PIVOT · PROGRAM INVENTORIES FOR VALUE, OUTCOMES, AND TRANSPARENCY

Legislating for Results

2026 Update of Spending on Evidence-Based Programming

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NEW MEXICO LEGISLATIVE FINANCE COMMITTEE

ACCOUNTABILITY IN GOVERNMENT ACT

What PIVOT does

Senate Bill 58 (2019) expanded the Accountability in Government Act to require program inventories from agencies jointly selected by the Department of Finance and Administration (DFA) and the Legislative Finance Committee (LFC).

Inventory

Agencies list the sub-programs they fund, with spending, participants, and outcomes.

Rating

Each sub-program is categorized as evidence-based, research-based, promising, or lacking evaluation.

Budget

Results inform agency fiscal year 2028 budget requests and the work of DFA and LFC analysts.

2026 PARTICIPANTS CYFD · HCA · NMCD · DOH · ECECD · PED · **WSD · new in 2026**

What the dollars cover: programmatic spending in the divisions selected for the inventory each year, meaning the services and programs agencies fund. Administrative and operating costs are not counted, so PIVOT's totals are a subset of each agency's budget.

Source: Section 6-3A-10 NMSA 1978; 2026 PIVOT agency memo

PURPOSE

Why PIVOT matters

> Senate Bill 58 asks agencies to identify and prioritize evidence-based, research-based and promising programs in their budget requests, and asks for budget recommendations to show how much funding is intended for them.

The Accountability in Government Act, in place since 1999, gives agencies more budgetary flexibility in return for greater transparency. PIVOT is its program inventory.

1

For agencies: a clear view of what they fund

Each division sees its programs' spending, participants and outcomes beside the strength of the evidence behind them: what is working and what needs to improve.

2

For budget decisions: evidence beside the dollars

Agencies summarize how they prioritized evidence-based programs in their budget requests, and recommendations from DFA and LFC identify the funding intended for those programs.

3

Over time: a record of progress

Inventories year after year show whether spending is moving toward programs shown to work, in line with New Mexico's Legislating for Results framework. This progress can also be seen at the program level, with a state-created program moving from lacking evaluation to promising or research-based.

Source: SB 58 (2019); Sections 6-3A-7, -8 and -10 NMSA 1978; 2025 PIVOT summary presentation

HOW PROGRAMS ARE RATED

Evidence categories

DEFINED IN STATUTE

Evidence-based	Incorporates methods demonstrated to be effective for the intended population through scientifically based research, including statistically controlled evaluations or randomized trials; can be implemented with a set of procedures to allow successful replication in New Mexico; and, when possible, has been determined to be cost beneficial.
Research-based	Has some research demonstrating effectiveness but does not yet meet the standard of evidence-based.
Promising	Based on statistical analyses or preliminary research, presents potential for becoming research-based or evidence-based.

PIVOT REPORTING CATEGORIES

Mixed	A clearinghouse rates it mixed: good studies reached different conclusions.
No effects	A clearinghouse rates it as having no effect on outcomes.
Varied	Bundles several practices whose spending can't be broken out, such as claims the agency did not rate.
Lacking evaluation	Not yet evaluated: not in a clearinghouse, rated insufficient evidence, or created by the agency.
Not rated	The agency did not rate the program, or the rating was blank, N/A or unknown.
Federal pass-through	Federal funds where local entities rather than agencies have control: counted in spending, left out of the share.

Source: Section 6-3A-3 NMSA 1978 (statutory definitions); LFC and DFA

FY26 PROGRAM INVENTORIES

2026 PIVOT findings

Programmatic spending on evidence-based programs, by agency and division

ALL PARTICIPATING AGENCIES

Fiscal year 2026 (FY26) spending at a glance

$374M

programmatic spending in the 9 participating divisions of 7 agencies, not total budgets (FY25: $328M restated)

73%

of that programmatic spending went to evidence- or research-based programs (FY25: 75%)

177

sub-programs inventoried

FY26 evidence- or research-based share of each agency's programmatic spending

CYFD
Prevention, juvenile justice, behavioral health

70%

of $48.1M

No change since FY19

Avg. FY19–FY26: 56%

DOH
Public Health

96%

of $112.9M

▲ +4 pts since FY24

Avg. FY24–FY26: 94%

ECECD
Home Visiting

72%

of $37.9M

▲ +15 pts since FY24

Avg. FY24–FY26: 68%

HCA
Behavioral Health Services

40%

of $64.8M

▲ +40 pts since FY21

Avg. FY21–FY26: 32%

NMCD
Reentry and Inmate Management

100%

of $22.5M

No change since FY21

Avg. FY21–FY26: 98%

PED
Workforce Development

55%

of $22.1M

FY26 only: earlier years covered different programs

WSD
Employment Services

63%

of $46.0M

Avg. FY25–FY26: 66%

New this year; submitted FY25 and FY26 data.

