

## **Accountability in Government Selected Performance Highlights Third Quarter, Fiscal Year 2019**

### **Background**

Pursuant to the Accountability in Government Act (AGA), quarterly reports are required of key state agencies, including performance measures and targets approved for each fiscal year by the Department of Finance and Administration (DFA) in consultation with LFC, as well as other measures agencies consider important to operations.

Throughout March and April LFC analysts conducted a detailed review and evaluation of key agency performance reports and performance measures to identify where improvement is needed in reporting and measuring for results. The review found that most agency performance measures are generally good to very good. There are a few agencies that need more work than others, and now that these have been identified, LFC will be working together with DFA and agencies to improve.

On the other hand, LFC found the quality of agency reporting could stand significant improvement. LFC proposes to work together with DFA and agencies to help advance agency reporting and place more focus on the ways in which agencies make use of their data to manage for performance.

In this quarter's packet, a single page overview of each agency's performance reporting is included behind each report card. The overviews rate agency performance reports and performance measures using the criteria the LFC publishes each year in Volume 1. A copy of the criteria and a spreadsheet with all agencies are located at the end of the packet.

Agency performance measures are listed in tables in the body of the report cards, along with a green, yellow, or red rating that indicates how well the agency is progressing in meeting its performance targets. Yellow ratings may be assigned even when an agency appears to be meeting its targets if the data is unclear or if the target has been set too low. Where relevant and timely data is available, LFC analysts may add national or regional benchmarks to provide context for the state's outcomes.

Performance of note for the third quarter of FY19 by major area:

## **Taxation and Revenue Department** *(page 8)*

The Taxation and Revenue Department continues to have high vacancy rates that affect the agency's services and impede it from meeting performance targets, including targets related to outstanding balance and audit collections as well as Motor Vehicle Division customer service. In the third quarter of 2019, the overall agency vacancy rate was 28 percent, while vacancy rates for MVD's call centers and field offices were 25 percent and 23 percent, respectively. In addition to filling vacancies, improving quarterly reporting to include a focus on corrective action timelines and responsibilities may help to support more effective management and oversight of programs.

## **Human Services and Medicaid** *(page 12)*

For FY20, HSD projects a larger concentration of members in higher cost cohorts than previously expected, increases in physical health and long-term services and supports service areas, as well as implementation of rate increases for nursing homes, primary care, behavioral health and other providers. The LFC encourages data sharing providing the detail for providers' rate increases.

The Medicaid program, which has an FY19 general fund budget of \$933 million, provided quarterly data on only four performance measures. HSD requires MCOs to report annually on Healthcare Effectiveness Data and Information Set (HEDIS) performance measures. However, HSD and their consultant firm, Mercer, use encounter data to determine preliminary quarterly performance measure data. This preliminary quarterly data for certain HEDIS measures should be shared with LFC, as well as including data on previously reported performance measures.

The Income Support Division (ISD) has a budget of \$988.5 million and includes the Temporary Assistance for Needy Families (TANF) Program and Supplemental Nutrition Assistance Program (SNAP). But for the third quarter, ISD only reported data for two of its six performance measures.

The Child Support Enforcement Division also reports on relatively few quarterly performance measures and has consistently declining child support revenue collections and overall performance.

## **Behavioral Health** *(page 17)*

The Medicaid Program indicated by January 2019 it would begin initial implementation of new Medicaid-funded behavioral health services for adults, including funding for supportive housing, accredited adult residential treatment

centers, social detoxification services, expanding Medicaid health homes, treating co-occurring serious mental illness, and substance use disorders, and screening, brief interventions, and referral to treatment (SBIRT). Yet despite more people being eligible for behavioral health services under the state's expanded Medicaid program, several of these new behavioral health services have not yet been implemented.

### **Department of Health** (*page 20*)

Increased performance reporting from the Department of Health should be a priority going forward. Despite increased funding from the Legislature, the wait list for the developmental disabilities waiver continues to climb. Little information regarding health facilities around the state is currently provided, which lessens the ability for the Legislature to provide oversight. In addition, the department may need to work more closely with the Medicaid program to address regional disparities in access to care.

