NEW MEXICO LEGISLATIVE FINANCE COMMITTEE

PERFORMANCE REPORT CARD: Fourth Quarter, FY26

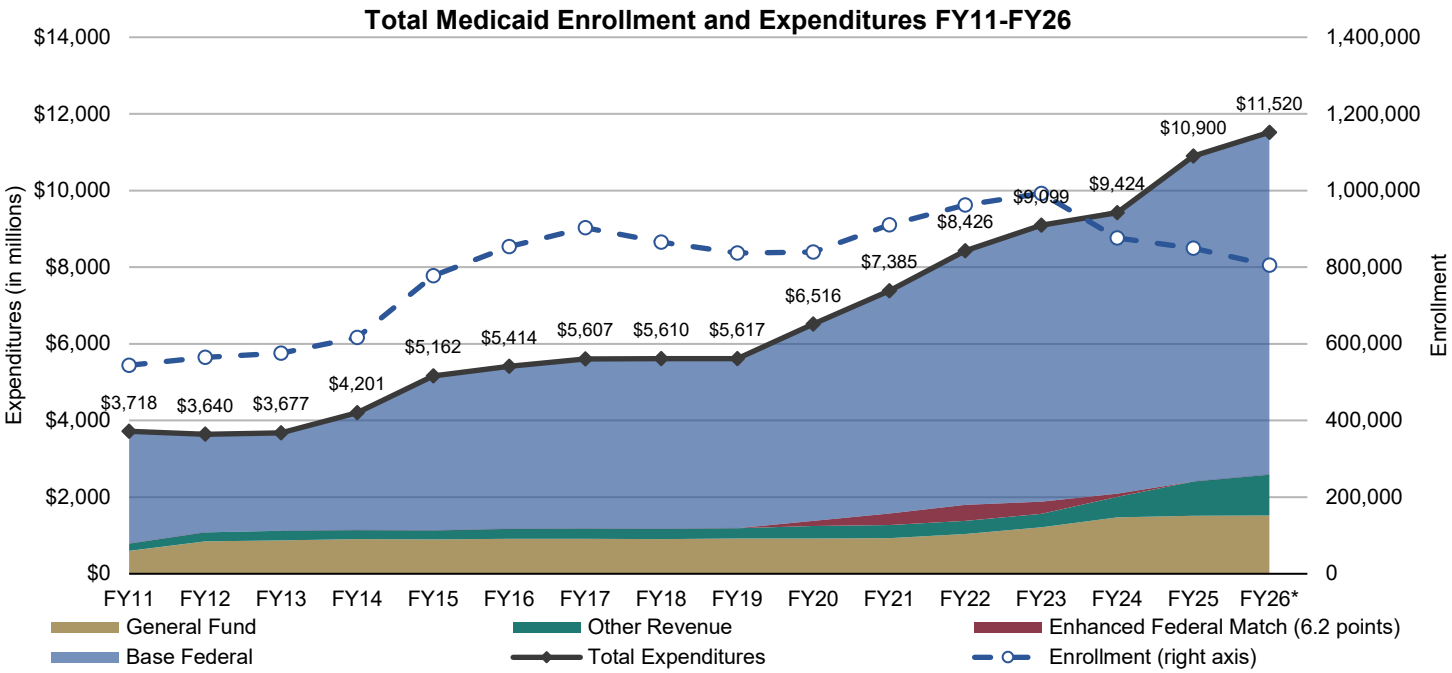
Health Care Authority

In Medicaid, spending is up and enrollment is down, likely because utilization has increased and New Mexico is paying higher rates to managed care organizations. However, there is no indication that these investments are paying off more broadly in terms of appointment availability, wait times, or health outcomes. Despite federal changes leading to cuts later in the decade, the state has made significant investments over the past five years that should insulate the state from many of the federal changes. New Mexico Medicaid now compensates providers, hospitals, and others at a much more competitive rate than other states. New Mexico also invested in rural health expansion and stabilization grants to ensure health and behavioral health infrastructure is protected in the coming years. Additionally, 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.

ACTION PLAN

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

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, and increased utilization in the Developmental Disabilities Support Division. The authority also received additional funding to maintain the Supplemental Nutrition Assistance Program (SNAP) supplemental benefits for the elderly and disabled and funding 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 programs, and to cover immigrants losing Medicaid coverage.



Note: FY26 expenditures are projected; FY26 enrollment is a February figure. Enhanced federal match is the temporary 6.2 percentage point increase during the COVID-19 public health emergency.

Source: HCA projection

Medical Assistance

Despite the Medicaid investments, including the largest increase in Medicaid provider rates in state history, the state does not have the data to determine whether access is improving. Managed care network adequacy reports have now been revamped, and behavioral health spending per member grew significantly between 2021 and 2025, but the state cannot say whether more or fewer clients are receiving care, in large part, because the network adequacy reports that the state requires managed care organizations to report inadequately measure access.

The authority was unable to report on several fourth quarter performance measures because of the authority's recent transition to Turquoise Claims, the authority's new claims processing IT system, and "has been unable to calculate accurate claim amounts for SFY26 Q4. HCA has been working with Conduent, the agency's IT vendor, to find resolution for the claims issue." The missing data include the number of individuals served annually in substance use or mental health programs, emergency department use categorized as nonemergent, and the number of people in nursing facility level of care in community settings. LFC staff have been tracking issues with Turquoise Claims for the last several months because some providers had trouble obtaining timely reimbursements and the Attorney General Office's Medicaid Fraud Control Unit has not received usable data from the system for several months. Additionally, Medicaid was unable to pull data to inform the state's statutorily required program inventory.

Timely prenatal care improved to 79 percent, nearly reaching the 80 percent target. However, well child visits for children and adolescents ages 3 to 21 was 51 percent and well below the target of 63 percent. The agency stated MCO's are attempting to reach families to improve well child visits by doing outreach initiatives, providing in-home services, using telehealth, attempting to call families directly, sending letters, and targeting outreach through care coordination to educate members on the importance of well child visits.

Budget: $11,289,326.7 **FTE: 223.5**	**FY24 Actual**	**FY25 Actual**	**FY26 Target**	**FY26 Actual**	**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	63%	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%	51%	R
Percent of members under 21 years of age who received a comprehensive or periodic oral evaluation with a dental provider†	51%	53%	53%	54%	G
Hospital readmissions for children ages 2 to 17 within 30 days of discharge^	8%	7%	<5%	7%	Y
Hospital readmissions for adults 18 and over within 30 days of discharge†^	9%	9%	<8%	10%	R
Emergency department use categorized as nonemergent care ^	57%	57%	55%	No Report	R
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%	79%	G
Program Rating	Y	R			Y

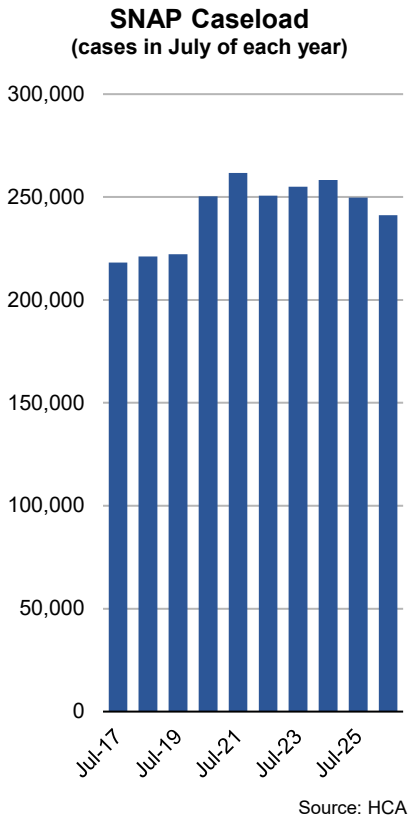
*Measure is classified as explanatory and does not have a target.
†Measure is from the national health effectiveness data and information set (HEDIS) and is reported on a calendar year, cumulatively, and two quarters behind the state fiscal year. ^A lower rate indicates positive improvement.

Income Support

The Income Support Division (ISD) failed to report two of its five performance measures including two-parent recipients of Temporary Assistance for Needy Families (TANF) meeting work requirements and all families meeting work requirements. The program met both its timeliness targets for the SNAP for FY26. The division enrolled 98 percent of expedited SNAP cases within seven days and processed 98 percent of regular SNAP cases within 30 days, both above the federal standard of 95 percent.

The SNAP is the largest food assistance program in New Mexico, providing about $1 billion in benefits to 21 percent of the state's population. Congress recently made major changes to SNAP, including requirements for states with high payment error rates to cover a share of SNAP benefit costs. A recent LFC program evaluation found that New Mexico's SNAP payment error rate is currently the third worst in the country. SNAP payment errors are primarily overpayments or underpayments caused by inaccurate income or household information, administrative mistakes, and weaknesses in case management, training, and oversight. Errors could be addressed through strategies that include improved training and oversight mechanisms.

The evaluation recommended HCA strengthen its performance management of field offices, including conducting root cause analysis, staff feedback, and targeted training. HCA should also require regular data checks or verifications of self-reported eligibility data, explore opportunities for leveraging recent technological advancements in artificial intelligence and machine learning in SNAP data reviewing and processing, enhance its use of data analytics and available fraud risk assessments to identify high-risk anomalies and target investigative resources, and modify its contract with its electronic benefits transfer card contractor to collect data on the types of food items that are purchased with SNAP benefits.



Source: HCA

Budget: $1,528,374.1 FTE: 1060.0	FY24 Actual	FY25 Actual	FY26 Target	FY26 Actual	Rating
Regular Supplemental Nutrition Assistance Program cases meeting the federally required measure of timeliness of 30 days	43%	95.6%	98%	98%	G
Expedited Supplemental Nutrition Assistance Program cases meeting federally required measure of timeliness of seven days	63%	96%	97%	97%	G
Temporary Assistance for Needy Families recipients ineligible for cash assistance due to work-related income	1%	8%	37%	8%	R
Two-parent recipients of Temporary Assistance for Needy Families meeting federally required work requirements	12%	25%	60%	23%	R
All families receiving Temporary Assistance for Needy Families meeting federally required work requirements	7%	13%	45%	15%	R
Program Rating	R	Y			Y

Child Support Services

Collections in FY26 totaled $118 million, about $2 million less than target and about $1 million less than last year. Average monthly support collected per child rose to $146, an increase above the FY25 figure of $137 per child. 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 did not report its cost-effectiveness ratio, dollars collected for each dollar spent in FY26. The division stated the measure will not be reported until the federal Office of Child Support Enforcement verifies and confirms the data.

