.5	FY24 Actual	FY25 Actual	FY26 Target	FY26 Q1	FY26 Q2	FY26 Q3	Rating
Percent of school-based health centers funded by the department of health that demonstrate improvement in their primary care or behavioral healthcare focus area	96%	66%	96%		Reported Annually		
Percent of New Mexico adult cigarette smokers who access New Mexico Department of Health cessation services	0.9%	0.9%	3.5%	0.3%	0.3%	0.3%	R
Number of successful overdose reversals in the harm reduction program	3,153	5,447	3,000	1,458	1,573	1,681	G
Percent of preschoolers ages nineteen to thirty-five months indicated as being fully immunized	72%	67.2%	75%	64.7%	63.8%	61.7%	R
Percent of female department of health's public health office family planning clients, ages fifteen to nineteen, who were provided most- or moderately effective contraceptives	84%	83.7%	88%	86.5%	86.7%	83.8%	G
Program Rating	R	R					Y

Epidemiology and Response

The Epidemiology and Response Division fell short on the number of death certificates registered within 10 days of death, which may in part be due to death investigations conducted by the Office of the Medical Investigator (OMI) taking up to 90 days to certify a cause of death, in addition to pathologists at OMI leaving the office. The division reports that 89.9 percent of the deaths OMI certified exceeded the 10-day mark for issuance of a death certificate, though OMI follows ruling that allows for 90 days to certify a cause of death, potentially impacting the office’s ability to meet the 10-day target. When looking at processing death certificates where OMI was not involved, 65 percent of death certifications were completed within 10 days of death during the third quarter, exceeding the performance target. The Bureau of Vital Records and Health Statistics has been working with OMI’s new technological interface to potentially improve timeliness with issuance of death certificates.

Participating Sentinel Hospitals
Alta Vista Regional Hospital
Christus St. Vincent Regional Medical Center
Cibola General Hospital
Eastern New Mexico Medical Center
Taos Holy Cross Medical Center
Presbyterian Espanola Hospital
San Juan Regional Medical Center

Source: DOH

Budget: \$70,227.4 FTE: 371	FY24 Actual	FY25 Actual	FY26 Target	FY26 Q1	FY26 Q2	FY26 Q3	Rating
Number of people admitted to the emergency department of participating hospitals with a suicide diagnosis	228	232	284	84	62	62	G
Percent of death certificates completed by bureau of vital records and health statistics within ten days of death	56%	53%	60%	58%	55%	48%	R
Percent of hospitals with emergency department-based self-harm secondary prevention programs	2.7%	2.7%	8%	17%	17%	17%	G
Program Rating	R	R					Y

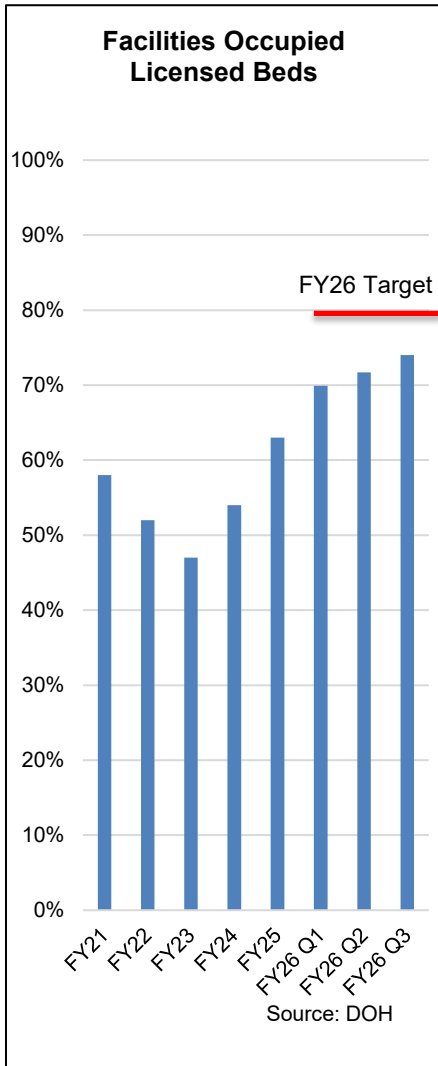
Scientific Laboratory

The Scientific Laboratory Division fell short on one measure, citing the Get the Lead Out testing program as a contributing factor to not meeting the third quarter target due to the large influx of samples received. In addition to the lead testing program for schools and daycares, the division has also started receiving surface water samples, with DOH noting surface water samples are more complex than other environmental samples and can require more time to process.

