



# DOH FY27 Budget Request

Cabinet Secretary Gina DeBlassie  
December 8, 2025

# Overview



The New Mexico Department of Health works to promote health and wellness, improve health outcomes, and deliver services to all New Mexicans. As New Mexico's largest state agency, DOH offers public health services in all 33 counties and collaborates with 24 Native American Tribes, Pueblos and Nations.

## Administration



**3,518**

Personnel



**3**

Divisions



**6**

Centers

## Facilities



**8**

Facilities



**66**

PHOs & WIC

**Divisions:** Administrative Services, Public Health, Facilities Management

**Centers:** Access & Linkage to Health Care, Health Protection, Healthy & Safe Communities, Medical Cannabis, Public Health Operations, and New Mexico Scientific Laboratory

**Facilities:** Behavioral Health Institute Las Vegas & Meadows, Fort Bayard Medical Center, Los Lunas Community Program, Rehabilitation Center, Sequoyah Adolescent Treatment Center, Turquoise Lodge Hospital, and State Veterans' Home

# Immediate Focus

Presented to LFC 12/7/2024

1. Facilities
  - Revenue cycle management
  - Increase census
  - Improve quality
  - Hire Chief Nurse – Clinical Support and Compliance Focused (On hold)
2. Process Improvement - Financial
  - Contract timeliness
  - Purchase order completion
  - Budget and monthly projection accuracy
3. Renew focus on customer service for the citizens of New Mexico.
4. Timely reporting of health data to better serve communities.
5. Continued enhancement of clinical service delivery through the public health infrastructure

# Immediate Focus Results

1. Facilities
  - Revenue cycle management: re-negotiated MCO contracts for facilities, reduced Medicaid pending cases
  - Increase census: 7/2024 – 56% vs. 11/2025 – 70%
  - Improve quality: Veterans' Home VA Recognition, AARTC for Roswell Facility, Survey readiness, ISO accreditation for State Toxicology Lab
  - Hire Chief Nurse – Clinical Support and Compliance Focused (On hold)
  - Other – Epi Duran Treatment Center, Las Vegas
2. Process Improvement - Financial: Complete redesign of budget and projection models, new team
  - Contract timeliness
  - Purchase order completion
  - Budget and monthly projection accuracy
3. Renew focus on customer service for the citizens of New Mexico: Streamlined procedures, improved responsiveness (Vital Records, Helpline)
4. Timely reporting of health data to better serve communities: Measles response, Substance Use and Mental Health Dashboard, Publications
5. Continued enhancement of clinical service delivery through the public health infrastructure: Primary Care, MOUD
6. Other: On track to implement Medical Psilocybin program 1 year earlier than originally planned, Administer CARA

# Summary of DOH Base Budget Submission



General Funds	FY26 Operating Budget	FY27 Request	\$ Change YOY	% Change YOY
	\$219,820.80	\$223,820.80	\$4,000.00	1.8%

P-Code	FY26 Base	FY26 4% Comp Pkg	SPO Architecture	FY26 OpBud Total	FY27 Request vs FY26 OpBud	
					FY27 Request	FY27 Base Increase Amount
P001 - Administrative Support	10,214.40	287.40	588.40	11,090.2	11,090.2	-
P002 - Public Health	81,033.20	1,000.60	585.00	82,618.8	82,618.8	-
P003 - Epidemiology & Response	16,923.90	209.60	585.00	17,718.5	18,678.5	960.0
P004 - State Laboratory Services	10,906.60	171.60	585.00	11,663.2	12,703.2	1,040.0
P006 - Facilities	93,910.40	2,234.70	585.00	96,730.1	98,730.1	2,000.0
	212,988.50	3,903.90	2,928.40	219,820.80	223,820.80	4,000.00

## Additional Funding Request

Group Insurance	2,642.50	
GSD Risk Rate	1,160.20	
DOIT Rate	478.20	
<b>Total Request</b>	<b>228,101.70</b>	<b>8,280.90</b>
		<b>3.8%</b>

\* Dollar amounts denoted in millions

# Epidemiology & Response

## Base Increase Request

### P003 – Epidemiology & Response:

FY26 Base	FY27 Budget Request	Increase
\$17.72 million	\$18.67 million	\$0.960 million

- **\$0.710 DOH Helpline (Loss of Federal Funds)**
  - Increased volume and supports for DOH programs
  - Call volume 11/2024 – 10/2025 – 106,811 calls
  - Connecting New Mexicans to services
    - Breast and cervical cancer screening
    - Syphilis testing and treatment
    - Tuberculosis testing and treatment
    - Measles contact tracking, quarantine and provider support
    - MOUD bridge prescriptions, patient connections with community providers, and harm reduction services
    - Telehealth (HIV, STI, COVID)
    - Vital Records
- **\$0.250 Vital Records Virtual Vault – Annual Maintenance and Hosting**