Each share is of the agency's FY26 programmatic spending, not counting workforce boards.

Change is in percentage points since the agency's first year in PIVOT.

The average is the simple mean of the yearly shares, with reviewed ratings.

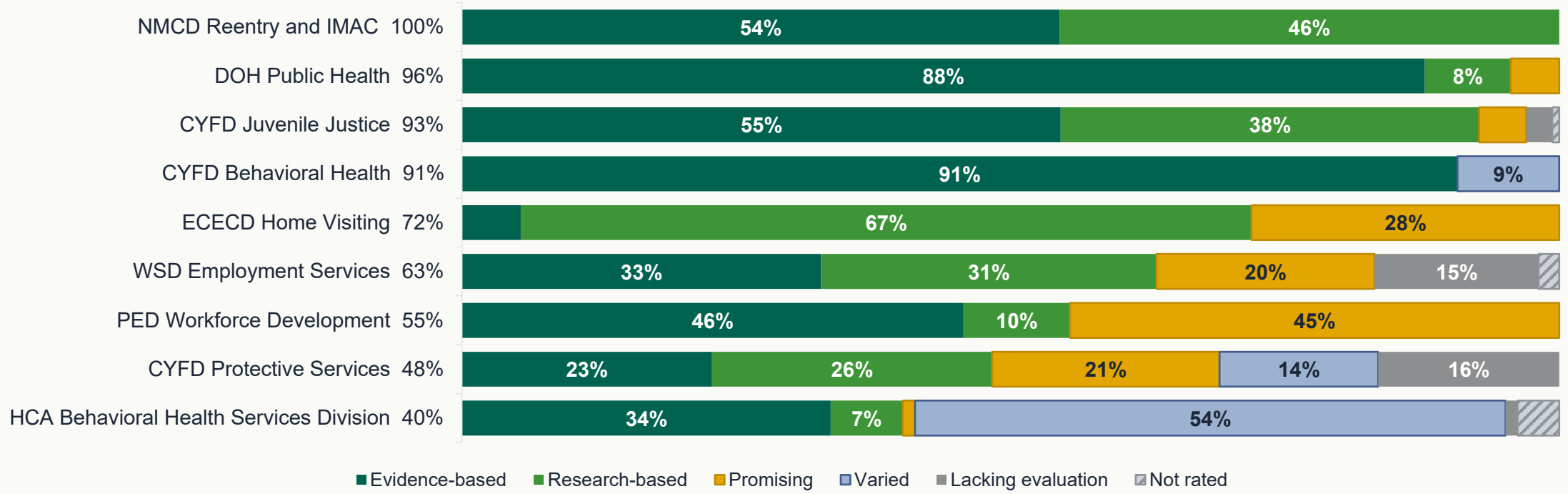
FY20 was not collected.

Source: FY26 agency program inventories; LFC and DFA analysis

BY DIVISION

Fiscal year 2026 spending by evidence category

4 of 9 divisions put 90% or more of their programmatic spending into evidence- or research-based programs; the Health Care Authority's Behavioral Health Services Division (HCA-BHSD) is lowest at 40%, due to issues disaggregating individual service-level data.



Bars show programmatic spending. Left out: the Workforce Solutions Department's workforce boards ($19.8M, federal pass-through).

Source: FY26 agency program inventories; LFC and DFA analysis

Summary of agency PIVOT performance

Some agencies are using PIVOT as intended to catalog the effectiveness of programs and make spending decisions.

NMCD routinely uses almost all its programmatic funding for programs that work, and its contracts are written to allow for service-level reporting.

DOH has highlighted increases in evidence- and research-based spending and previously used the inventory to determine where funding should go.

Other agencies struggle to provide required information and therefore cannot use the information for spending decisions.

HCA's Medical Assistance Division did not pull the complete required information for the Medicaid behavioral health inventory, citing IT system issues, and has not, along with the CYFD, implemented contracting best practices.

Only two of seven agencies (NMCD and WSD) included fiscal year 2028 requests for most of their programs, showing a potential disconnect between programmatic effectiveness and spending requests.