Budget: \$20,080.1 FTE: 139	FY24 Actual	FY25 Actual	FY26 Target	FY26 Q1	FY26 Q2	FY26 Q3	Rating
Percent of blood alcohol tests from driving-while-intoxicated cases completed and reported to law enforcement within thirty calendar days	99%	100%	90%	100%	100%	100%	G
Percent of public health threat samples for communicable diseases and other threatening illnesses that are completed and reported to the submitting agency within published turnaround times	97%	95%	95%	92.7%	97.4%	97.0%	G
Percent of environmental samples for chemical contamination are completed and reported to the submitting agency within sixty calendar days.	72%	66%	90%	91%	84%	58%	R
Program Rating	R	Y					Y

Facilities Management

The Facilities Management Division has seen improved performance from this same time last year across all of its facilities, such as the increase of the percentage of licensed beds occupied across state facilities. Since the beginning of FY26, the department has increased its facilities' population by almost 6 percent and is on track to meet its annual target of 80 percent occupancy. The division reports, while 100 percent of patients were offered naloxone kits, there was a slight decrease of the percent of patients who received the kits, due to patients choosing to not accept the kits, with patients not accepting the kits typically leaving detox programs early against medical advice.



	Budget: \$205,591.8	FTE: 1,913.5	FY24 Actual	FY25 Actual	FY26 Target	FY26 Q1	FY26 Q2	FY26 Q3	Rating
Percent of medication-assisted treatment utilized in the management of alcohol-use disorders while at turquoise lodge hospital			100%	100%	65%	98%	97.3%	97%	G
Percent of medical detox occupancy at Turquoise Lodge Hospital			28%	21.6%	80%	24.2%	25%	53%	Y
Percent of medication-assisted treatment utilized in the management of opioid use disorders while at Turquoise Lodge Hospital			100%	100%	92%	100%	100%	100%	G
Percent of patients educated on medication-assisted treatment options while receiving medical detox services			100%	100%	100%	100%	100%	100%	G
Percent of patients eligible for naloxone kits who received the kits			100%	83.7%	95%	98.8%	100%	93%	G
Percent of licensed beds occupied			55%	60.9%	80%	69.9%	71.7%	74%	Y
Percent of eligible third-party revenue collected at all agency facilities			88%	80.9%	94%	89.9%	75%	95%	G
Number of medication errors causing harm per one thousand patient days within identified categories			0	0	0	0	0	0	G
Percent of medication assisted treatment utilized in the management of alcohol use disorders while at New Mexico Rehabilitation Center			NEW	NEW	65%	83%	100%	88%	G
Percent of medication assisted treatment utilized in the management of opioid use disorders while at New Mexico Rehabilitation Center			NEW	NEW	92%	100%	100%	95%	G
Program Rating			R	Y					G

ACTION PLAN

Submitted by agency?	Yes
Timeline assigned?	No
Responsibility assigned?	No

During the third quarter of fiscal year 2026, the Children, Youth and Families Department (CYFD) demonstrated improvement in some areas while the agency continued to struggle to meet critical performance targets. New Mexico’s reported rate of repeat maltreatment decreased by 1.4 percentage points—a notable improvement—but remained over 14 percent, well above the national average. The state’s rate of maltreatment in foster care continued to climb, reaching 19.5 incidents of maltreatment per 100 thousand days in foster care. Although the state has enacted legislation and significantly increased appropriations for evidence-based approaches to reduce and prevent maltreatment, such strategies have largely not yet been implemented. In the third quarter of FY26, the number of children in foster care remained over 2,000 monthly, an increase from prior years. While the department continues to face challenges recruiting and retaining a professional social-worker workforce, turnover in Protective Services improved once again during the third quarter to about 33 percent, a reduction of about 8 percent relative to the first quarter of the fiscal year. Within juvenile justice services, although populations in secure facilities continue to be high relative to previous years, performance on a number of measures remained strong.