Budget: $48,182.0	**FTE: 340.0**	**FY24 Actual**	**FY25 Actual**	**FY26 Target**	**FY26 Actual**	**Rating**
Noncustodial parents paying support per total cases with support orders*		51%	52%		52%	
Total child support enforcement collections, in millions		$119	$119	$120	$118	R
Child support owed that is collected		59%	60%	65%	60%	Y
Cases with support orders		83%	83%	85%	85%	G
Total dollars collected per dollars expended		$2.18	$2.04		No Report	R
Average child support collected per child*		$129	$137		$146	
Program Rating		Y	G			Y

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

Developmental Disabilities Support Division

The Developmental Disabilities Support Division served 9,042 people through its home and community-based waivers in FY26, up from 8,395 the year before, and completed 16,294 home visits. The share of applicants with a service plan and budget in place within 90 days finished the year at 95 percent, meeting the target after slipping to 70 percent in the second quarter. Of the 146 plans approved in the fourth quarter, nine were late; the division attributed six of those to applicants or guardians who did not return required forms or information and three to case management agencies. Continuous monthly allocation, which began in May 2025, replaced the waiver waiting list, and 128 people were queued for the July 2026 allocation group at the close of the fiscal year. Employment supports remained the division's weakest measure, with 459 of 5,592 working-age waiver participants, or 8 percent, compared with a 20 percent target. General event reports met timely reporting requirements 93 percent of the time, above the 90 percent target, and all waiver recipients had a current level of care assessment.

Budget: $324,452.3	**FTE: 195.0**	**FY24 Actual**	**FY25 Actual**	**FY26 Target**	**FY26 Actual**	**Rating**
Number of home visits		11,461	15,330		16,294	
Number of individuals on the home-and community-based waiver waiting list*		111	194		128	
Number of individuals receiving home-and community-based waiver services*		7,522	8,395		9,042	
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%	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%	95%	G
Percent of general event reports in compliance with general events timely reporting requirements (two-day rule)	92%	91%	90%	93%	G
Program Rating	Y	Y			Y

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

Health Improvement

The Division of Health Improvement completed 97 percent of abuse, neglect, and exploitation investigations on time in FY26, beating its 96 percent target, but initiated only 95 percent within required timelines, just under the same target. The division attributed the initiation delays to reports missing names, birth dates, and social security numbers and to late referrals from Adult Protective Services in the Aging and Long-Term Care Department. The annual abuse rate for waiver clients was 4.9 percent, reflecting 429 substantiated cases against an average of 8,836 clients, and the re-abuse rate was 0.4 percent. Wellness checks remained far below target at 8 percent against 18 percent, though the division counts only visits to clients in residential settings and reviewed 1,127 people across all waiver programs. Timeliness of distributing survey findings to acute and continuing care facilities fell to 48 percent for the year and 24 percent in the fourth quarter, after two reviewers and the quality assurance manager resigned. Nursing home citations were upheld in every quarter, and assisted living facilities received their survey findings on time 92 percent of the time.

Budget: $11,289,326.7 **FTE: 223.5**	**FY24 Actual**	**FY25 Actual**	**FY26 Target**	**FY26 Actual**	**Rating**
Percent of nursing home survey citations resulting in a potential sanction by Center for Medicare and Medicaid Services (CMS) that was upheld when reviewed by CMS	96%	100%	91%	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%	48%	R
Percent of abuse, neglect, and exploitation investigations completed according to established timelines	80%	97%	96%	97%	G
Abuse rate for developmental disabilities waiver and mi via waiver clients*†	0.06%	4.26%		4.9%	
Developmental disabilities support division clients receiving wellness checks per year as part of the audit conducted by the quality management bureau		10%	18%	8%	R
Program Rating	R	G			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

The health benefits fund's loss ratio improved to 99.5 percent in FY26 from 117.3 percent, meaning medical, dental, and vision costs came close to matching the revenue collected to cover them. Gross rate revenue rose 22.2 percent, to $553.8 million. Average per-member per-month healthcare costs fell 4.3 percent for Blue Cross Blue Shield members and rose 2.6 percent for Presbyterian members. Generic drug fills held at 85 percent, just above the 84 percent target, though the

authority repeated its concern that co-pay assistance leaves members paying little for brand drugs while generics still carry cost sharing, steering members toward the costlier option. Visits to the Stay Well Health Center, a clinic for state employees, fell to 7,127 from 7,385, and 2,404 members designated it as their primary care provider. The center filled 94 percent of available appointments and told the authority it aims to stay above 75 percent, because heavier use reduces availability. Testing for members with diabetes stayed far below its 86 percent target. A new measure counted 4,591 employees enrolled in the state employee premium assistance program, which lowers biweekly premiums for lower-income workers.

Budget: $518,353.5 **FTE: 0**	**FY24 Actual**	**FY25 Actual**	**FY26 Target**	**FY26 Actual**	**Rating**
Number of state health plan members who designate the stay well health center as their primary care provider*	2,162	2,578		2,404	
Number of visits to the stay well health center*	7,815	7,385		7,127	
Percent change in the average per-member per-month/total healthcare cost†	No Report	17%/ 8%		-4%/ 3%	
Percent of available appointments filled at the stay well health center*	74%	92%		94%	
Percent of state health plan members with diabetes receiving at least one hemoglobin A1C test in the last 12 months†	49%	62%/ 46%	86%	20%/69%	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%	G
Program Rating	R	G			Y

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

Though the Department of Health (DOH) missed targets in FY26 for some measures, recorded performance mostly shows an improvement from prior fiscal years. For the performance measures in which the department met the intended targets, DOH exceeded most of the goals. Although broader social factors play a significant role in shaping some of 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

Smoking cessation programs reflect national trends; though below the target, performance improved for cessation services compared to prior fiscal years. The department reports a decline in the percentage of immunized preschoolers, consistent with national trends observed following recent federal changes to immunization guidance. The department will continue its vaccination education and outreach efforts to help ensure access to vaccination services statewide. While the rest of the nation saw decreases in kindergarten children's vaccination rates, New Mexico saw little change; 95.1 percent of kindergarteners were indicated as vaccinated for measles, mumps, and rubella in the 2025-2026 school year, placing the state at the high end of coverage nationally. Meanwhile, the department continues to report increases in the number of successful overdose reversals in the harm reduction program and exceeded its target for the year, which may potentially be undercounted. Though there are more successful overdose reversals under the department's harm reduction program, the state continues to see increases in the number of deaths by overdose.

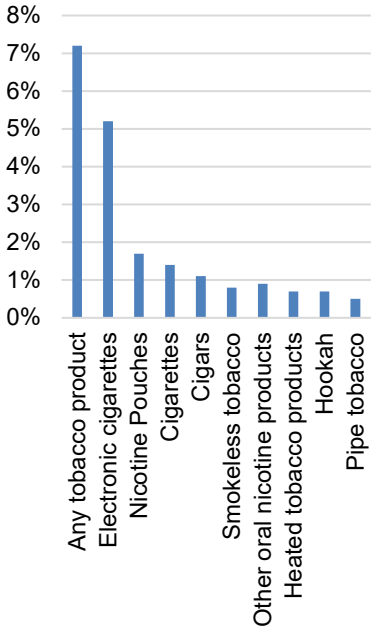
Budget: $271,853.9 **FTE: 837.5**	**FY24 Actual**	**FY25 Actual**	**FY26 Target**	**FY26 Actual**	**Rating**
Percent of school-based health centers funded by the department of health that demonstrate improvement in their primary care or behavioral healthcare focus area	96%	66%	96%	82%	Y
Percent of New Mexico adult cigarette smokers who access New Mexico Department of Health cessation services	0.9%	0.9%	3.5%	1.3%	R
Number of successful overdose reversals in the harm reduction program	3,153	5,447	3,000	6,376	G
Percent of preschoolers ages nineteen to thirty-five months indicated as being fully immunized	72%	67.2%	75%	63.2%	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%	86.3%	Y
Program Rating	R	Y			Y

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 is the second leading cause of preventable disease and death in the United States. In 2024, 9.9 percent of all U.S. adults used cigarettes and 7 percent used e-cigarettes.

2025 US Tobacco Use Among Middle and High School Students



Source: National Youth Tobacco Survey

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 the Office of the Medical Investigator (OMI) taking up to 90 days to certify a cause of death allowed under an internal OMI rule. While it is generally better to have lower numbers on the number of people admitted to an emergency department of participating hospitals with a suicide diagnosis, DOH increased the number of participating hospitals in FY26, resulting in an increase of admitted individuals compared to prior fiscal years. Provisional data from the department shows a 19 percent decrease in the state's death by suicide from 2024 to 2025.

Budget: $70,227.4 **FTE: 371**	**FY24 Actual**	**FY25 Actual**	**FY26 Target**	**FY26 Actual**	**Rating**
Number of people admitted to the emergency department of participating hospitals with a suicide diagnosis	228	232	300	299	G
Percent of death certificates completed by bureau of vital records and health statistics within ten days of death	56%	53%	60%	53%	R
Percent of hospitals with emergency department-based self-harm secondary prevention programs	2.7%	2.7%	8%	17%	G
Program Rating	R	R			Y

Scientific Laboratory

The Scientific Laboratory Division fell short on two measures, citing staff turnover throughout the year and instrument failures that led to testing delays. Some radiological staff worked overtime to eliminate the backlog that stemmed from various instruments being broken for a prolonged period. In addition to the lead testing program for schools and daycares, the division has also started receiving surface water samples, with DOH previously noting surface water samples are more complex than other environmental samples and can require more time to process.

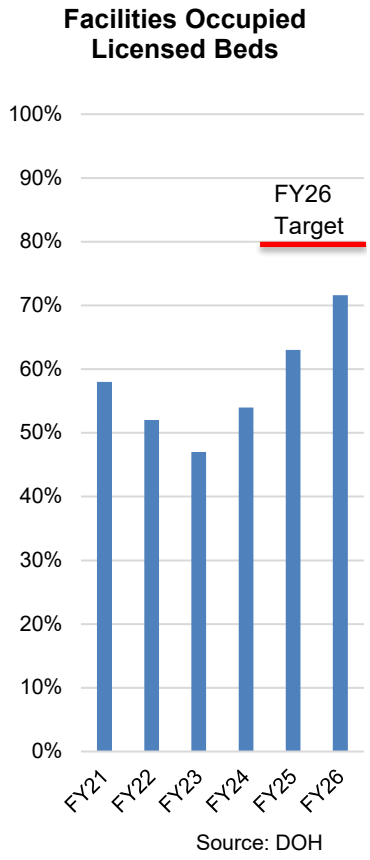
Budget: $20,080.1 **FTE: 139**	**FY24 Actual**	**FY25 Actual**	**FY26 Target**	**FY26 Actual**	**Rating**
Percent of blood alcohol tests from driving-while-intoxicated cases completed and reported to law enforcement within thirty calendar days	99%	100%	90%	99.8%	G
Percent of public health threat samples for communicable diseases and other threatening illnesses that are completed and reported to the submitting agency within published turnaround times	97%	95%	98%	95.8%	Y
Percent of environmental samples for chemical contamination are completed and reported to the submitting agency within sixty calendar days.	72%	66%	90%	82.5%	Y
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. The division reports that in FY26,

87.9 percent of eligible third-party revenue was collected across its facilities. The rate of revenue collected varies across facilities, with some facilities meeting their collection goals with timely billed claims, while others struggle with managed care organizations for collection of payments.