NMCD · CORRECTIONS DEPARTMENT

Reentry and Inmate Management and Control

100% of $22.5M was evidence- or research-based; spending rose $5.2M, led by new medications for opioid use disorder (MOUD)

FY26 actual spending	FY27 programmatic budget	FY28 programmatic request	Evidence- or research-based
$22.5M	**$31.4M***	**$54.2M***	**100%**
	*subcontracted programs not broken out	*subcontracted programs not broken out	

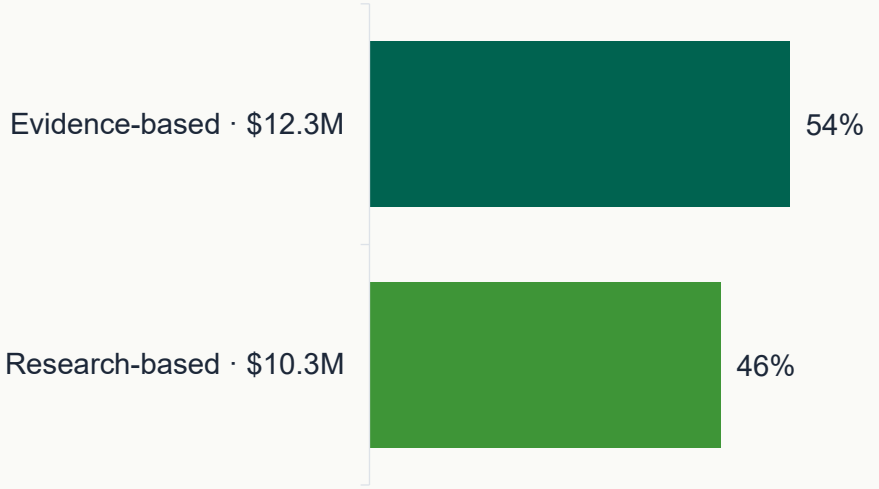
Program summary

- NMCD provides education, substance abuse treatment, behavioral health services, vocational training, and reentry support to help incarcerated individuals successfully return to the community as well as support the success of clients on probation and parole supervision.
- Adult Basic Education, a research-based program, accounted for approximately $3.4 million (15%) of fiscal year 2026 (FY26) spending.
- FY26 spending increased by $5.2 million from FY25, reaching $22.5 million.

Strengths and challenges

- NMCD directed 100% of FY26 spending toward evidence- or research-based programs, including education, substance abuse treatment, and reentry services.
- Program completion and outcome tracking vary across services. Continued monitoring and consistent data collection could help NMCD better measure program effectiveness.

FY26 spending by evidence category



Source: FY26 NMCD program inventory; LFC and DFA analysis

Home Visiting

72% of $37.9M went to evidence- or research-based home visiting; spending rose $9.7M from fiscal year 2025 (FY25)

FY26 actual spending	FY27 programmatic budget	FY28 programmatic request	Evidence- or research-based
$37.9M	**$50.1M**	**Not reported**	**72%**

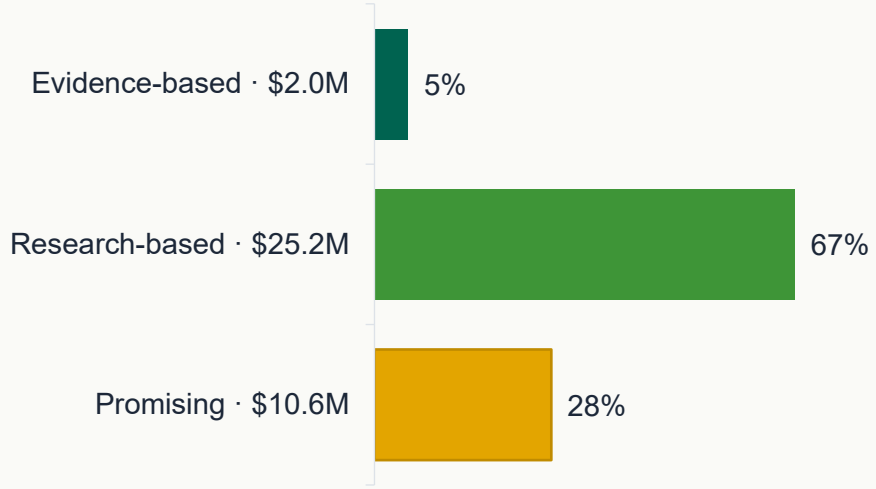
Program summary

- ECECD Home Visiting supports families with young children through parenting education, child development, and family support services.
- Parents as Teachers and First Born & More accounted for 78% of FY26 programmatic expenditures.

Strengths and challenges

- 72% of programmatic expenditures supported evidence- or research-based programs.
- ECECD began collecting model-specific outcome information this year.
- Several programs reported low completion rates, indicating opportunities to improve participant retention and program completion.