### **Children, Youth and Families** (*page 28*)

The Early Childhood Services and Juvenile Justice Services programs reported promising performance results for the third quarter. However, despite continued investment in the Protective Services Program, performance reporting struggles to improve. The department has not met national repeat maltreatment benchmarking for more than eight years, and performance continued to decline each quarter for the current fiscal year. In addition to high turnover rates, the agency reported substance abuse, domestic violence, and behavioral health as contributing factors to the challenges in reducing repeat substantiations of maltreatment.

### **Workforce Solutions** (*report card not finalized*)

The Workforce Solutions Department continued to struggle with performance targets during the third quarter in the Labor Relations Program, and had mixed performance for direct labor support services, particularly for veterans and Wagner Peyser service recipients. Vacancies and rising caseloads are contributing to performance challenges in the Labor Relations Program. The Unemployment Insurance program (UI) reported a significant decline in the accuracy rate of separation determinations.

### **Public Safety** (*NMCD, page 32; DPS, page 36*)

The Department of Public Safety reports an 18 percent decrease in DWI arrests compared with the third quarter of FY18, perhaps as a result of a substantial decrease in the number of DWI checkpoints conducted this fiscal year. The department may

miss FY19 targets for completing forensic firearm/toolmark cases and chemistry cases, but was able to complete over 100 percent of its latent fingerprint cases, decreasing its backlog for that type of case. While New Mexico's crime rates have been increasing in recent years, preliminary data from Albuquerque suggests crime there may be falling, with APD reporting a 17 percent decrease in property crime and a 1 percent decrease in violent crime between 2017 and 2018.

Falling crime rates may account for a decrease in prison admissions, which have dropped significantly compared to the third quarter of FY18. Total prison population has been declining since September. Rates of inmate violence reported by the Corrections Department surged in FY18, but FY19 appears on track for much lower rates of assault, perhaps as a result of lower population and a lower share of inmates admitted for violent offenses than in prior years. Despite targeted pay increases, vacancy rates among public correctional officers have increased every quarter this year. Three-year recidivism rates remain flat at 52 percent, but still represent an increase from past years and are well above the FY19 target of 40 percent.

### **Courts and Justice** *(page 39)*

Although a shortage of trained attorneys throughout the state continues to adversely affect all three parts of the justice system, average caseloads for District Attorney's offices have decreased substantially. Only six of New Mexico's 14 District Attorney's offices had average caseloads with substantially more cases per attorney than the target, and five districts were ten or more cases under the target.

Despite increased investment from the Legislature, reliable and timely reporting continues to be a challenge for Special Court programs, which provided no data at all for the third quarter. Both the number of participants and graduation rates for drug courts continue to decline, and reliable data collection is crucial to understanding program challenges and shortcomings and how the Legislature can address them.

### **Public Education** *(page 46)*

PED is proposing to increase prekindergarten reimbursement rates to \$7,000, which would limit growth in new sites and expansion to full-day programming. Increases to teacher salaries will impact prekindergarten operating costs and require strategic coordination and braiding of multiple revenue sources (CYFD, Head Start, etc.) to ensure service needs are met and funding is efficiently distributed. Undersubscription in K-5 Plus and extended learning time programs (ELTP) for FY20 will likely result in \$100 million reverting to the public education reform fund.



## **Higher Education** (*page 50*)

Higher education institutions generally improved student retention year-over-year. Among the four-year research universities, New Mexico State University has shown the greatest improvement, reflecting the impact of institutional restructuring efforts. UNM has experienced a decreasing retention rate, but reversed this trend last year through a concerted effort to early identify struggling students and provide sufficient support. For the four year comprehensive universities, Western New Mexico University, Northern New Mexico College and New Mexico Highlands University had improved retention rates. The results at Eastern New Mexico University are worsening, with a year-over-year reduction of 4 percent. Community colleges continue to experience significant variance in fall-to-fall retention rates, with only six colleges exceeding the national benchmark of 60 percent. With one exception, the independent community colleges outperformed the two-year branch campuses by a wide margin.

Four-year universities and two-year colleges continue to report different data at different times to the LFC. LFC Staff are leading an effort – working with colleges and universities – to provide a consistent reliable data reporting framework to ensure all institutions report the same information at the same time to the Legislature. An improved data reporting framework will move New Mexico away from using data reporting simply as a compliance tool, and rather, use data to build business intelligence about how to better serve students to improve educational outcomes.