Budget: $205,591.8 **FTE: 1,913.5**	**FY24 Actual**	**FY25 Actual**	**FY26 Target**	**FY26 Actual**	**Rating**
Percent of medication-assisted treatment utilized in the management of alcohol-use disorders while at turquoise lodge hospital	100%	100%	65%	98%	G
Percent of medical detox occupancy at Turquoise Lodge Hospital	28%	21.6%	80%	31.7%	R
Percent of medication-assisted treatment utilized in the management of opioid use disorders while at Turquoise Lodge Hospital	100%	100%	92%	100%	G
Percent of patients educated on medication-assisted treatment options while receiving medical detox services	100%	100%	100%	100%	G
Percent of patients eligible for naloxone kits who received the kits	100%	83.7%	95%	97.2%	G
Percent of licensed beds occupied	55%	60.9%	80%	71.6%	Y
Percent of eligible third-party revenue collected at all agency facilities	88%	80.9%	94%	87.9%	Y
Number of medication errors causing harm per one thousand patient days within identified categories	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%	92.7%	G
Percent of medication assisted treatment utilized in the management of opioid use disorders while at New Mexico Rehabilitation Center	NEW	NEW	92%	98.2%	G
Program Rating	R	Y			Y



Aging and Long-Term Services Department

ACTION PLAN

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

The Aging and Long-Term Services Department (ALTSD) reported similar performance for FY26 as in FY25. For the performance measures in which the department met the intended targets, ALTSD exceeded most of the goals. 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 FY26, the Aging and Disability Resource Center (ADRC) answered 13,861 of unduplicated callers and had a 94 percent answer rate by a live operator across all calls received. For the percentage of customers satisfied with their call to ADRC, the department reports 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 a decrease in the percent of ombudsman complaints resolved within 60 days from the prior fiscal year, due to some cases appropriately remaining open beyond the 60-day time-frame due to complexity or ongoing efforts.

Budget: $6,301.1 **FTE: 55**	**FY24 Actual**	**FY25 Actual**	**FY26 Target**	**FY26 Actual**	**Rating**
Percent of calls to the Aging and Disability Resource Center that are answered by a live operator	70%	64%	90%	94%	G
Percent of calls to the Aging and Disability Resource Center that are resolved in a single contact	99%	93%	90%	79%	Y
Percent of customers satisfied with the outcome of their call to the Aging and Disability Resource Center	97%	93%	90%	83%	Y
Percent of individuals provided short-term assistance that accessed services within 30 days of a referral from options counseling	93%	99%	92%	100%	G
Percent of facilities visited monthly	56%	68%	40%	100%	G
Percent of ombudsman complaints resolved within sixty days	100%	99%	99%	93%	Y
Program Rating	Y	Y			G

Adult Protective Services

The Adult Protective Services Program reported 7,233 investigations of abuse, neglect, or exploitation for FY26, a 4.5 percent increase from these reports in FY25, surpassing the target. 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. The program has seen a slight

increase in repeat abuse, neglect or exploitation 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 Actual**	**Rating**
Number of Adult Protective Services investigations of abuse, neglect or exploitation	7,632	6,915	6,150	7,233	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%	Y
Percent of repeat abuse, neglect or exploitation cases within six months of a substantiation of an investigation	0.5%	0.3%	2%	0.82%	G
Number of outreach presentations conducted in the community within adult protective services' jurisdiction	436	383	180	352	G
Percent of contractor referrals in which services were implemented within two weeks of the initial referral	71%	69%	80%	70%	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	275	R
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%	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%	97%	G
Program Rating	Y	Y			Y

Aging Network

The Aging Network exceeded its targets for number of hours of caregiver support provided and the number of hours of caregiver support provided. However, the department did not meet its target for number of hours of senior volunteers, which has seen a decline in enrollment due to health and mobility limitations among the older adult population. For the number of meals served in congregate and home-delivered meal settings, ALTSD is looking at alternative meal delivery options, such as restaurant vouchers, food truck partnerships, and catering services to meal sites, to help reduce meal costs for service providers. The department is piloting these alternative meal options with three contractors in the Non-Metro Area Agency on Aging in FY27.

Budget: $58,350.4 **FTE: 29**	**FY24 Actual**	**FY25 Actual**	**FY26 Target**	**FY26 Actual**	**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%	17%	G

Budget: $58,350.4 **FTE: 29**	**FY24 Actual**	**FY25 Actual**	**FY26 Target**	**FY26 Actual**	**Rating**
Number of hours of services provided by senior volunteers, statewide	454,772	602,853	745,000	589,761	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	803	G
Number of meals served in congregate and home-delivered meal settings	4,020,390	4,430,000	4,430,000	4,299,913	Y
Number of transportation units provided	265,565	286,470	300,000	312,065	G
Number of hours of caregiver support provided	222,922	264,906	167,000	277,059	G
Program Rating	Y	Y			Y

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 division fell short on its only measure, however saw an increase in the fourth quarter of FY26 in residents remaining in the community following a nursing home transition, which can reflect continued improvement in long-term transition outcomes in FY27.

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

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

Children, Youth and Families Department

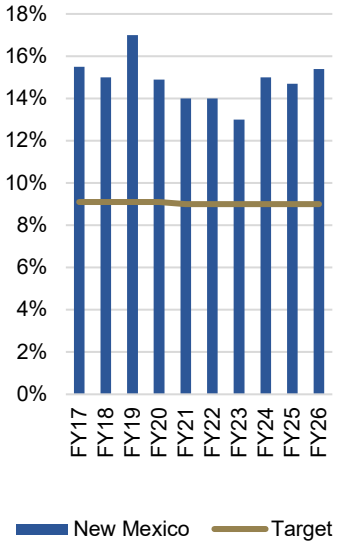
ACTION PLAN

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

Throughout FY26, the Children, Youth and Families Department (CYFD) struggled to improve outcomes for children and families. After the department failed to achieve the terms of the *Kevin S.* settlement agreement—including decreasing Protective Services caseloads, increasing the number of resource (foster care) homes and community-based placements, and expanding access to children's behavioral health services—an arbiter issued three remedial orders for compliance. The most recent, a stipulated order, requires CYFD to continue working to achieve caseload commitments, placement support and stability, and more transparent reporting of agency outcomes.

New Mexico consistently ranks among the top six states for repeat maltreatment occurring within 12 months of the initial allegation, and in FY26 the state's reported rate of repeat maltreatment increased to 15.4 percent and remained over 6 percentage points higher than target. 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 FY26, the number of children in foster care increased, reaching almost 2,300 children monthly. The department continues to face challenges recruiting and retaining a professional social-worker workforce, although turnover in Protective Services improved slightly in FY26. While some indicators of Protective Services performance have improved, others are trending in a negative direction, such as maltreatment in care. In juvenile justice services, while several indicators are trending in a positive direction, populations in secure facilities continue to be high relative to previous trends.

Children Subject to Repeat Maltreatment within 12 months



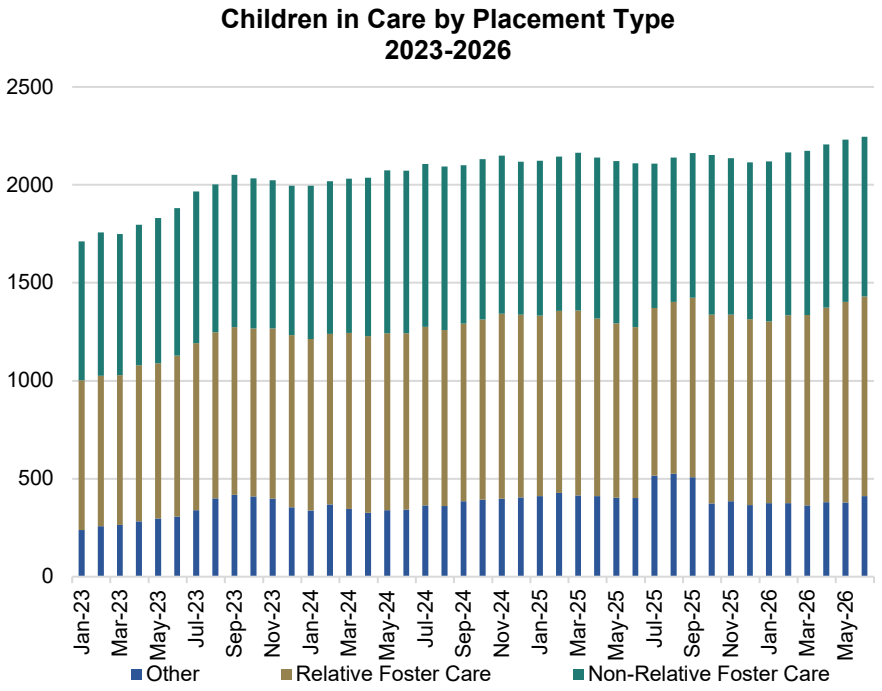
Source: CYFD

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 grew significantly, though these expenditures remain a small percent of all Protective Services spending. Previous LFC reports have noted New Mexico is missing out on federal revenue to fund evidence-based programs to prevent and reduce child maltreatment. Although New Mexico now has an approved Family First Prevention Services Act plan, the plan only provides federal funding for provision of two included services, Motivational Interviewing and SafeCare.

In FY26, repeat maltreatment increased to over 15 percent, 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 continued to increase in FY26, reaching 17.2 incidences per 100 thousand days in foster care.

To address maltreatment, CYFD requires a professional social worker workforce, but the department continues to struggle to recruit and retain Protective Services staff, the majority of whom are not social workers. After improving slightly in FY24, turnover in the program increased to 37 percent in FY25. In FY26, the agency improved slightly, reducing turnover to 35 percent.



Source: CYFD

Foster Care. The number of children in foster care in New Mexico steadily declined from FY17 to FY23, when the trend reversed. In June 2026, 2,245 children were in foster care. The percentage of children who achieved permanency within 12 months has declined since FY22. In FY26, only 23 percent of children in foster care between one and two years achieved permanency within 12 months, a decrease of over 10 percentage points relative to FY24. In addition, over 250 youth were placed in short stays (i.e., a foster care placement of less than 30 days), a figure that, if counted with foster care entries, would constitute about 25 percent of youth in foster care.