FY26 spending by evidence category



Source: FY26 ECECD program inventory; LFC and DFA analysis

PED · PUBLIC EDUCATION DEPARTMENT

Workforce Development Programs

55% of $22.1M went to evidence- or research-based programs; Next Gen CTE ($10.1M) is the largest

FY26 actual spending	FY27 programmatic budget	FY28 programmatic request	Evidence- or research-based
$22.1M	**$18.8M***	**Not reported**	**55%**
	*1 program did not report current budget		

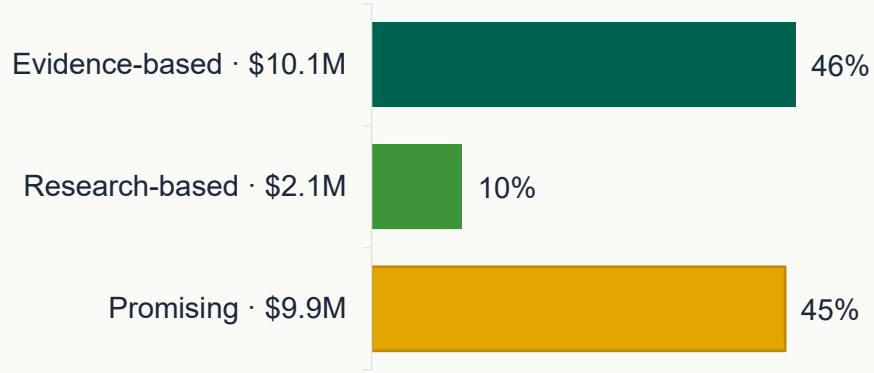
Program summary

- Career Technical Education (CTE) aims to provide students of all ages with the academic and technical skills necessary to succeed in future careers and to become lifelong learners.
- Innovation Zones moved to the public education reform fund (PERF) in fiscal year 2027, which will allow for closer tracking of student outcomes.

Strengths and challenges

- CTE programs are an evidence-based strategy for improving high school graduation rates. However, success of CTE programs depends on quality of implementation.
- PED reports that students who take two or more CTE courses graduate at higher rates. However, given current data tracking, it is not possible to establish a causal connection.

FY26 spending by evidence category



More information on Innovation Zones and other CTE programs will be presented with PERF and the joint Legislative Education Study Committee and Legislative Finance Committee below-the-line appropriations brief later this month.

Source: FY26 PED program inventory; LFC and DFA analysis

CYFD · CHILDREN, YOUTH AND FAMILIES DEPARTMENT

Protective Services Prevention Programs

48% of $23.9M went to evidence- or research-based programs; the largest program is rated promising

FY26 actual spending	FY27 programmatic budget	FY28 programmatic request	Evidence- or research-based
$23.9M	**Not reported**	**Not reported**	**48%**

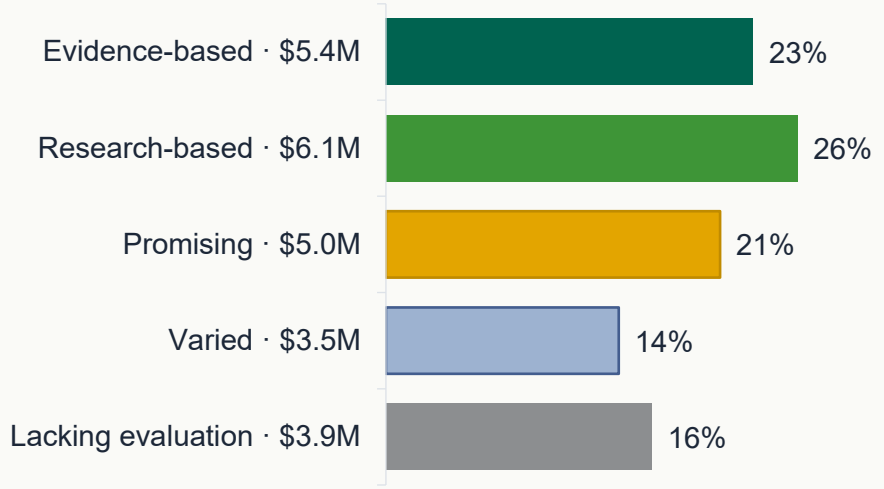
Program summary

- CYFD Protective Services Division includes programs focused on reducing child maltreatment and repeat maltreatment.
- CYFD spent $4.96M on Transitional Living for Young Adults, which provides housing and supportive services for youth transitioning to adulthood.

Strengths and challenges

- CYFD is spending nearly half (48%) of its prevention dollars on evidence- and research-based programming and is reportedly tracking outcomes.
- CYFD continues to be unable to disentangle its community-based prevention, intervention, and reunification service programs; however, they report their new child welfare information system will allow for better tracking in fiscal year 2027.