## **Natural Resources** (*EMNRD, page 56; NMED, page 60; OSE, page 64*)

The number of violations issued by the Oil and Gas Conservation division of the Energy, Minerals, and Natural Resources Department is just 55 percent of the FY18 total, despite increased oil and gas production activity. Five of the division's nine field inspector positions are currently vacant, and the agency has prioritized processing drilling permits over inspections.

The Environment Department continues to report primarily on explanatory measures, making it difficult to assess progress on key goals and initiatives. The agency has committed to improving key measures to provide data more representative of program performance.

The Office of the State Engineer is struggling to meet some performance targets due to increasing workload and ongoing vacancies. The backlog of water rights applications has increased in FY19 as the agency has been unable to reach its goal of processing 50 applications per month.

## **Economic Development and Tourism** (*EDD, page 67; Tourism, page 70*)

The Economic Development Division awarded one company LEDA funds in the third quarter, to Ganymede Games to establish operations in Las Cruces, creating 51 new jobs. EDD awarded Ganymede Games \$250 thousand, and the City of Las Cruces awarded \$100 thousand to support the project. As of May 2019, EDD reported \$3.1 million in other state funds and severance tax bonds is unspent for LEDA projects.

For the third quarter of FY19, jobs continued to rise in the leisure and hospitality sector. When comparing March 2019 to March 2018, this sector saw an increase of 3.8 percent. The highest gains came in January, with a nearly 4.5 percent increase year over year.

## **General Government** (*GSD, page 73; SPO, page 77; DOT, page 79*)

The General Services Department reports healthcare spending decreased by 10 percent during the quarter, though it has not been able to attribute the dramatic drop to any specific factors. The department also reports increasing fund balances in the risk management program, which may indicate liability rates assessed on agencies are sufficient to cover potential claims without need for further increases. LFC staff is working with GSD to restore performance measures tracking square footage per employee that were vetoed during the last session.

Performance data indicate that road conditions continue to deteriorate. The Legislature used this data to support a massive spending increase for road projects statewide. However, the Department of Transportation will have to work diligently to ensure that high vacancy rates and a tight labor market do not result in delays in road construction. Similarly, the State Personnel Office needs to assess the needs of state agencies and focus not only on the best ways to recruit and retain employees, but also on how it can determine appropriate staffing levels at state agencies.

## **Information Technology Projects** (*page 82*)

The estimated cost for the 14 key projects included in the IT status report is over \$315 million, including the state's largest current IT project, HSD's Medicaid Management Information System Replacement (MMISR) project which has an estimated total cost of \$201.4 million (90/10 federal match). The MMISR project continues to have a red rating due to issues with deliverables and extended deadlines, project schedules, and staffing, all of which pose risks to successful completion of the project. There is \$280.5 million in available funding for the 14 projects, including \$45.5 million in new appropriations.

## **Investments** *(page 90)*

In the last year, the state's combined aggregate value of investment holdings for the pension and permanent funds grew by \$986.7 million, or 2.0 percent, to end the year at \$51.6 billion. Over the last five years, the state's combined investment holdings grew \$8.4 billion, or 19.4 percent.

One-year returns ranged from 3.9 percent (LGPF) to 5.4 percent (ERB); however, average investment returns over the last 10 years ranged from 9.2 percent (STPF) to 10.7 percent (ERB). PERA, ERB, and SIC's funds outperformed their long-term targets for the three- and ten-year periods. All funds underperformed their long-term target for the one- and five-year periods.

With the rebound of the equities market in the first quarter of 2019, each of the investment agencies' investment returns were in the lowest quartile when compared with peer funds greater than \$1 billion on a net-of-fee basis. However, the diversified asset allocations that mitigated losses in the stock market decline of late 2018 resulted in each of the funds performing at the highest quartile for the one-year period.