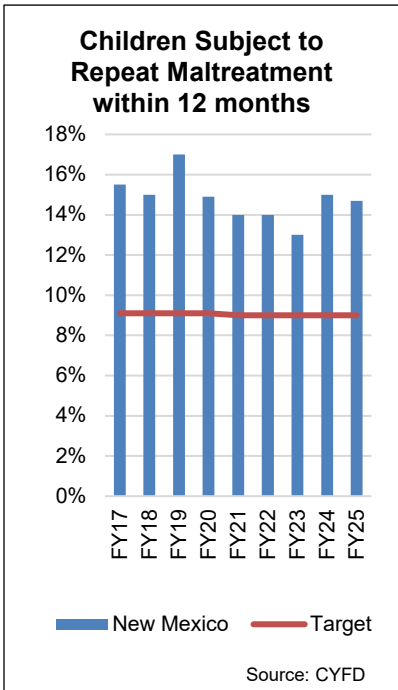
Protective Services

Prevention. Prevention and early intervention are key to reducing maltreatment and repeat child maltreatment, and several evidence-based options for preventing repeat maltreatment could be expanded and leveraged to garner more federal revenue and improve outcomes. In the past five years, CYFD preventive services expenditures have grown significantly, though these expenditures remain a small share of all Protective Services spending. In September 2025, CYFD received approval of a revised plan submitted to the federal government for reimbursement for prevention services and the plan became effective October 1, 2025. Provision of two included services, Motivational Interviewing and SafeCare, are now eligible for federal reimbursement.

Repeat maltreatment rates decreased to 14.2 percent in the third quarter of the fiscal year, a meaningful improvement relative to performance in recent years but well above the national benchmark of 9 percent. The repeat maltreatment measure is an indicator of how successfully CYFD is facilitating families’ engagement in secondary prevention and intervention services. The greatest opportunity to intervene and prevent repeat maltreatment exists near the initial case, and the repeat maltreatment data reflects organization practice roughly a year prior. Of concern, after remaining relatively stable in FY23 and FY24, maltreatment in foster care increased by over 20 percent in FY25 and has continued to increase in FY26. In the third quarter, that rate continued to climb, reaching over 19.5 instances per 100 thousand days in foster care. CYFD has not identified the root cause of the dramatic increase in maltreatment in care.

To address maltreatment, CYFD requires a professional social worker workforce, but the department continues to struggle to recruit and retain Protective Services staff. Although turnover remains well above target, in the third quarter of FY26, the agency demonstrated continued improvement relative to the beginning of the fiscal year, decreasing the turnover rate to 33.3 percent.

Foster Care. The number of children in foster care in New Mexico steadily declined from FY17 to FY23, when the trend reversed. In the third quarter of FY26, over 2,200



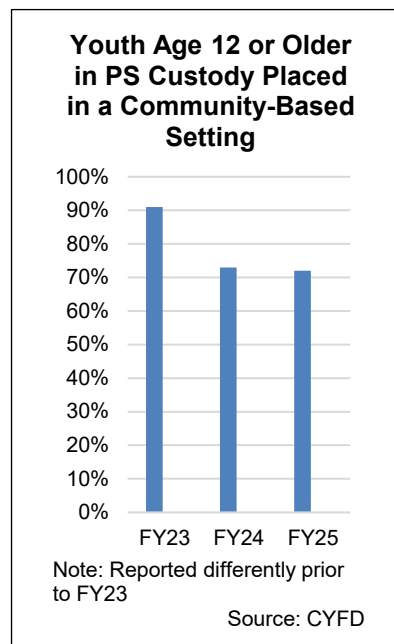
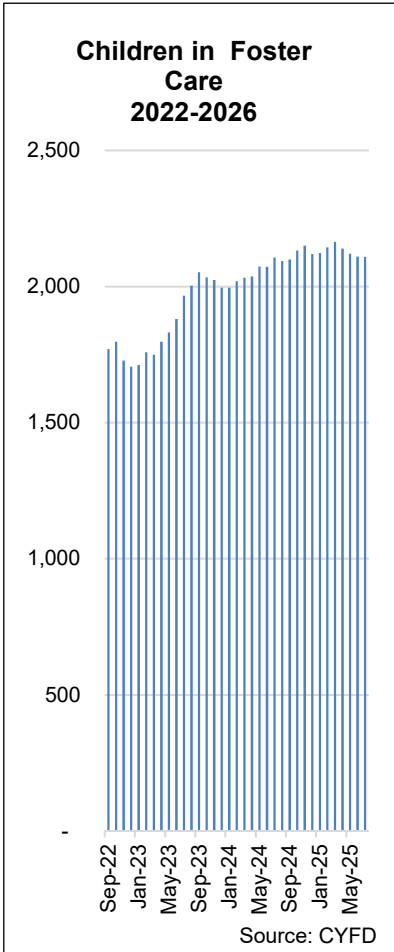
children were in state care. The state continues to underperform on placement stability and achieving permanency, although New Mexico performs well with regard to placing youth with kin. CYFD has continued to struggle with complying with the requirements of the *Kevin S.* settlement, including recruitment of resource (foster) homes. For the first three quarters of FY26, CYFD did not report the number of foster youth placed in the least restrictive community-based placement.