FY26 spending by evidence category



Source: FY26 CYFD program inventory; LFC and DFA analysis

CYFD · CHILDREN, YOUTH AND FAMILIES DEPARTMENT

Juvenile Justice Services

93% of $7.4M went to evidence- or research-based programs, led by Juvenile Community Corrections ($2.0M) and group mentoring

FY26 actual spending	FY27 programmatic budget	FY28 programmatic request	Evidence- or research-based
$7.4M	**Not reported**	**Not reported**	**93%**

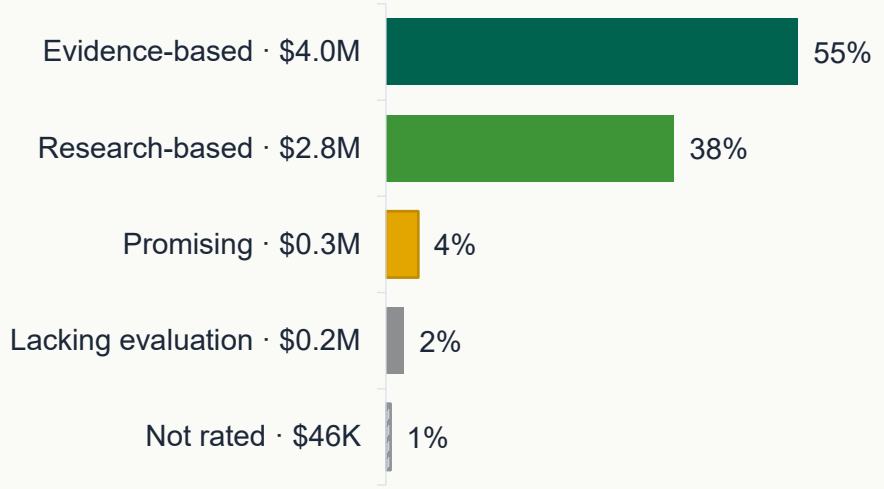
Program summary

- Juvenile Justice provides services to youth involved with the criminal justice system.
- Juvenile Community Corrections was one of its largest programs, spending $1.9M on this research-based service or 26 percent of its programmatic budget.

Strengths and challenges

- Juvenile Justice continues to prioritize evidence-based funding, as shown by most of its dollars going toward programs shown to work.
- As highlighted in the 2025 Legislative Finance Committee policy spotlight on juvenile justice, CYFD likely needs to continue to prioritize community-based services and ensure services are provided to youth with informal cases.

FY26 spending by evidence category



Source: FY26 CYFD program inventory; LFC and DFA analysis

CYFD · CHILDREN, YOUTH AND FAMILIES DEPARTMENT

Behavioral Health Services

91% of $16.8M went to evidence-based programs; Domestic Violence Survivor Services is 85% of the total

FY26 actual spending	FY27 programmatic budget	FY28 programmatic request	Evidence- or research-based
$16.8M	**Not reported**	**Not reported**	**91%**

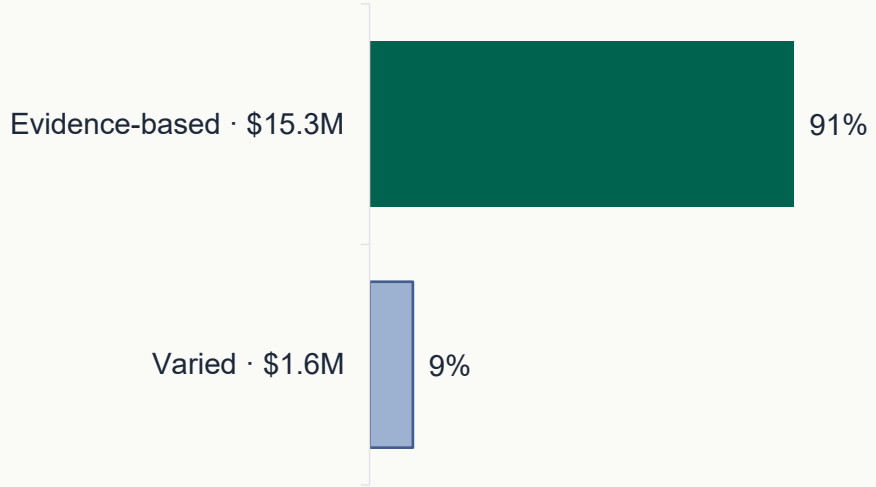
Program summary

- CYFD Behavioral Health Services is responsible for ensuring the behavioral health service array for children in New Mexico.
- Most of its programmatic funding (85%) is directed towards Domestic Violence Survivor services, which can be evidence-based.

Strengths and challenges

- Behavioral Health Services reports using evidence-based programs but did not report any outcome monitoring.
- Outcome monitoring is likely particularly important for programs such as Domestic Violence Offender Treatment and Intervention (DVOTI) which has programs with various levels of research.