## ACTION PLAN

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

### Vetoed Performance Measures from 2018 Session

1	Personal income tax returns flagged as questionable
2	Credit requests denied as a percent of total credit requests received
3	Personal income tax returns processed, in millions
4	Questionable personal income tax returns stopped
5	Collections as a percent of collectible outstanding balances aged less than twenty-four months
6	Delinquent property tax sales held
7	Turnover rate of tax fraud investigators
8	General fund revenue pending from unresolved tax protest cases, in millions

## Taxation and Revenue Department

The department is lagging on targets for outstanding balance and audit assessments, as well as delinquent tax collection and distribution to counties. Call center wait times for the Motor Vehicle Division (MVD) are also not meeting targets, although wait times at field offices are close to targets. Underlying challenges include high vacancy rates, in some cases affecting services, and a lack of consistent, accurate reporting from vendors and third parties. Improving quarterly reporting to include a focus on corrective action timelines and responsibilities may help to support more effective management and oversight of programs. TRD has several high-level vacancies, including chief legal counsel and tax fraud investigation division director.

The Legislature approved eight new performance measures for TRD in the 2018 GAA for FY19, but all were vetoed. TRD and DFA have collaborated with LFC staff to develop and report improved measures for the FY20 budget cycle, though some of the vetoed measures remain unaddressed. Additionally, current performance measures do not provide a full picture of TRD services nor challenges facing the department, such as high vacancy and turnover rates affecting TRD's ability to meet performance targets.

### Tax Administration

The Tax Administration Program is falling behind on meeting its annual collections performance targets. At the end of the third quarter, the program had collected 18 percent of outstanding balances. The program has also collected 36 percent of its total collectible audit assessments of \$64 million. This percentage has declined from quarter to quarter, as the collectible balance has increased and the amount collected has remained fairly steady.

The Audit and Compliance Division (ACD) received FY20 appropriations for collections enhancements and is currently implementing these projects. ACD is also implementing a data analytics solution that will identify the most collectable audits.

**Budget:** \$30,200 **FTE:** 495.8

Measure	FY17 Actual	FY18 Actual	FY19 Target	Q1	Q2	Q3	Rating
Collections as a percent of collectible outstanding balances from the end of the prior fiscal year	18%	17%	28%	10%	15%	18%	Y
Collections as a percent of collectible audit assessments generated in the current fiscal year plus assessments generated in the last quarter of the prior fiscal year	58%	50%	65%	47%	43%	36%	Y
Electronically filed personal income tax and combined reporting system returns*	86%	87%	N/A		Annual		