Placement of children in CYFD custody remains a significant challenge for the department. The FY26 rate of 7.5 moves per 1,000 days of foster care was almost twice the performance target, and the number of foster care (resource) homes remained relatively flat over the year. Despite legislative concerns and requirements of the *Kevin S.* settlement, CYFD opened two congregate (group) care facilities in Albuquerque in FY25 and an additional facility in Las Cruces in FY26.

Budget: $230,995.7 **FTE:** 1,179

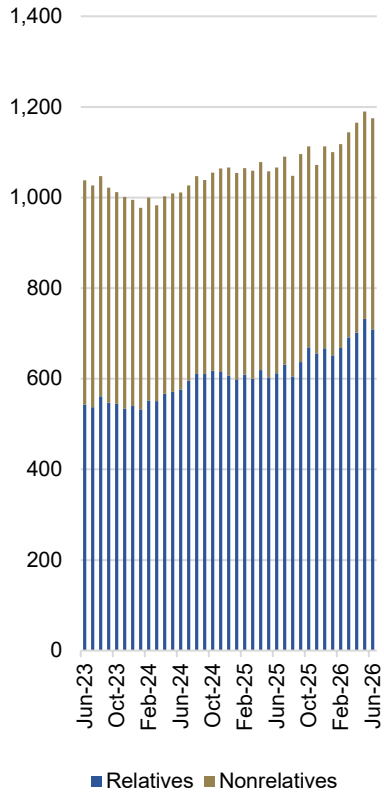
	FY24 Actual	FY25 Actual	FY26 Target	FY26 Actual	Rating
Maltreatment					
Percent of children in foster care who have at least one monthly visit with their case worker*	86%	80%	N/A	80%	
Children who were victims of a substantiated maltreatment report who were victims of another substantiated maltreatment allegation within twelve months of their initial report	15%	15%	9%	15%	R
Rate of maltreatment victimizations per one hundred thousand days in foster care within a rolling twelve month period	10	12.4	8	17.2	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%	82%	G

Budget: $230,995.7 **FTE:** 1,179

	FY24 Actual	FY25 Actual	FY26 Target	FY26 Actual	Rating
Fatalities or near-fatalities in a rolling twelve-month period that had protective services involvement in the twelve months preceding the incident	57%	34%	30%	47%	R
Average statewide central intake call center wait time, in seconds	76	78	50	22	G
Foster Care					
Turnover rate for protective services workers	34%	37%	25%	35%	R
Youth age twelve or older in protective services custody who are placed in a less restrictive, community-based setting	85%	72%	73%	Not reported	R
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	4.8	7.5	R
Children in foster care more than eight days who achieve permanency within twelve months of entry into foster care	34%	32%	42%	26%	R
Children removed during a rolling twelve-month period who were initially placed with a relative or fictive kin	32%	36%	43%	40%	Y
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%	35%	28%	R
Foster care placements currently in kinship care settings	48%	47%	82%	43%	R
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%	43%	23%	R
Eligible youth who enrolled in Fostering Connections upon emancipation from foster care	81%	84%	85%	90%	G
Program Rating	R	R			R

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

Resource Families 2023-2026



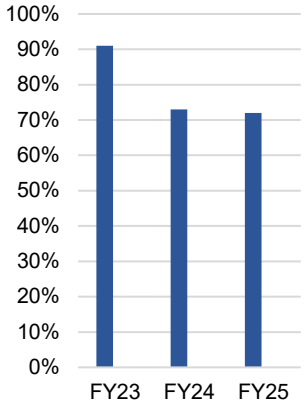
Source: CYFD

Juvenile Justice Services

Until FY24, the number of youths incarcerated in secure juvenile justice facilities in New Mexico steadily decreased for about a decade from the state's peak as CYFD implemented evidence-based practices. In FY26, the number of youths in secure juvenile justice facilities continued to increase, from an average census of 80 in FY23 to an average census of over 120 in FY26. However, the 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. And, although referrals to JJS have increased since reaching a low point during the pandemic, referrals remain below prepandemic levels. Within secured facilities, the number of substantiated complaints of abuse or neglect and the rate of physical assaults both were below targets in FY26 after being elevated in FY25.

The department continues to perform well with regard to recidivism. In FY26, 85 percent of youth discharged from active field supervision did not recidivate within two years and 72 percent of those discharged from secure facilities did not

Youth Age 12 or Older in Custody Placed in a Community-Based Setting

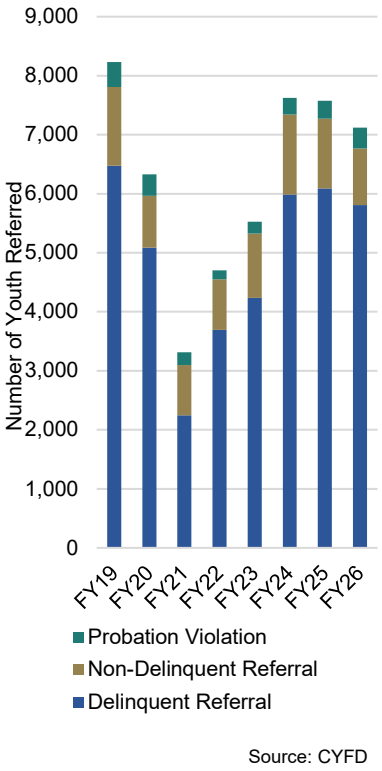


Note: Reported differently prior to FY23

Source: CYFD

recidivate within two years. Consistent with recent trends, about 90 percent of youth successfully completed formal and informal probation.

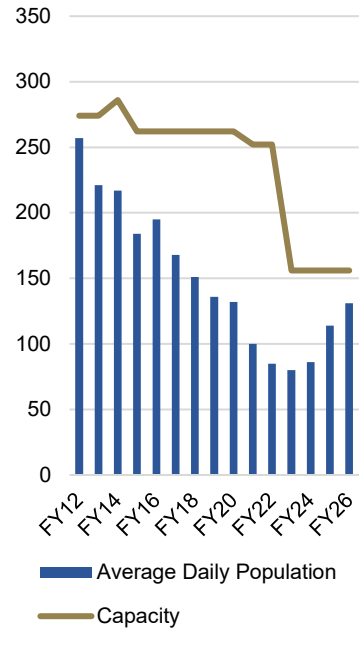
Juvenile Justice Referrals by Type FY19-FY26



Source: CYFD

Budget: $82,322.6	**FTE:** 736.5	**FY24 Actual**	**FY25 Actual**	**FY26 Target**	**FY26 Actual**	**Rating**
Turnover rate for youth care specialists		34%	26%	21%	30%	Y
Percent of clients who successfully complete formal probation		90%	91%	93%	92%	Y
Percent of clients who successfully complete informal probation		91%	91%	85%	90%	G
Percent of clients successfully completing term of supervised release		Not reported	73%	78%	72%	Y
Number of substantiated complaints by clients of abuse or neglect in juvenile justice facilities		0	5	3	2	G
Percent of youth discharged from active field supervision who did NOT recidivate within two years		87%	85%	80%	85%	G
Rate of physical assaults per one thousand days youth spent in facilities		5.5	5.1	3.8	3	G
Percent of discharged from a secure facility who did NOT recidivate in the following two-year period		66%	72%	55%	65%	G
Youth served by juvenile justice who are placed in a less-restrictive, community-based setting		94%	94%	94%	94%	G
Percent of clients reviewed at 40 days		Not reported	95%	92%	95%	G
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%	60%	82%	G
	Program Rating	Y	Y			G

JJS Secure Facility Population



Source: CYFD

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 FY26, only 44 percent of Protective Services-involved youth received consultation from a community behavioral health clinician. 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 and the State Auditor found that other expenditures were unauthorized under the statutory purpose of the appropriation.

Budget: $53,109.2	**FTE:** 123	**FY24 Actual**	**FY25 Actual**	**FY26 Target**	**FY26 Actual**	**Rating**
Infant mental health program participants showing improvement developmentally through clinical assessment and observation		93%	89%	95%	89%	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%	97%	95%	Y
Domestic violence program participants who agree or strongly agree that staff and advocates		92%	93%	95%	90%	Y

Budget: $53,109.2 **FTE:** 123	**FY24 Actual**	**FY25 Actual**	**FY26 Target**	**FY26 Actual**	**Rating**
regularly discuss their safety needs, including specific things they can do to keep themselves safe					
Clients enrolled in multisystemic therapy who demonstrate improvement in one or more behavioral health outcomes	92%	93%	90%	90%	G
Percent of protective services-involved youth in the target population who receive consultation from a community behavioral health clinician	15%	48%	75%	44%	R
Percent of juvenile-justice involved youth in the estimated target population who have received consultation from a community behavioral health clinician	63%	72%	73%	83%	G
Program Rating	Y	Y			Y

NEW MEXICO LEGISLATIVE FINANCE COMMITTEE

PERFORMANCE REPORT CARD: Fourth Quarter, FY26

Early Childhood Education and Care

ACTION PLAN

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

The Early Childhood Education and Care Department (ECECD) reported mixed results at the close of FY26. The department also has several measures reported annually. Many of the annual measures relate to prekindergarten and early learning readiness and did not meet targeted performance for student outcomes. The department has experienced increases in the number of families enrolled in the parents-support program called Home Visiting, a positive sign, because increased enrollment in this program has been a focused performance goal for the Legislature.