Budget: \$230,995.7

FTE: 1,179

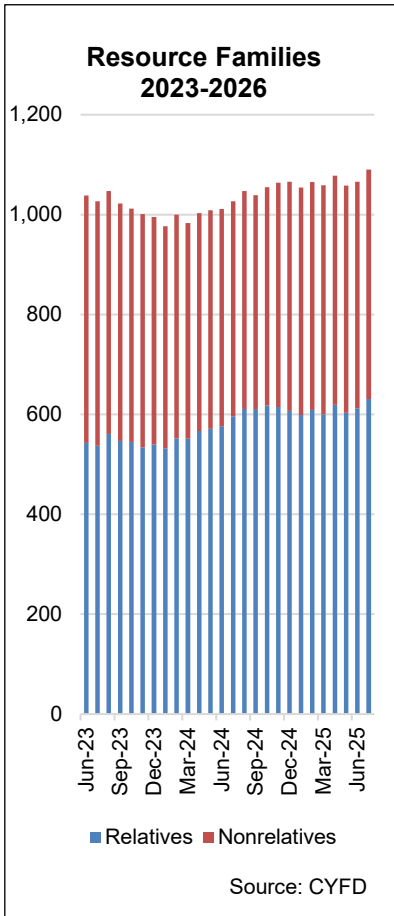
	FY24 Actual	FY25 Actual	FY26 Target	FY26 Q2	FY26 Q3	Rating
Maltreatment						
Percent of children in foster care who have at least one monthly visit with their case worker*	86%	80%	95%	85.3%	68.6%	R
Children who were victims of a substantiated maltreatment report who were victims of another substantiated maltreatment allegation within twelve months of their initial report	15%	15%	9%	15.6%	14.2%	R
Rate of maltreatment victimizations per one hundred thousand days in foster care within a rolling twelve month period	10.0	12.4	8	17.9	19.5	R
Families that participated in in-home services or family support services and did not have a subsequent substantiated report within the next twelve months	74%	82%	80%	76.8%	88.7%	G
Fatalities or near-fatalities in a rolling twelve-month period that had protective services involvement in the twelve months preceding the incident	57%	34%	15%	55.5%	26.7%	R
Average statewide central intake call center wait time, in seconds	76	78	50	24	16	G
Foster Care						
Turnover rate for protective services workers	34%	37%	25%	37.4%	33.3%	Y
Of the children who enter care during a 12-month period and stay for greater than 8 days, placement moves rate per 1,000 days of care	8.1	7.9	4.75	8.2	7	R
Children in foster care more than eight days who achieve permanency within twelve months of entry into foster care	34%	32%	42%	25%	24.3%	R
Children removed during a rolling twelve-month period who were initially placed with a relative or fictive kin	32%	36%	43%	37.8%	45.6%	G
Children in foster care for twenty-four months or more at the start of a twelve-month period who achieve permanency within twelve months	25%	24%	30%	27.5%	27.9%	Y
Foster care placements currently in kinship care settings	48%	47%	42%	43.7%	45.6%	G
Children in foster care for twelve to twenty-three months at the start of a twelve-month period who achieve permanency within those twelve months	34%	24%	44%	25%	23.7%	R
Eligible youth who enrolled in Fostering Connections upon emancipation from foster care	81%	84%	95%	87.3%	90.3%	Y
Youth age twelve or older in protective services custody who are placed in a less restrictive, community-based setting	85%	72%	73%	Not reported	Not reported	R
Program Rating	R	R				R

*Measure is classified as explanatory and does not have a target.



Juvenile Justice Services

Over the last decade, the number of youths incarcerated in secure juvenile justice facilities has steadily decreased from the state’s peak as CYFD has implemented evidence-based practices. However, during FY24, the number of youths in secure Juvenile Justice Services (JJS) facilities began increasing, from an average census of 80 in FY23 to 120 at the beginning of FY26. This increase may be due, in part, to changes CYFD has made to override a validated risk assessment tool and an increase in the number of youths charged with violent crimes, particularly in the 2nd Judicial District. While referrals to JJS increased in the last few years, referrals remain well below pre-pandemic levels and historical state highs. Average daily census remains below capacity in the state’s two secure juvenile justice facilities, the Youth Diagnostic and Development Center in Albuquerque and the J. Paul Taylor Center in Las Cruces. Several metrics reflected positive trends, including completion rates for formal and informal probation and recidivism and educational outcomes for youth in secured facilities.