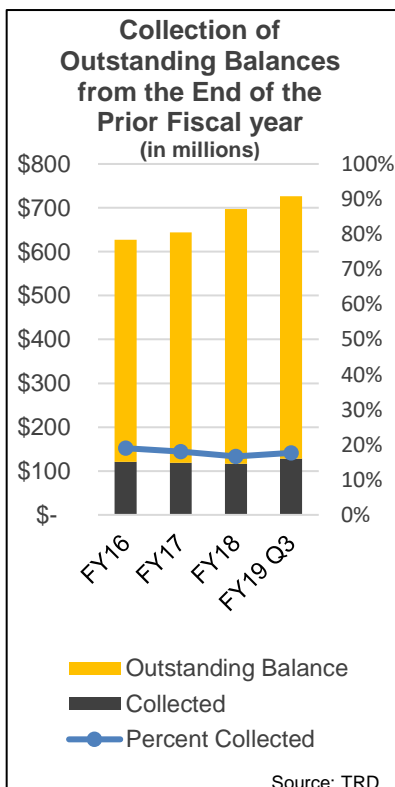
### Program Rating

Y

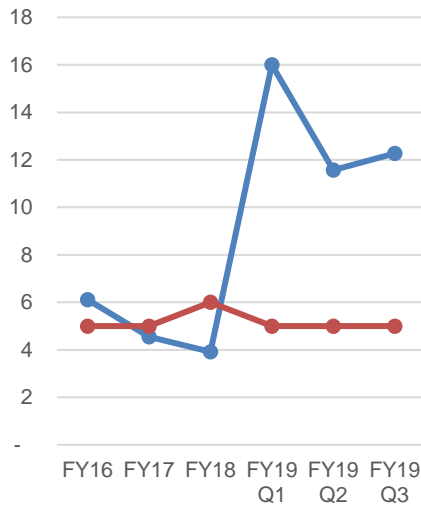
Y

Y

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

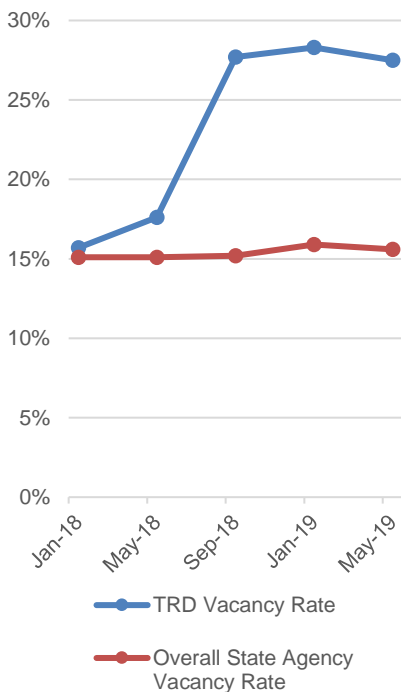


**Average MVD Call Center Wait Time (in minutes)**



Source: TRD Quarterly Reports

**TRD and Overall Agency Vacancy Rate by Month**



Source: SPO headcount reports

## Motor Vehicle

MVD has been close to achieving its target for registered vehicles with liability insurance for the past three quarters, and has identified two main challenges to meeting the target. An error in the number of vehicles tracked by the insurance verification vendor led to tracking of approximately 70,000 vehicles that should not be tracked. In addition, insurance companies sometimes report data late and erroneously, impacting approximately 35,000 registered vehicles in the third quarter. The program is working with its vendor to ensure accurate tracking of vehicles, and also working with the Office of the Superintendent of Insurance to take administrative action against offending insurers.

In the 38 MVD field offices with “q-matic” systems that measure wait times, the average wait in the third quarter was 16:42 minutes, above the target of 15 minutes, due in part to a field office vacancy rate of 23 percent. MVD plans to expedite hiring. Phone wait times were 12:16 minutes on average, more than double the target wait time of less than 5 minutes. The MVD attributes an increase in call volume to Real ID requirements, as well as a call center vacancy rate of over 25 percent.

**Budget:** \$32,160 **FTE:** 338

Measure	FY17 Actual	FY18 Actual	FY19 Target	Q1	Q2	Q3	Rating
Registered vehicles with liability insurance	90%	90%	93%	90%	91%	90%	Y
Average wait time in “q-matic” equipped offices, in minutes	22:56	20:45	<15:00	16:29	14:29	16:42	Y
Average call center wait time to reach an agent, in minutes	4:33	3:55	<5:00	16:00	11:34	12:16	R
<b>Program Rating</b>	<b>G</b>	<b>Y</b>					<b>Y</b>

## Property Tax

The Property Tax Program is not on track to meet its FY19 target of collecting and distributing \$13 million in delinquent property tax to counties. The program has collected and distributed a total of \$7.8 million through the third quarter of the year, or 60 percent of its FY19 target. The amount collected fell by half from the second quarter.

**Budget:** \$4,077 **FTE:** 39

Measure	FY17 Actual	FY18 Actual	FY19 Target	Q1	Q2	Q3	Rating
Delinquent property tax collected and distributed to counties, in millions	\$11.2	\$14.6	\$13.0	\$3.1	\$3.2	\$1.5*	Y
<b>Program Rating</b>	<b>G</b>	<b>G</b>					<b>Y</b>

\* Q3 amount is preliminary and will be revised in the following quarter

### Program Support

The department is not on track to meet its performance target for the number of tax protest cases resolved. As of the third quarter, it had resolved less than half of its target number of cases for FY19. The department attributes the slow progress to inadequate staffing, and also plans to implement new procedures to streamline resolution of cases.

The department has not reported any quarterly results in FY19 for internal audit recommendations implemented.