- Breast & Cervical Cancer Screening Line (833-525-1811 & 505-841-5850)
- COVID Hotline (855-600-3453)
- Diabetes Education / Paths to Health (505-850-0176)
- Epidemiology On Call /Enviro. Health (505-827-0006)
- Fall Prevention Program (505-476-3082)
- Family Planning Helpline (505-476-8913)
- HIV Surveillance and Reporting (505-476-3515)
- Uninsured MOUD Patient Consultation / InMedRx Assistance
- Licensure (CNA, EMS) (505-476-8200)
- NM Health Cab. Secretary's Office (505-827-2951)
- Reproductive Health Line (833-76REPRO)
- STI Patient & Provider Helpline (505-476-3611)
- Tuberculosis Hotline (505-827-2471)
- Vital Records Lines (505-827-0121 & 866-534-0051)



**NM DOH**  
**Helpline**  
**1-833-**  
**SWNURSE**

# State Laboratory Services Base Increase Request

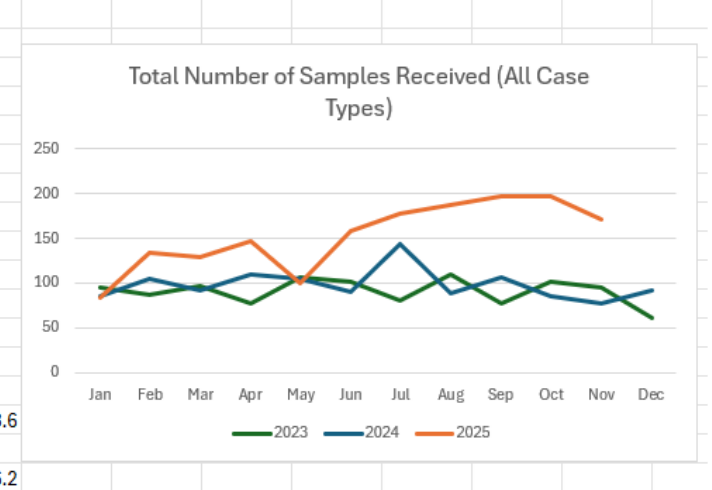


## P004 – State Laboratory Services:

FY26 Base	FY27 Budget Request	Increase
\$11.7 million	\$12.7 million	\$1.0 million

- \$0.500 – Toxicology Bureau – Staff (4 positions)**
  - Increase in staffing required due to HB8 – Criminal Competency and Treatment
    - Added “misdemeanor” cases to Section 20 66-8-111A.
    - Requires more rigorous process for the lab including expert testimony in the courts throughout the state
    - NMAC Title 7 Chapter 33 requires testing through SLD
- \$0.350 – Toxicology testing supplies and materials**
  - Increase in number of tests due to HB8 – Criminal Competency and Treatment
- \$0.190 – Scientific Laboratory – preventative maintenance costs**

Jan	95	86	83
Feb	87	104	134
Mar	96	91	129
Apr	77	110	146
May	107	104	100
Jun	102	90	158
Jul	81	143	178
Aug	110	88	188
Sep	77	107	197
Oct	102	86	197
Nov	95	77	171
Dec	61	91	
Average monthly cases 01/01/2023-05/31/2025: 98.6			
HB8 effective as of 6/20/2025			
Average monthly cases 07/01/2025-10/31/2025: 186.2			



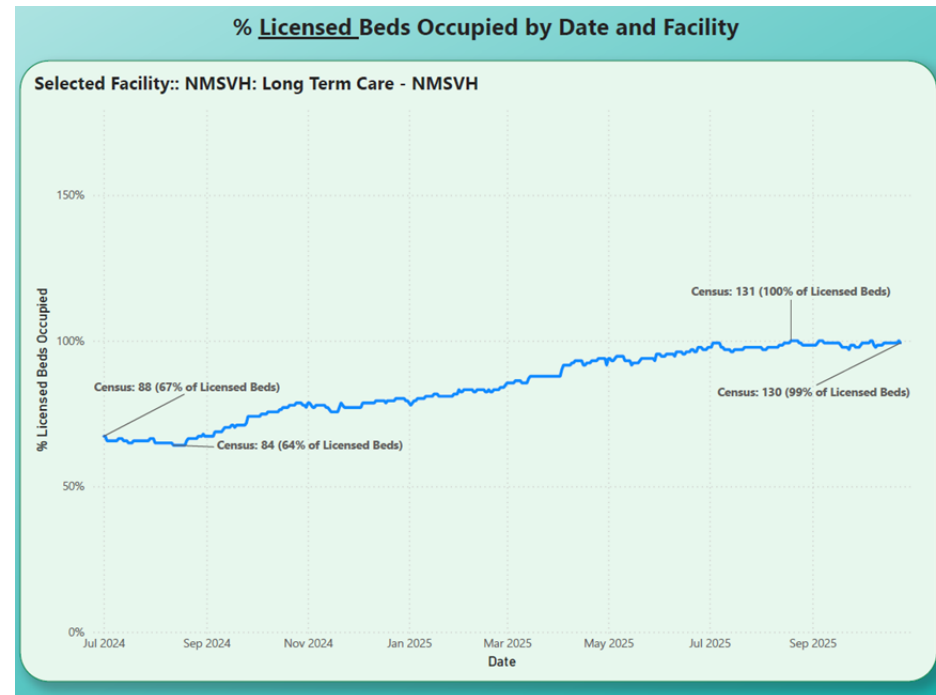
# Facilities Management Base Increase Request