FY26 spending by evidence category



Source: FY26 CYFD program inventory; LFC and DFA analysis

HCA · HEALTH CARE AUTHORITY

Behavioral Health Services Division

40% evidence- or research-based by practice weighting; $34.9M counts as varied, including $24.4M in unrated claims

FY26 actual spending
$64.8M

FY27 programmatic budget
$33.7M*
*8 out of 25 programs did not include a current budget

FY28 programmatic request
Not reported

Evidence- or research-based
40%

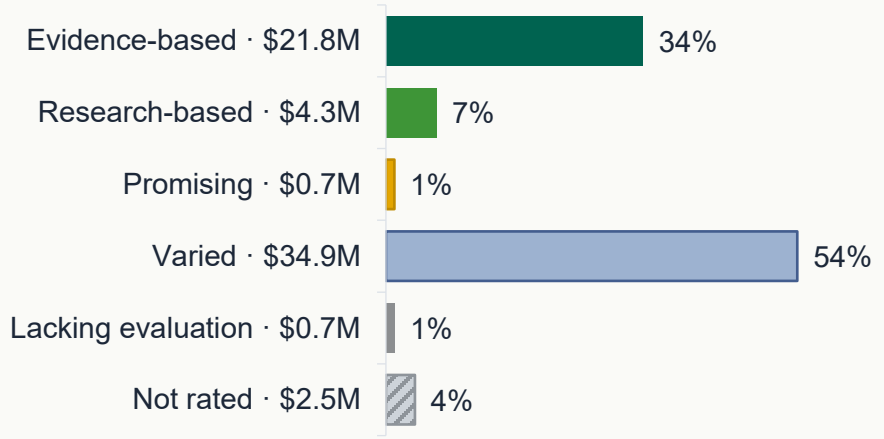
Program summary

- BHSD provides an array of behavioral health services, including prevention, forensic examinations, and safety net services.
- Claims for safety net behavioral health services were the largest spend at $24.4M, however these could not be disaggregated to determine what modalities were provided or if they were evidence-based.

Strengths and challenges

- BHSD was able to provide more detailed information regarding programs that use multiple modalities.
- BHSD continues to be unable to break out claims data and reports some outputs rather than outcomes for services (e.g., attendance at the public safety psychology training rather than the outcome of the training).

FY26 spending by category



Source: FY26 HCA-BHSD program inventory; LFC and DFA analysis

Medical Assistance Division, Medicaid Behavioral Health

HCA's Medical Assistance Division (MAD) did not submit a complete FY26 inventory due to IT issues.

Medicaid behavioral health spends upwards of $1.5 billion, according to its FY23 inventory. The FY26 inventory, submitted two months late, included only Fee for Service expenditures. HCA reports it will submit managed care organization data in December; if it does, the results will be updated to match.

Section 6-3A-10 NMSA 1978 directs each agency selected for the program inventory to:

"identify each sub-program as evidence-based, research-based, promising or lacking evidence of effectiveness; and compile an inventory that includes for each sub-program … current and historical budget and spending data … the number of persons served annually … [and] any outcome data that demonstrate efficiency and effectiveness"

If MAD cannot report the total amount going towards behavioral health programs shown to work, they likely do not know what modalities Medicaid recipients are receiving.

Source: Section 6-3A-10 NMSA 1978; LFC and DFA

Challenges collecting therapeutic modality information from medical claims

> Current claims submission system does not require reporting the specific modality provided for behavioral health claims, except in a few cases.

This barrier persists for both Medicaid and safety net claims.

Some states have been able to determine what programs are used, and if these are evidence-based.

New Mexico's current claims submission system would need to be changed to require this type of reporting. The state currently has separate codes for a few evidence-based modalities, but this is a small proportion of expenditures.

1 **The Behavioral Health Services Division (BHSD) has attempted to collect these data with limited success**

BHSD reports working with the University of New Mexico and Western Interstate Commission for Higher Education

Extracting session-level therapeutic modalities from billing claims may require restructuring of the state's data reporting architecture

2 **Hawaii and Washington require reporting of therapeutic modalities**

Reporting can occur within case notes or can be separate.

Incentives may be useful in requiring providers to report.

These states have different data metrics and scoping, as well as more enhanced data systems.

3 **To collect these data HCA will need to work with providers**

Determining how to best collect this information will take both HCA (BHSD and MAD) and provider participation.