**Budget:** \$19,314 **FTE:** 173

Measure	FY17 Actual	FY18 Actual	FY19 Target	Q1	Q2	Q3	Rating
Tax protest cases resolved	1,524	1,315	1,500	226	197	275	R
Internal audit recommendations implemented	91%	94%	91%	Not reported	Not reported	Not reported	R
<b>Program Rating</b>	G	G					R

## Taxation and Revenue Department

**Total agency budget: \$87,340,200**  
**Total agency FTE: 1,067 (782 filled)**

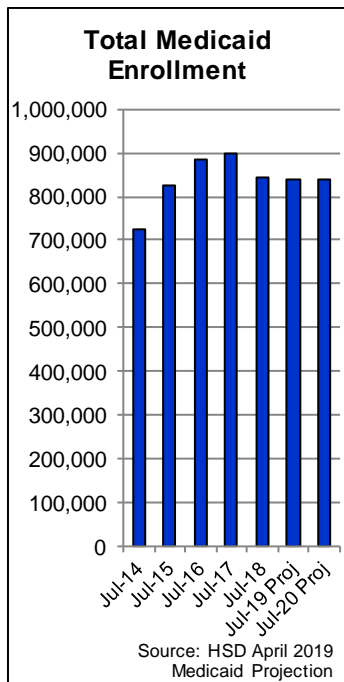
### Discussion

The agency's quarterly report contains the majority of key components. However, TRD's reported action plans often do not include persons responsible or associated due dates, and the reported corrective action plans often do not address any action plan items that are outstanding. In general, TRD's performance measures are useful, valid, and comparable, but some measures lack supporting explanatory measures that provide sufficient context to interpret the result, making it difficult to determine if changes in the measures actually reflect changes in the department's performance. The Legislature approved eight new performance measures in the 2018 GAA for FY19, but all were vetoed. TRD and DFA have collaborated with LFC staff to develop and report improved measures for the FY20 budget cycle, though some of the vetoed measures remain unaddressed. Additionally, current performance measures do not provide a full picture of TRD services nor the challenges facing the department, such as high vacancy and turnover rates that affect the department's ability to meet its performance targets.

Each key agency quarterly report should include the following standard items:	Rating
Agency mission statement	G
Summary of key strategic plan initiatives	G
Program description, purpose and budget by source of funds	G
How the program links to key agency initiatives, objectives, and key performance measures	G
Key performance measure statement	G
Data source to measure key measure results	G
Four years of historical data (if available)	G
Current quarter data (both qualitative and quantitative)	G
Explanation for measures 10 percent or more below target	G
Proposed corrective action plan for performance failing to meet target	G
Action plan describing responsibilities and associated due dates	Y
Corrective action plan for action plan items not completed	Y
<b>Agency quarterly report rating</b>	<b>G</b>
<b>Agency performance measures should align with agency mission and vision, and be:</b>	
Useful and results-oriented	Y
Clear and accessible	G
Responsive	Y
Valid and reliable	G
Comparable and relevant	G
Benchmarked	Y
<b>Agency performance measures rating</b>	<b>Y</b>

## ACTION PLAN

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



The Medicaid, Temporary Assistance for Needy Families (TANF), and Supplemental Nutrition Assistance Program (SNAP) caseloads were all down compared with a year ago. The Medicaid caseload in March was 830,875 individuals, a 2.7 percent decrease from one year ago. The TANF caseload was 10,070 cases in March 2019, a decrease of 8.5 percent from March 2018. The SNAP caseload in March 2019 was 219,598 cases, a 0.9 percent decrease from one year ago.

## Human Services Department

The Human Services Department (HSD) has faced several changes in FY19 including implementing a federal Medicaid waiver renewal, Centennial Care 2.0, overseeing new Medicaid managed care organizations (MCOs), including Western Sky Community Care, and working to comply with a new consent decree addressing the Debra Hatten-Gonzales lawsuit regarding systemic problems with eligibility and enrollment determinations in the Supplemental Nutrition Assistance Program and Medicaid.

In December 2018, HSD received approval from the federal Centers for Medicare and Medicaid Services (CMS) for its 1115 waiver renewal, Centennial Care 2.0. However, HSD is awaiting final CMS approval of the special terms and conditions (STCs). Despite pending finalization of the STCs, HSD received a letter from CMS with guidance that allowed the state to move forward with rule promulgation and the program rollout that began on January 1, 2019. Despite multiple legal appeals, HSD prevailed on its selection of three newly-contracted MCOs—Blue Cross Blue Shield of New Mexico, Presbyterian Centennial Care, and Western Sky Community Care—for services beginning on January 1, 2019. HSD and LFC will continue to monitor the transition of clients under Centennial Care 2.0, the MCOs' provider network sufficiency and access to care, and quality of care and health outcomes.