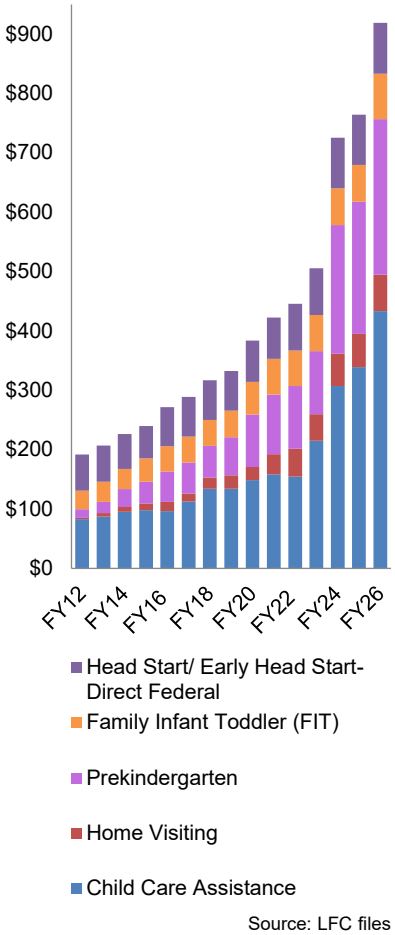
Family Support and Intervention

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 did not meet targeted performance for pregnant women enrolled in Home Visiting who access postpartum care. The program has reported an enrollment of 5,699 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**

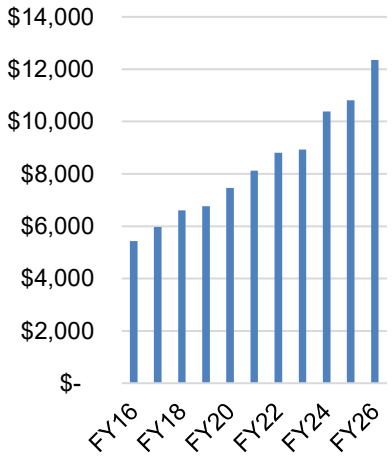
	FY24 Actual	FY25 Actual	FY26 Target	FY26 Actual	Rating
Number of families enrolled in Medicaid Home Visiting	402	1,467	1,250	5,699	G
Average annual number of home visits per family	22	23	22	22	G
Percent of children enrolled in home visiting for longer than six months who receive regular well child exams as recommended by the American Academy of Pediatrics	91%	91%	93%	91%	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%	75%	78%	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%	94%	92%	Y
Percent of children making significant improvement annually in social emotional skills, knowledge and skills and appropriate behavior	Not Reported	78%	80%	49%	R
Percent of women that are pregnant when they enroll in home visiting who access postpartum care	New	80%	90%	80%	R
Percent of eligible infants and toddlers with individual family service plans for whom an initial evaluation and initial assessment and an initial	94%	97%	100%	100%	G

Recurring Early Childhood Funding History FY12-FY26
(in millions)



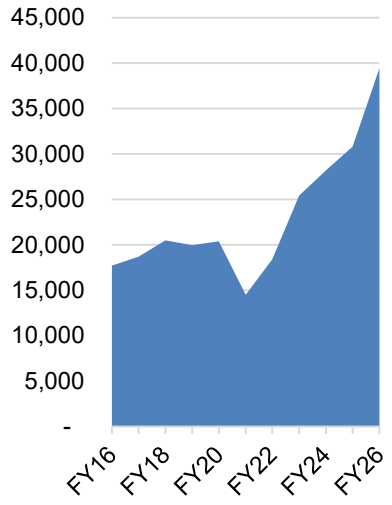
Source: LFC files

Childcare Assistance Annual Cost per Child
June 2026



Source: ECECD

Average Childcare Assistance Enrollment by Fiscal Year
June 2026



Source: ECECD

Budget: $107,212.1 **FTE: 65**	**FY24 Actual**	**FY25 Actual**	**FY26 Target**	**FY26 Actual**	**Rating**
individual family service plan meeting were conducted within the forty-five-day timeline					
Percent of home visiting families with face-to-face visits, monthly*	91%	94%	NA	96%	
Percent of families enrolled in Families First by the twenty-eighth week of pregnancy	65%	62%	80%	66%	R
Percent of families enrolled in home visiting by the twenty-eighth week of pregnancy	75%	44%	30%	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%	83%	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%	R
Percent of women who are pregnant when they enroll in Families First and access postpartum care	100%	47%	95%	99%	G
Percent of Comprehensive Addiction and Recovery Act families connected to agency services and supports	New	45%	60%	49%	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%	49%	R
Percent of families enrolled in Families First prenatally	New	New	80%	47%	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 kills (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%	R
Program Rating	R	Y			Y

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

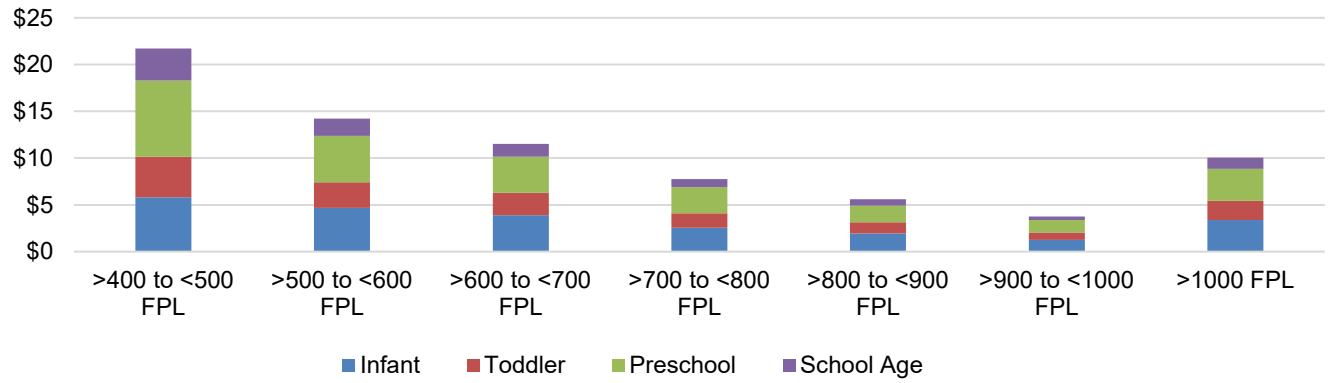
Early Education, Care and Nutrition

The Early Education, Care and Nutrition Program is primarily composed of Childcare Assistance and the Family Nutrition Bureau. 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 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

close of FY26, enrollment was close to 47 thousand and the average annual cost per child was $12.4 thousand.

Budget: $490,642.8 **FTE: 179**	**FY24 Actual**	**FY25 Actual**	**FY26 Target**	**FY26 Actual**	**Rating**
Percent of infants and toddlers participating in the childcare assistance program enrolled in childcare programs with four- or five-stars	65%	69%	75%	72%	Y
Average monthly copay as a percentage of monthly income	New	0%	7%	0%	G
Average length of time enrolled in months for families receiving childcare assistance	18	18	18	17	Y
Percent of children attending full-time childcare, defined as thirty hours or more a week	73%	72%	75%	77%	G
Percent of enrolled families at or below two hundred percent of the federal poverty level	New	New	70%	57%	R
Program Rating	Y	Y			Y

FY26 Universal Childcare Expenditures above 400 Percent Federal Poverty Level* (in millions)



*Expenditures for families earning above 400 percent FPL totaled $74.7 million, about 15 percent of all childcare spending. The total for families earning 400 percent of the FPPL or less was $434.7 million.

Source: ECECD

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**	**FY26 Target**	**FY26 Actual**	**Rating**
Percent of early childhood professionals, including tribal educators, with degrees and/or credentials in early childhood related fields	77%	76%	77%	76%	Y

Budget: $37,275.6	**FTE: 36**	**FY24 Actual**	**FY25 Actual**	**FY26 Target**	**FY26 Actual**	**Rating**
Percent of licensed childcare providers participating in Focus tiered quality rating and improvement system		65%	66%	68%	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%	69%	G
Number of early infant mental health professionals trained and onboarded		15	21	25	20	R
Percent of early childhood professionals receiving support from infant early child mental health consultants		30%	34%	30%	32%	G
	Program Rating	Y	G			Y

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 fifth nationally in spending on prekindergarten, seventh 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. While access has improved, the program has not met targeted performance for student outcomes.

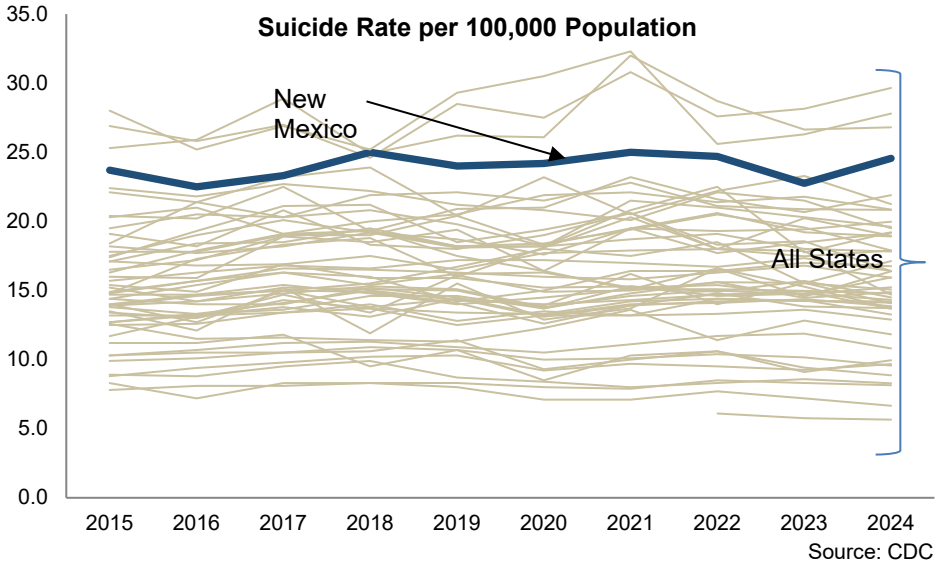
Budget: $238,173.6	**FTE: 17**	**FY24 Actual**	**FY25 Actual**	**FY26 Target**	**FY26 Actual**	**Rating**
Percent of children who were enrolled for at least six months in the state-funded prekindergarten program who score at first step for kindergarten or higher on the fall observation kindergarten observation tool		49%	50%	80%	77%	Y
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%	78%	R
Percent of children who participated in prekindergarten for at least nine month who are proficient in math in kindergarten		52%	54%	75%	46%	R
Percent of children who participated in the prekindergarten program, for at least nine months, who are proficient in literacy in kindergarten		51%	51%	80%	72%	Y
	Program Rating	R	R			R

Behavioral Health Services

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 rates increases paid to provider 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 paid providers more than any of the other state—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 Medicaid rates 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, a process that helps regions improve regional understanding of needs and gaps at the nexus of behavioral health and crime. LFC has been evaluating the regional plans for the last several months. The General Appropriation Act of 2025 included significant amounts to carry out the provisions of the law—with over $565 million appropriated for behavioral health in nonrecurring funding.

Additionally, behavioral health programs within the Health Care Authority were budgeted to spend $1.2 billion in FY26. All agencies that serve behavioral health needs received about $855 million in nonrecurring funding from 2023 through 2026 sessions, but trends in most substance-related deaths or suicides remain high.