## P006 – Facilities Management:

FY26 Base	FY27 Budget Request	Increase
\$96.7 million	\$98.7 million	\$2.0 million

- **NM State Veterans' Home – Staffing**
  - Staffing mix
    - 53% - State employee
    - 47% - Agency
  - Census
    - 7/1/2024 – 67% (88)
    - 11/2025 – 100% (131)





# Summary of Special Requests - \$5.7 million



## **P002 – Public Health - \$1.5 million**

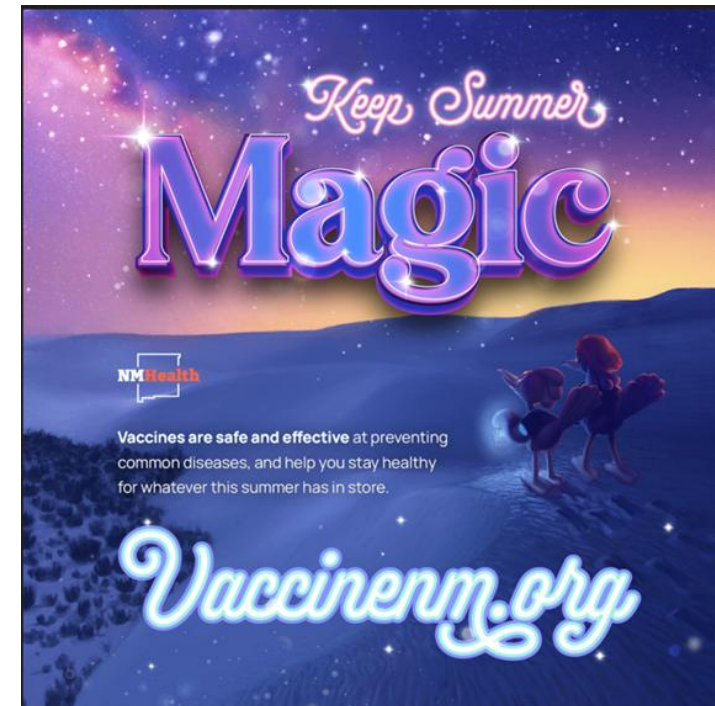
- Respiratory Vaccinations and Marketing Campaign

## **P004 – State Laboratory Services - \$2.2 million**

- Toxicology Testing Equipment and Instruments
  - Old equipment needs replacing
  - Equipment is no longer supported by the manufacturer
  - Calibration requirements are at risk

## **P006 – Facilities Management - \$2.0 million**

- Operations and maintenance of DOH facilities



# Summary of Supplemental Requests - \$.4.1 million



## **P002 – Public Health - \$3.6 million**

- \$3.3 million – CARA Program
  - Working with HCA on Medicaid Reimbursement
- \$0.3 million – Newborn screening test kits

## **P003 – Epidemiology & Response - \$0.250 million**

- Vital Records Virtual Vault
  - Annual maintenance and hosting

## **P004– State Laboratory Services - \$0.200 million**

- Toxicology testing supplies

# Capital Requests



- **Forensics - \$80.0 million (#1 PRIORITY)**
  - Needed to complete construction
  - Partially funded will result in an estimated 6-month plus schedule delay an increase of \$20 million.
  - Construction timeline
    - Substantial completion in spring of 2028
    - Occupancy in summer of 2028
- **Los Lunas Intermediate Care Facility (ICF) - \$4.7 million**
  - Necessary to meet the demand for services
  - Currently full with a census of 4
  - There is no other 1.6 commitment facility in the state (NMAC 31-9-1.6)
    - Referrals are from the courts
      - Committed a felony
      - Posed a threat to themselves or the community
      - Incompetent to stand trial due to Intellectual Developmental Disabilities (IDD).

# ReAuth and BAR Language



## ReAuth Requests:

### **P787 – Psilocybin Program – ReAuth ZJ5195 - \$1.0 million**

- Expending the one million dollars (1,000,000) appropriated to the Department of Health in Subsection 195 of Section 5 of Chapter 160 of Laws 2025 for operational expenses for enacting the Medical Psilocybin Act is extended through fiscal year 2027.