The Special Master in the Debra Hatten-Gonzales lawsuit concluded his audit of the case review and found a 59 percent HSD error rate. According to the Joint Status Report filed with the court on May 1, 2019, the errors identified systemic problems with eligibility, verification, and notifications. If the error rate had been 15 percent or lower, HSD would have been found in compliance with the Second Modified Consent Decree and would have been made progress towards resolution of the case. The Special Master directed the parties to agree on a corrective action plan.

### Medical Assistance Division

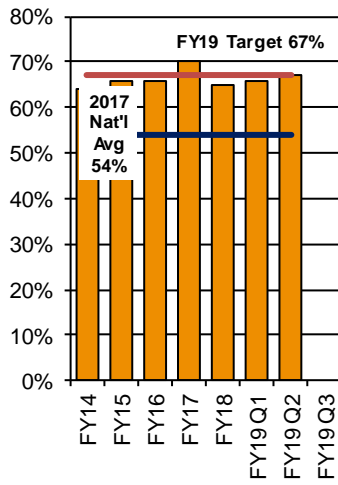
Closing FY18, HSD reverted \$35 million to the general fund associated with incurred but not reported claims and MCO recoupments. In its most recent April 2019 projections, HSD reported the Medicaid program will end FY19 with a surplus of \$10.4 million in general fund revenue, largely due to declining enrollment and recoupments.

For FY20, HSD projects a larger concentration of members in higher cost cohorts than previously expected, increases in physical health, long-term services and supports service areas, as well as implementation of rate increases for nursing homes, primary care, behavioral health and other providers. The LFC encourages data sharing providing the detail for providers' rate increases.

HSD does not report quarterly encounter data on several Healthcare Effectiveness Data and Information Set (HEDIS) performance measures. HEDIS is a tool used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service. HSD requires MCOs to report annually on HEDIS measures in June; however, HSD and their consultant firm, Mercer, use encounter data to determine preliminary quarterly performance measure data pending final HEDIS results. It is recommended that this preliminary quarterly data for certain HEDIS measures be shared with LFC, as well as including data on previously reported performance measures.



**Medicaid Children  
Receiving Annual  
Dental Visit**



New performance measures for Medicaid requested by HSD in FY19 included additional measures for activities in which the program had traditionally done well but do not directly measure healthcare outcomes. These new measures were expenditures through school-based service programs, members served by health homes, members with a nursing facility level of care served in the community, and return on investments for program integrity recoveries.

HSD changed the following measures for FY18 to annual reporting versus quarterly: eligible jail-involved individuals enrolled in Medicaid prior to release, members receiving hepatitis C treatment, and members receiving services under value-based purchasing agreements.

**Budget:** \$5,262,696.9 **FTE:**183.5

Measure	FY17 Actual	FY18 <sup>1</sup> Actual	FY19 Target	Q1	Q2	Q3	Rating
Infants in Medicaid managed care who had 6 or more well-child visits with a primary care physician during their first 15 months*	59%	44%	N/A	Annual	Annual	Annual	Y
Children and youth in Medicaid managed care who had one or more well-child visits with a primary care physician during the measurement year*	84%	71%	N/A	Annual	Annual	Annual	Y
Children ages 2 to 21 enrolled in Medicaid managed care who had at least one dental visit during the measurement year	70%	65%	67%	66%	67%	N/A	Y
Individuals in managed care with persistent asthma appropriately prescribed medication	56%	44%	N/A	Annual	Annual	Annual	Y
Hospital readmissions for children ages 2 to 17 within 30 days of discharge	5%	5%	6%	4%	4%	4%	Y
Hospital readmissions for adults 18 and over within 30 days of discharge	7%	7%	10%	7%	7%	7%	Y
Emergency room use categorized as non-emergent per one thousand Medicaid member months <sup>2</sup>	504	513	0.25	517	0.52	0.52	R
Individuals with diabetes in Medicaid managed care ages 18 through 75 whose hospital admissions had short-term complications	663	648	325	524	N/A	129	Y
Newborns with Medicaid whose mothers received a prenatal care visit in the first trimester or within 42 days of enrollment in the managed care organization*	73%	No Report	N/A	Annual	Annual	Annual	Y
Medicaid managed-care members with a nursing facility level of care being served in the community	New	87%	75%	87%	87%	N/A	Y
<b>Program Rating</b>							Y