	Budget: \$82,322.6	FTE: 736.5	FY24 Actual	FY25 Actual	FY26 Target	FY26 Q2	FY26 Q3	Rating
Turnover rate for youth care specialists			34%	27%	25%	26.3%	32%	Y
Percent of clients who successfully complete formal probation			90%	91%	93%	90.6%	92.1%	Y
Percent of clients who successfully complete informal probation			91%	91%	85%	88.2%	92.3%	G
Percent of clients successfully completing term of supervised release			Not reported	73%	78%	69%	76.5%	Y
Number of substantiated complaints by clients of abuse or neglect in juvenile justice facilities			0	5	3	0	1	G
Percent of youth discharged from active field supervision who did NOT recidivate within two years			87%	85%	80%	82.6%	86.9%	G
Rate of physical assaults per one thousand days youth spent in facilities			5.5	5.1	3.8	2.4	2.5	G
Percent of discharged from a secure facility who did NOT recidivate in the following two-year period			66%	72%	55%	80%	46.2%	Y
Youth served by juvenile justice who are placed in a less-restrictive, community-based setting			94%	94%	94%	93.7%	93.7%	Y
Percent of clients reviewed at 40 days			Not reported	95%	92%	97.7%	88%	Y
Youth aged seventeen and older at time of discharge from a secure facility who obtained a diploma or GED while at the facility			74%	74%	50%	83%	N/A	
Program Rating			R	Y				Y

*Measure is classified as explanatory and does not have a target.

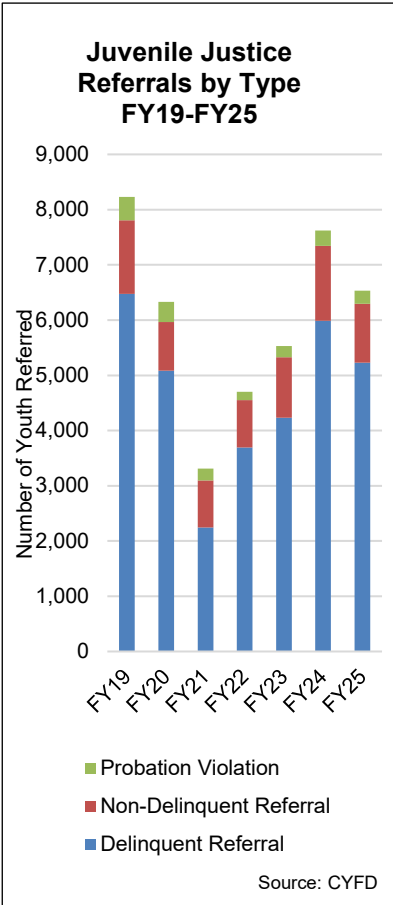
Behavioral Health Services

Within the Behavioral Health Program, performance on key measures related to supporting children’s access to care fell below performance targets. Most notably, in the third quarter of FY26, only 42.2 percent of Protective Services-involved youth received consultation from a community behavioral health clinician, well below target and a

reduction relative to first and second quarter performance. In 2022, the Legislature appropriated \$20 million for start-up costs for behavioral health providers to establish evidence-based services that would be eligible for Medicaid or federal Title IV-E (foster care) funding. After being unspent for several years and reauthorized for FY25, less than \$5 million of the appropriation was ultimately spent for the intended purpose.

Budget: \$53,109.2

FTE: 123



	FY24 Actual	FY25 Actual	FY26 Target	FY26 Q2	FY26 Q3	Rating
Infant mental health program participants showing improvement developmentally through clinical assessment and observation	93%	89%	95%	90.4%	91.8%	Y
Domestic violence program participants who agree or strongly agree that because of their participation in the program as a parent, they have a better understanding of the impact that domestic abuse or violence can have on children	96%	94%	90%	95.2%	95.7%	G
Domestic violence program participants who agree or strongly agree that staff and advocates regularly discuss their safety needs, including specific things they can do to keep themselves safe	92%	93%	90%	89.2%	92.2%	G
Clients enrolled in multisystemic therapy who demonstrate improvement in one or more behavioral health outcomes	92%	93%	90%	85.9%	89.1%	Y
Percent of protective services-involved youth in the target population who receive consultation from a community behavioral health clinician	15%	48%	75%	42.5%	42.2%	R
Percent of juvenile-justice involved youth in the estimated target population who have received consultation from a community behavioral health clinician	63%	72%	85%	78.9%	82.1%	Y
Program Rating	Y	Y				Y

*Measure is classified as explanatory and does not have a target.