Source: BHSD, MAD-BH, University of Washington

DOH · DEPARTMENT OF HEALTH

Public Health

96% of $112.9M went to evidence- or research-based programs; one nutrition program alone is 58% of the total

FY26 actual spending	FY27 programmatic budget	FY28 programmatic request	Evidence- or research-based
$112.9M	**$114.9M**	**Not reported**	**96%**

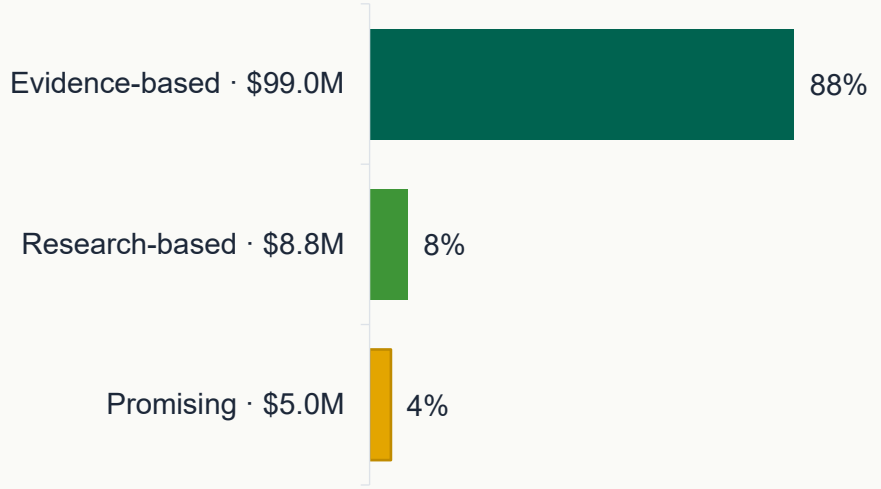
Program summary

- DOH's Public Health program provides population-level health interventions and services with the goal of improving health for New Mexicans.
- The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), at $66M, is the largest programmatic expenditure.

Strengths and challenges

- DOH reports integrating strong monitoring, evaluation, and data collection systems to assess the impact and effectiveness of programs without a large research base.
- Public Health provides various levels of outcome data; some are more output-based, and some programs did not report anything.

FY26 spending by evidence category



Source: FY26 DOH program inventory; LFC and DFA analysis

WSD · WORKFORCE SOLUTIONS DEPARTMENT **New in 2026**

Employment Services

63% evidence- or research-based in WSD's first inventory; $19.8M in workforce boards set aside

LFC brief: TANF Workforce Outcomes (Legislative Health and Human Services Committee, August 2026)

FY26 actual spending	FY27 programmatic budget	FY28 programmatic request	Evidence- or research-based
$65.9M	**$68.2M***	**$61.2M***	**63%**
	*3 out of 24 programs did not report	*4 out of 24 programs did not report	

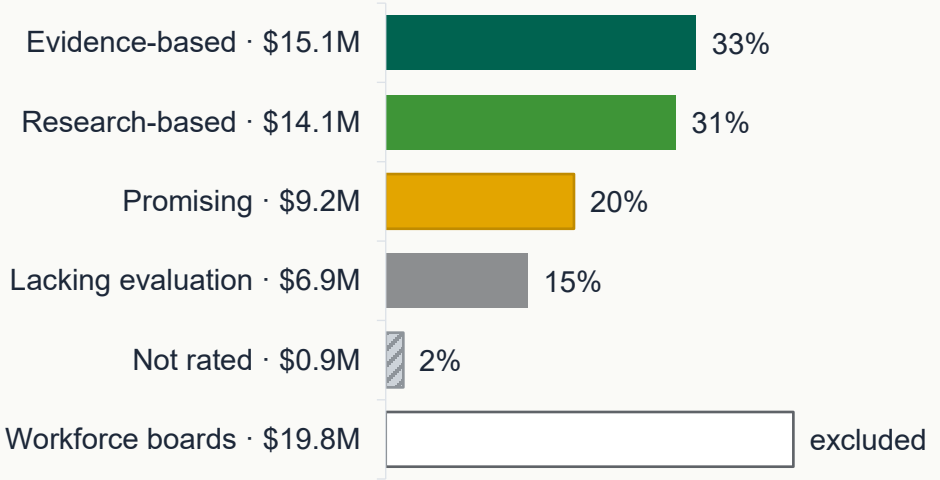
Program summary

- Most employment services funding comes from federal grants, such as those under the Workforce Innovation and Opportunity Act (WIOA) and Temporary Assistance for Needy Families (TANF). Some programs are more prescriptive while others allow more leeway in how a state interprets and implements these initiatives.

Strengths and challenges

- WSD exceeded PIVOT requirements in its first year by submitting data for both fiscal years 2025 and 2026. This will allow fiscal year 2027 data to show three-year trends.
- Running a program with evidence behind it is only useful if the program is run as intended. New Mexico's TANF work programs have struggled to move participants into stable, well-paying jobs; LFC's August 2026 brief shows how states with stronger results pair placement with education, training and support services.