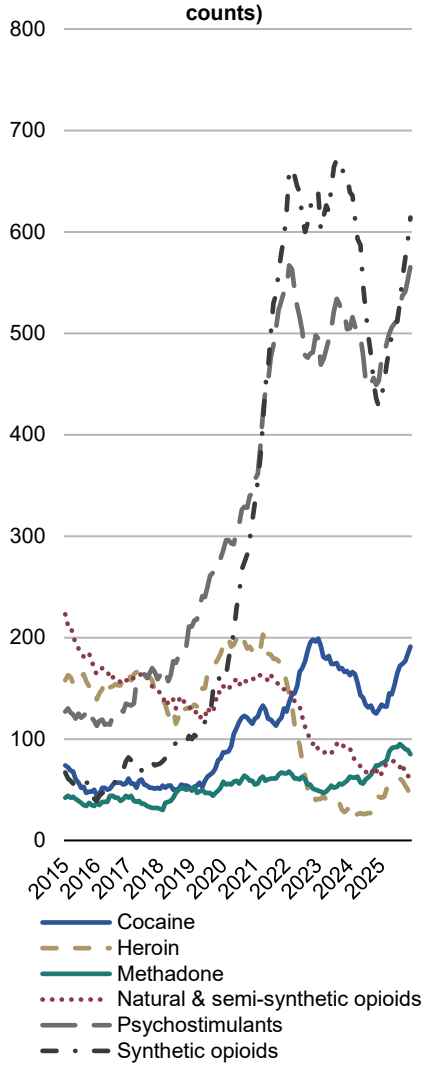


Source: CDC

ACTION PLAN

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

Drug Overdose Deaths by Drug Class (2015-2025)
(12-month-ending provisional counts)



Note: Deaths involving more than one drug class are counted in each class.
Source: CDC, provisional data

Existing Problem

The recent behavioral health needs assessment completed by the authority in 2026, using a $1 million appropriation, noted multiple areas for improvement within the state's behavioral health system. For example, the report found that assertive community treatment teams, an evidence-based service for people with serious mental illness, are under deployed and are largely concentrated in urban areas, leaving many rural areas without access. Additionally, mobile crisis and youth crisis stabilization implementation is incomplete with seven mobile crisis teams operating around the state and zero providers offering mobile response and stabilization services, a youth crisis and stabilization benefit, nearly two years after the federal government approved these services. The assessment also found that crisis triage center capacity is concentrated in urban areas, permanent supportive housing does not meet the estimated need, and 44 patients are living in hospitals as their primary residence because nursing facilities will not accept them due to behavioral health concerns.

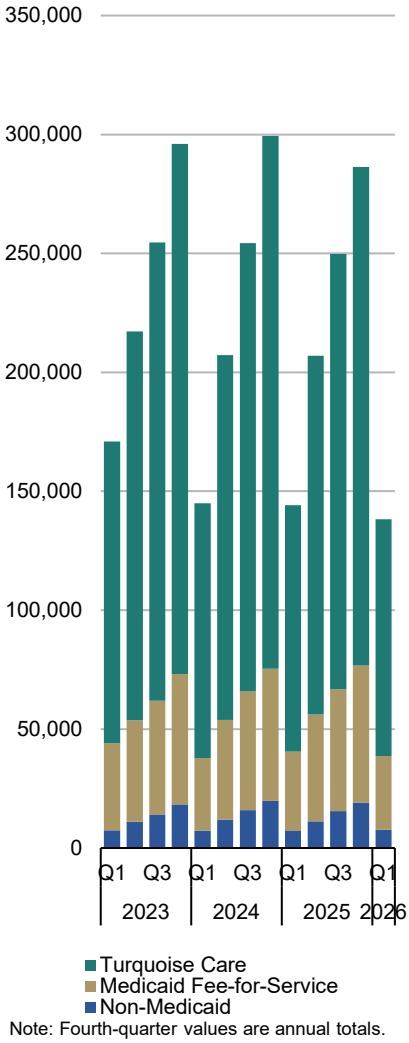
Behavioral Health System

A behavioral health evaluation brief from April 2026 noted fewer Medicaid enrollees are using more behavioral health services at a higher cost. Between 2023 and 2025, behavioral health managed care spending increased by 47 percent while utilization increased by 22 percent. The service lines with the greatest increase in spending include applied behavioral analysis (for people with autism), substance use disorder, and community-based services. However, per-member per-month rates paid to the Medicaid managed care organizations increased from about $75 in 2023 to $140 in 2026. This is partly due to the increased rates paid by MCOs to providers but is also due to increased utilization. The state is paying more but has no evidence the increased investment is leading to better outcomes.

For the fourth quarter, the share of Medicaid inpatient psychiatric stays with a community-based follow-up within seven days was 42 percent, below the 51 percent target and the national average of about 40 percent.

Budget: $936,542.0 **FTE: 0**	**FY24 Actual**	**FY25 Actual**	**FY26 Target**	**FY26 Actual**	**Rating**
Adult Medicaid members diagnosed with major depression who received continuous treatment with an antidepressant medication	53%	54%	42%	49%	G
Medicaid members discharged from inpatient psychiatric hospitalization stays who receive follow-up community-based services at seven days	42%	34%	51%	42%	R
Persons served through telehealth in urban, rural, and frontier counties for behavioral health	73,054	73,823	50,000	72,313	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%	13%	R
Individuals served annually in substance use or mental health programs administered by the Health Care Authority	298,706	286,354	210,000	No Report	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%	42%	R
Program Rating	Y	Y			R

Individuals Served in State-Funded Substance Abuse or Mental Health Programs
(year-to-date by calendar year)



Note: Fourth-quarter values are annual totals. No data reported after CY26 Q1.

Source: HCA

Courts and Justice

Performance trends for New Mexico's courts and criminal justice agencies in FY26 were mixed. Outside of jury costs, court metrics related to timeliness and administrative efficiency all improved from FY25. Treatment courts remain underutilized and highly disparate in participation and costs, with juvenile courts in particular struggling. Diversionary programs rely heavily on coordination among criminal justice stakeholders, but FY26 performance was subpar despite significant legislative attention during the 2025 session. While some district attorney offices continue to report high vacancy rates, average attorney workloads offices generally decreased in FY26, building on the positive trends seen since FY23 even with an increase in case referrals. Meanwhile, public defender vacancies increased at a worrying pace in FY26, and urban offices are proving vulnerable to the same recruitment and retention issues that have frustrated rural operations.

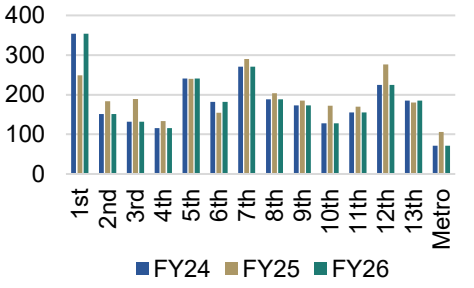
ACTION PLAN

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

Courts

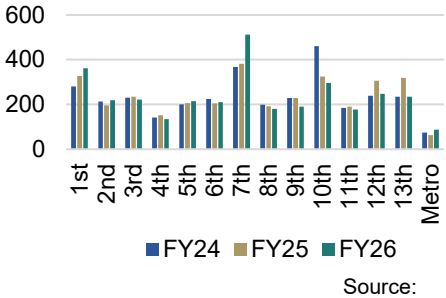
Administrative Support. The average time to disposition for criminal cases in district court decreased from 197 days in FY25 to 184 from FY26. This figure is in line with National Center for State Courts standards that aim to dispose of most criminal cases within six months. Magistrate courts and Metropolitan Court reported even greater improvements, with respective decreases of 14 percent and 45 percent from FY25. The second half of FY26 saw the imposition of expedited trial deadlines in the First Judicial District, which, having struggled with long times to disposition in criminal cases, joined the Second, Third, and Eighth districts under Supreme Court-mandated case management orders. With slight differences among the orders, the three districts already working under the trial deadlines all reduced their average time to disposition in criminal cases. This was not the case in the First Judicial District, where the time to disposition increased from 280 days in FY25 to 354 in FY26. Because the rule is not retroactive, the noticeable jump in time to disposition between the second and third quarters suggests the court is clearing pending cases before tackling cases under the new deadlines. The district's reduction in pending criminal cases year-over-year, from 1,652 after FY25 to 1,511 after FY26, is another positive sign considering the increase in pending criminal cases statewide. The number of cases screened out by the First Judicial District Attorney increased from 556 to 795, and while the number of cases dismissed by courts and prosecutors decreased, the order's timeline and its January implementation mean the court would not have been dismissing for cases for violations in FY26.

Days to Disposition: Criminal Cases



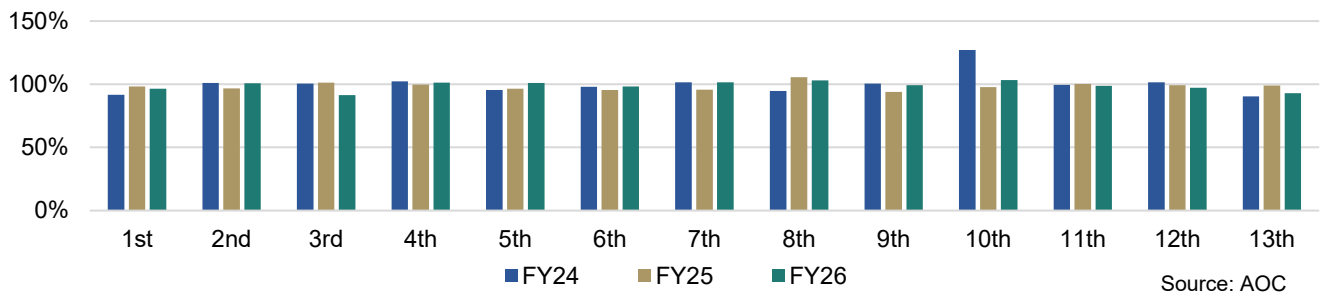
Source: AOC

Days to Disposition: Civil Cases



Source:

Clearance Rate Comparison



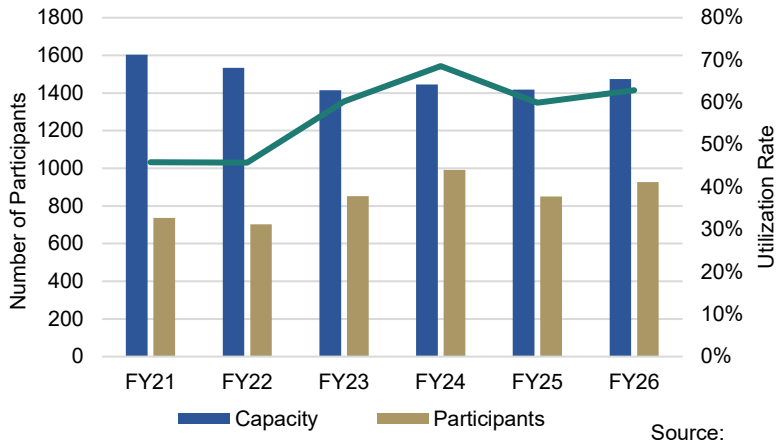
Source: AOC

The number of active pending cases increased at all levels of the judiciary and in both criminal and civil case types despite varying clearance rates. In district court, where clearance rates increased from 97.9 percent in FY25 to 98.4 percent in FY26, the pending civil and criminal caseloads both increased by 6 percent. Magistrate court clearance rates decreased from 103.3 to 101.5 percent in FY26, and although magistrates added to their backlog, both the number of pending cases and time to disposition have declined from FY21 highs. One factor in the clearance rate changes is the growing civil burden since the end of the pandemic. The number of active pending civil cases statewide was 44,812 at the end of FY24, 47,687 at the end of FY25, and 50,442 after FY26. Consistent with national trends, it appears this uptick is tied to "contract/debt & money due" filings because a small number of debt companies increasingly look to courts to enforce collection. These caseloads, however, remain below the regular prepandemic highs of 70 thousand-plus pending civil cases and just over half the FY17 peak of 87,804.