### **C-2 – IT Services – ReAuth**

- **ZE7028 - \$3.5 million** - To purchase and implement an enterprise healthcare records system for public health offices.
- **ZG7030 - \$10.75 million** – To continue implementation of an enterprise electronic health records system.

## BAR Language FY26 and FY27:

- The Department of Health may request program transfers up to two million dollars (\$2,000,000) between the laboratory services, public health, epidemiology and response, facilities management programs for budget shortfalls, the public health, epidemiology and response and facilities management programs may request budget increases from internal service funds / interagency transfers and other state funds from payments for prevention services, conducting health surveys and analyzing data, Medicaid administrative claiming, and operating expenses, laboratory services program may request budget increases from internal service funds / interagency transfers and other state funds for operating expenses and the medical cannabis program may request budget increases from interagency transfer funds received from the regulation and licensing department for operating expenses.



# Questions



# APPENDIX

# CURRENT & FUTURE STATE: CARA AND SB42



	CURRENT STATE – NM CARA	FUTURE STATE – SB42 IMPLEMENTATION
Regulatory Oversight	<ul style="list-style-type: none"> <li>Children, Youth &amp; Families Department (CYFD) - 8.10.5 NMAC</li> </ul>	<ul style="list-style-type: none"> <li>Moves to the Health Care Authority (HCA)</li> <li>Rules must be fully promulgated by 7/1/26</li> </ul>
Screening	<ul style="list-style-type: none"> <li><b>No screening</b> required</li> <li>Substance exposure may be identified through toxicology or voluntary disclosure</li> </ul>	<ul style="list-style-type: none"> <li><b>Universal screening</b> required</li> <li>SBIRT (Screening, Brief Intervention, and Referral to Treatment)</li> <li>Evidenced-based evaluation of newborn for withdrawal symptoms</li> </ul>
Participation in Plan of Safe Care (POSC)	<ul style="list-style-type: none"> <li><b>Voluntary approach</b>; participation in POSC not required</li> <li>Families may refuse a POSC, referrals, care coordination, CARA navigation, and treatment</li> </ul>	<ul style="list-style-type: none"> <li><b>Mandatory approach</b>; participation in POSC required</li> <li>Mandatory elements in POSC include home visiting and Substance Use Disorder (SUD) treatment</li> </ul>
POSC Starting Point	<ul style="list-style-type: none"> <li>Starts at <b>birth</b></li> </ul>	<ul style="list-style-type: none"> <li>May be initiated during <b>prenatal</b> care</li> </ul>
Notification to CYFD	<ul style="list-style-type: none"> <li>POSC noncompliance <b>may</b> be referred to CYFD</li> <li>Family assessment may be completed</li> </ul>	<ul style="list-style-type: none"> <li>POSC noncompliance <b>must</b> be reported to CYFD</li> </ul>
Training	<ul style="list-style-type: none"> <li><b>Minimal</b> requirements</li> <li>Unclear which agency is responsible</li> </ul>	<ul style="list-style-type: none"> <li><b>More rigorous</b> training for hospitals and providers; SBIRT, POSC requirements</li> <li>HCA is responsible</li> </ul>
Care Coordination & CARA Navigation	<ul style="list-style-type: none"> <li>Medicaid Managed Care Organizations (MCOs) required to provide in-person care coordination starting at hospital</li> <li>DOH CARA navigators and MCO care coordinators perform home visits</li> </ul>	<ul style="list-style-type: none"> <li>Build and leverage the CARA navigator program at DOH</li> </ul>

# AGENCY ROLES AND RESPONSIBILITIES



### HCA

Rule promulgation and regulatory oversight of CARA program

Training: SBIRT, screening tools, POSC development and criteria, reporting requirements

Collection and reporting of data

Hospital oversight

Build and maintain portal for Reporting and cross-agency/provider notification

Ensure and facilitate access to BH/SUD treatment and other services for families

In-person hospital presence (current)

Health Risk Assessments and Comprehensive Needs Assessments for families

### DOH

CARA navigators and case managers for all CARA families

Check POSC portal daily

Notification to CYFD for POSC noncompliance or suspected abuse/neglect

In-person hospital presence (future)

Safety assessment of caregiver home prior to discharge (in collaboration with CYFD)

Connect families with resources and support (safe sleep, diapers, gun locks)

### CYFD

Investigate hospital referrals of reported substance exposures; safety assessment of home (in collaboration with DOH)

Initiate 72-hour hold prior to discharge

Conduct investigations

Petition for custody if homes are determined unsafe

Receive notifications for noncompliance referrals for investigations and the family services bureau

### ECECD

Maternal Home Visiting  
Family, Infant & Toddler (FIT) services

Early intervention services

Child care services