FY26 spending by evidence category



Source: FY26 WSD program inventory; LFC and DFA analysis

RECOMMENDATIONS

Next steps

Overall, agencies are assessing whether they are spending funds on programs shown to work. To improve this process, agencies, LFC and DFA will want to:

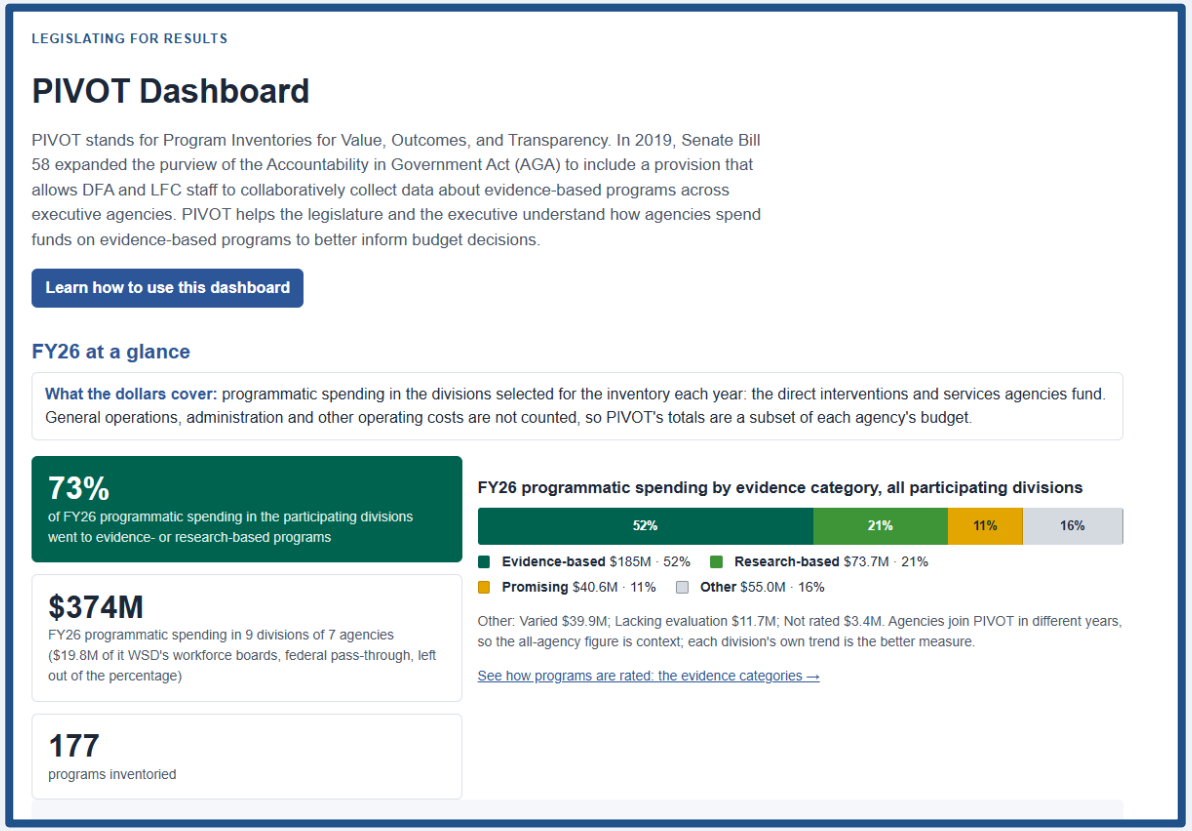
1. Ensure programs are assessing program fidelity
2. Ensure programs are monitoring what matters
3. Ensure program performance is considered when determining funding
4. Programs should employ best practices in contracting to collect information on whether services have been shown to work and the dollars spent on those services.

Source: LFC and DFA

REFRESHED THIS YEAR

Introducing: The new PIVOT dashboard

- **As with the 2025 dashboard, the new dashboard shows:**
  - Spending by evidence category for every participating agency and division, FY19 through FY26
  - Agency and division pages that open with what each one does
- **NEW this year:**
  - Rebuilt as an HTML dashboard with more information and functionality, including program search and filter
  - Built to meet accessibility standards and to read well on a phone
  - Outcome ratings show how agencies reported program outcomes in FY26



https://www.nmlegis.gov/Entity/LFC/Documents/Dashboards/pivot-dashboard

Source: LFC and DFA

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NEW MEXICO LEGISLATIVE FINANCE COMMITTEE

Thank you

On behalf of DFA and LFC staff, we appreciate your time and attention.

QUESTIONS