Budget: $21,717.3 **FTE:** 65.3	**FY24 Actual**	**FY25 Actual**	**FY26 Target**	**FY26 Actual**	**Rating**
Average cost per juror	$66.3	$67.1	$55	$70.3	R
Number of jury trials for metro, district, and statewide courts*	689	683	N/A	692	
Average interpreter cost of session	$76.2	$75.1	$185	$72.7	G
Percent of supervised defendants who make all scheduled court appearances*	73%	74%	N/A	76%	G
Percent of supervised defendants who are not charged with a new offense during the pretrial stage*	73%	75%	N/A	78%	G
Age of active pending criminal cases in days	276	354	180	335	R
Days to disposition in criminal cases	221	197	180	184	Y
Cases disposed as a percent of cases filed	100%	97.9%	100%	98.4%	Y
Program Rating	Y	Y			G

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

Statewide Treatment Court Utilization Rate



Source:

Special Court Services. The statewide treatment court utilization rate for FY26 was 62 percent, still below the FY24 high of 69 percent but an improvement over the FY25 figure of 60 percent. Driven by the addition of a mental health court in San Miguel County, treatment court capacity and participation both increased this fiscal year. Utilization, however, remains uneven among program types. Juvenile treatment courts are consistently underutilized, with statewide capacity for 85 and a maximum of 25 participants in FY26. Two of New Mexico's four juvenile treatment courts had utilization rates below 20

percent, and the Bernalillo County juvenile court with the highest rate finished just below the statewide average for treatment courts at 60 percent. On the other hand, adult drug and DWI courts, the two largest programs, had utilization rates of 66 and 77 percent, respectively, for the fourth quarter. These courts also had graduate recidivism rates on similar charges of 11.1 and 11.4 percent, lower than the statewide treatment court average of 12.6 percent. This figure measures recidivism for program graduates over the past three years and dropped slightly from 12.8 percent in FY25. Graduate recidivism on any charges, although considered less indicative of treatment efficacy, also decreased from 24 percent in FY25 to 22 percent in FY26.

Treatment Courts Under Capacity

District	Type	Counties Affected	Capacity	Participants*	Utilization
2nd	Veterans	Bernalillo	40	3	8%
3rd	Juvenile	Doña Ana	20	1	5%
7th	Adult	Torrance	15	1	7%
12th	Veterans	Otero	10	2	20%
13th	Juvenile	Cibola	25	5	20%
13th	Adult	Cibola	40	5	13%

*The active participant number includes everyone in the reporting period, regardless of treatment phase. This includes those needing more resources and those nearing program completion, who require less.

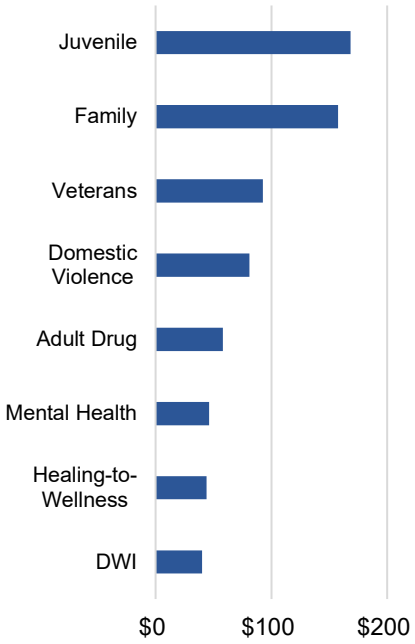
Treatment Courts Over Capacity

District	Type	Counties Affected	Capacity	Participants*	Utilization
1st	Adult	Rio Arriba	20	23	115%
1st	DWI	Rio Arriba	15	20	133%
2nd	DWI	Bernalillo	30	32	107%
2nd	Young Adult	Bernalillo	60	85	142%
11th	DWI	McKinley	15	18	120%
11th	DWI	San Juan	25	29	116%

*The active participant number includes everyone in the reporting period, regardless of treatment phase. This includes those needing more resources and those nearing program completion, who require less.

While treatment court recidivism remains below the Corrections Department's rates, improved recidivism and graduation numbers have been accompanied by a consistent increase in costs. The cost per-client per-day for drug court participants has jumped from $28.76 in FY21 to $42.99 in FY26, an increase of over 50 percent. Outside of FY25, costs have increased at a concerning pace, and within FY26, the average daily cost rose from $38.49 in the first quarter to $47.19 in the fourth. Growing costs have largely been driven by inconsistent utilization among both program types and judicial districts. With the second-lowest utilization rate and an especially vulnerable target population, juvenile courts led all program types at $168.40 per-client per-day. The Third Judicial District's juvenile court only has one participant out of a capacity for 20 and, accordingly, leads the state at $363.57. The district as a whole has the second highest cost per-client per-day at $110.09, just below the Ninth Judicial District's figure of $126.67. On the other end of the spectrum, the Fourth Judicial District had an average cost per-client per-day of $21.76. The 11th Judicial District comes in at second lowest with an average of $30.51 per-client per-day. Treatment court staff have also indicated the state judiciary is working to eliminate treatment court fees, building on 2023's Chapter 184 and similar legislative efforts to reform fines and fees. These reforms and their impact on rising costs will be closely monitored.

FY26 Cost-Per-Client Per-Day by Program



Source: AOC

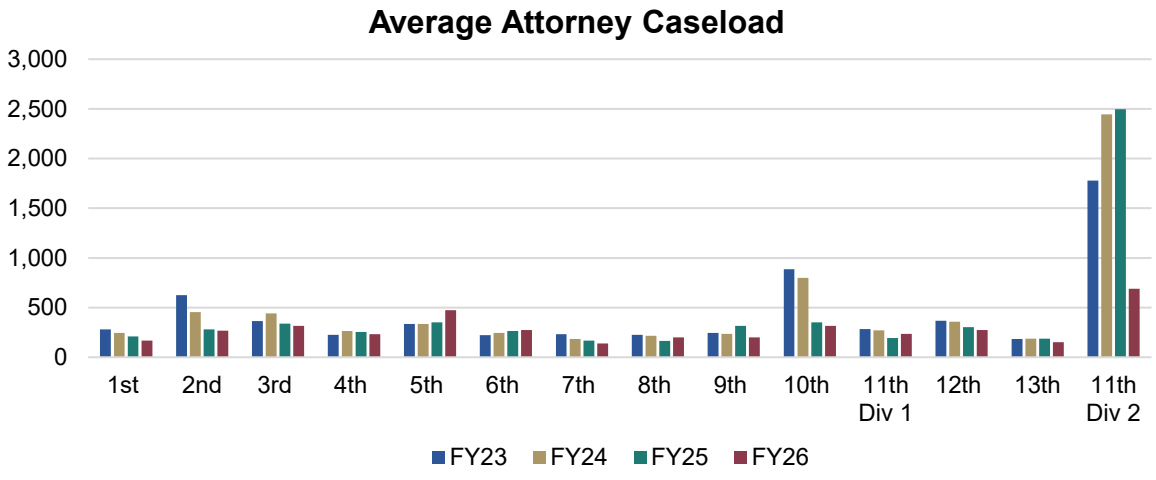
Budget: $28,818.0 **FTE:** 49.0	**FY24 Actual**	**FY25 Actual**	**FY26 Target**	**FY26 Actual**	**Rating**
Cases to which CASA volunteers are assigned*	436	708	N/A	659	
Monthly supervised child visitations and exchanges conducted*	10,129	10,374	N/A	9,421	
Average time to completed disposition in abuse and neglect cases, in days	161	182	153	195	R
Recidivism rate for drug-court participants	11.8%	15.7%	12%	11.2%	G
Recidivism rate for DWI-court participants	8.1%	9.8%	12%	11.5%	Y
Graduation rate for drug-court participants*	61.0%	55.4%	N/A	49.1%	R
Graduation rate for DWI-court participants*	66.8%	76.3%	N/A	65.1%	Y
Cost per client per day for all drug-court participants*	$34.1	$33.4	N/A	$42.9	R
Program Rating	Y	G			Y

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

District Attorneys

Stabilizing after a Pandemic-era lull, FY26 referrals to district attorney offices came in at 68,441, above the FY25 total of 66,831 but well short of the 73,133 received in FY19. The distribution of referrals remains uneven, and the Second Judicial District Attorney's office was almost singularly responsible for the statewide increase, finishing FY26 with 26,442 referrals received compared with 24,581 in FY25. The 12th Judicial District Attorney's office saw the largest percent increase, receiving an additional 536 referrals for a 23.5 percent jump. These numbers do not tell the whole story, as eight of the 14 district attorney offices received fewer referrals in FY26 than FY25. The 13th District Attorney received 6,114 referrals after recording 6,516 in FY25. In the Fifth Judicial District, the only district other than the Second with increases every year from FY22 to FY25, the district attorney received 3.5 percent fewer cases than in FY25. Additionally, some offices note the referrals are coming directly from law enforcement agencies and may not reflect an increase in viable cases.

District attorneys began reporting attorney caseloads in FY23, and these figures vary considerably among jurisdictions. The 11th Judicial District, Division 2, district attorney resigned halfway through the third quarter, and the office remains



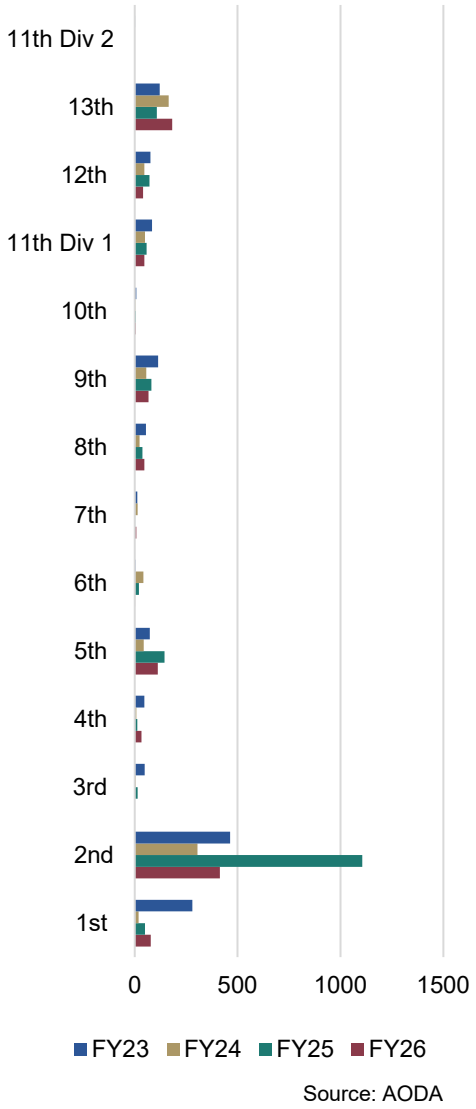
Source: AODA

an outlier with 691 cases per attorney. Although it continues to lead the state, the office's improvement from 1,779 cases per attorney in FY23, 2,444 in FY24, and 2,498 in FY25 is a significant step in the right direction. Additional remedies pursued by the new district attorney, appointed by the governor in early April, must be carefully scrutinized. The Fifth Judicial District Attorney office, which struggled with attorney vacancy rates as high as 50 percent in FY26, had the biggest year-to-year increase and ended with the second highest average attorney caseload at 473. The Third and 10th district attorneys were the only other offices with an average attorney caseload above 300, finishing at 314 and 315, respectively. Meanwhile, 10 of the 14 district attorney offices decreased their average attorney caseloads between FY25 and FY26. After the sizable improvement in the 11th district's Division 2 office, the Ninth District Attorney office was second in the state and dropped its average caseload by 36 percent. The Second District Attorney office decreased their average attorney caseload from 279 to 267 despite the increase in both referrals and the number of cases prosecuted. The Third, Seventh, and 12th judicial district attorney offices were also able to effectively distribute the attorney workload even with year-to-year increases in case referrals.

Diversionary programs remain limited by a lack of coordination within the judiciary system and capacity bottlenecks in behavioral health treatment. District attorneys possess unilateral authority in pre-prosecution diversion and serve a critical gatekeeping role with competency diversion, treatment courts, and, as of June 2025, assisted outpatient treatment in criminal cases. Referrals to ore-prosecution diversion doubled between FY24 and FY25 but then fell from 1,707 referrals in FY25 to 1,032 in FY26. The Second District Attorney office filed 62 percent fewer referrals than in FY25, and the Third District Attorney filed zero referrals for the entire fiscal year. While some of this decrease could be the result of an increase in other diversions or inconsistent cooperation from public defenders, whose clients usually must plead guilty to enter the program, the decline is concerning.

The New Mexico statewide automated victim notification system has been nonoperational for almost two years. As flagged in an LFC unit report, prosecutors are statutorily responsible for victim notification, and district attorney offices across the state employ about 90 victim-witness advocates. The Administrative Office of the District Attorneys previously anticipated restoring the notification system near the beginning of 2026, and district attorney offices have been contacting victims directly, but this critical tool remains offline.

Referrals for Pre-Prosecution Diversion



Source: AODA

Budget: $107,819.9 **FTE:** 1,037	**FY24 Actual**	**FY25 Actual**	**FY26 Target**	**FY26 Actual**	**Rating**
Number of Cases Referred for Screening*	61,982	66,831	N/A	68,441	
1st District	4,504	4,534	N/A	4,454	
2nd District	20,929	24,581	N/A	26,442	
3rd District	4,875	5,158	N/A	5,244	
4th District	2,037	1,962	N/A	1,865	
5th District	6,603	6,927	N/A	6,683	
6th District	2,300	2,270	N/A	2,026	
7th District	1,526	1,422	N/A	1,652	
8th District	1,591	1,493	N/A	1,550	

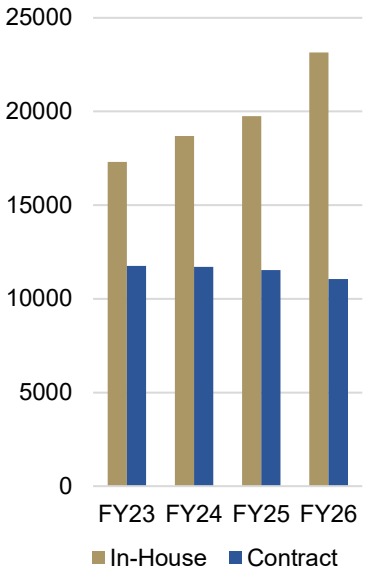
Budget: $107,819.9	FTE: 1,037	FY24 Actual	FY25 Actual	FY26 Target	FY26 Actual	Rating
9th District		2,451	2,798	N/A	2,546	
10th District		616	850	N/A	810	
11th District Division I.		4,771	4,338	N/A	4,318	
11th District Division II.		1,461	1,807	N/A	1,918	
12th District		2,217	2,283	N/A	2,819	
13th District		6,101	6,543	N/A	6,114	
	Program Rating	Y	Y			Y

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

Public Defender

The Law Offices of the Public Defender (LOPD) continues to struggle with high vacancies and workloads, and difficulties in recruiting contract attorneys and staff in rural areas have been particularly pronounced. The almost complete absence of communication from the former district attorney in Gallup severely impacted one of the eight districts with a public defender office and contributed to an attorney vacancy rate of 88 percent in FY25. LOPD has since brought that figure down to 71 percent, but five of the seven attorney slots were vacant as of June. FY26 also saw alarming recruitment and retention challenges in urban areas, with the agency's attorney vacancy rate climbing from 17.4 percent to 21.2 percent. At year-end, six of the 18 attorney positions in the Santa Fe office were vacant, as were three of the 19 public defender slots in Las Cruces. No attorneys hired from the UNM School of Law have relocated outside of Albuquerque since 2023. Additionally, since 2021, applications to the program have declined by an average of 16 percent each year. While LOPD indicates it has shifted resources to recruiting nonattorney staff, the "core staff" vacancy rate rose from 4.7 percent to 8.6 percent in FY26.

Felony Cases Opened by Fiscal Year



Source: LOPD

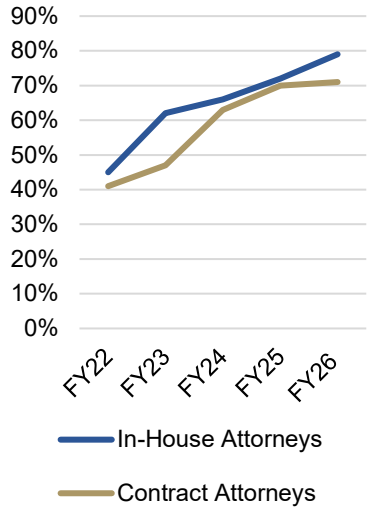
In-house LOPD attorneys were assigned an average of 52 additional felony cases for the fourth quarter. As with the courts and district attorneys, workloads differ significantly for public defenders among judicial districts. In the Ruidoso office, the three LOPD attorney FTE received 79 cases, for an average of about 26 cases per attorney. In the Second Judicial District, there were 5,267 felony assignments for an average of 67 cases per in-house attorney. One of the Fifth Judicial District offices had an alarming average of 77 new felony assignments for its five in-house attorneys. Higher felony caseloads, combined with the limited number of attorneys to handle cases, is of added concern because felony cases are more complex and require more time and resources.

Contract attorneys face a unique set of challenges due to the larger percentage of felony cases they carry. Complex cases like murder often have multiple co-defendants and require LOPD to use contract attorneys to avoid conflicts of interest. The prepandemic average of murder cases assigned to contract attorneys was about 80 per year. That number shot up to 201 in FY22 and now hovers around 190 per year. Possibly reflecting the difficulties in recruiting contract attorneys, the percent of cases assigned to contractors has dipped from a high of 37 percent in FY23 to 30 percent in FY26. Currently, contract attorneys may request hourly complex case compensation in addition to base rates. LOPD

submitted a five-phase budget request to eventually expand hourly compensation to all contract attorneys, and the agency received funding for the first phase through the government results and opportunity fund. Other states have moved to restrict the use of flat fees for contract defense attorneys, and over a dozen now solely use hourly rates for indigent defense.

Performance for in-house and contract defense attorneys continues to show disparities. Both categories increased the percent of cases resulting in sentence reductions, with contract attorneys improving their percent of cases resulting in sentence reductions from 70 percent to 71 percent and in-house attorneys improving from 72 percent to 79 percent. For contract attorneys, the increase could be an indication of how well they are logging case outcomes, so this figure should be monitored for future changes. Again, performance measures among offices vary significantly. For in-house attorneys in the fourth quarter, the percentage of cases resulting in sentence reductions ranged from 90 percent in the Eighth Judicial District to 65 percent in San Juan County. The reported percentage of sentence reductions for contract attorneys ranged from 87 percent in the Seventh Judicial District to 30 percent in Eddy County. Improved coordination with the new district attorney in Gallup should lead to improved outcomes.

Cases Resulting in Reduction of Originally Filed Charges



Source: LOPD

Budget: $77,155.0 **FTE:** 516

	FY24 Actual	FY25 Actual	FY26 Target	FY26 Actual	Rating
Felony, misdemeanor, and juvenile cases resulting in a reduction of original formally filed charges	65%	72%	65%	77%	G
In-house attorneys	66%	72%	65%	79%	G
Contract attorneys	63%	70%	65%	71%	G
Felony, misdemeanor, and juvenile cases resulting in alternative sentencing treatment	28,523	32,477	15,000	38,403	G
In-house attorneys	20,173	24,122	N/A	29,815	G
Contract attorneys	8,350	8,355	N/A	8,588	G
Cases assigned to contract attorneys*	34%	33%	N/A	30%	
Average time to disposition for felonies, in days*	313	279	N/A	277	
In-house attorneys*	229	259.6	N/A	228	
Contract attorneys*	399	301.8	N/A	326	
Cases opened by Public Defender Department*	61,046	61,621	N/A	73,452	
In-house attorneys*	39,145	39,971	N/A	52,366	
Contract attorneys*	21,901	21,650	N/A	21,086	
Program Rating	G	G			G

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