<sup>1</sup>HSD uses a rolling average; the most recent unaudited data available includes the last two quarters of FY18 and the first two quarters of FY19. The data for HEDIS measures is preliminary.

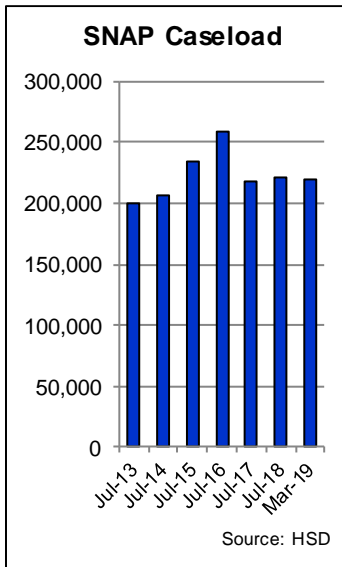
<sup>2</sup>The target is a per capita target whereas the data is per 1,000 members. HSD reports it will use a consistent methodology in the future.

\*Measures are Healthcare Effectiveness Data and Information Set (HEDIS) measures which represent a tool used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service. HSD did not report quarterly encounter-based data on these measures or specify data pulled from bundled services.

## Income Support Division

Beginning on January 1, 2019, the Medical Assistance Program will begin implementation of a Medicaid-funded home-visiting pilot program for families with newborns, in collaboration with the Children, Youth and Families Department, using the "Parents as Teachers" model and the "Nurse Family Partnership" evidence-based model. The program will be initially rolled out in Bernalillo, Curry, and Roosevelt counties.

The Income Support Division (ISD) maintained its timeliness in processing enrollment for expedited Supplemental Nutrition Assistance Program (SNAP) cases. However, no data was provided for the third quarter for participation rates for both two-parent recipients and families meeting TANF work requirements. The second quarter performance for both of these measures was well below the target. The program reports it is monitoring its New Mexico Works service vendor, providing training to employees on working with individuals with multiple barriers to employment, and implementing dedicated teams to follow up with clients with daily phone calls, letters, and home and site visits. But outcomes do not seem to be affected by these efforts. It would be helpful for ISD to report on the following performance measures: TANF clients who obtain a job during the year, and children eligible for SNAP with family incomes at 130 percent of the federal poverty level. HSD's March 2019 monthly statistical report indicated, out of 6,472 adults receiving TANF services, 204 were newly employed.



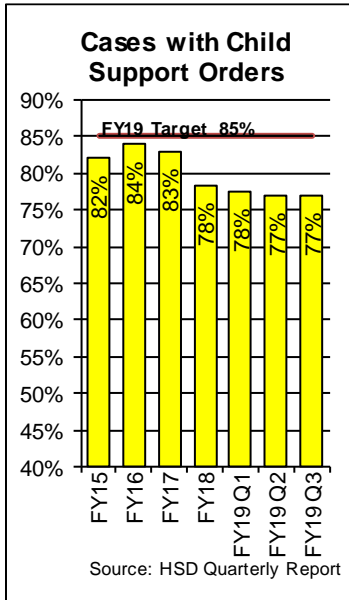
**Budget:** \$969,047.7 **FTE:** 1,148

Measure	FY17 Actual	FY18 Actual	FY19 Target	Q1	Q2	Q3	Rating
Regular supplemental nutrition assistance program cases meeting the federally required measure of timeliness of 30 days	94.0%	99.1%	98.0%	98.5%	98.5%	98.7%	G
Expedited supplemental nutrition assistance program cases meeting federally required measure of timeliness of 7 days	92.3%	98.1%	96.0%	98.8%	99.0%	99.0%	G
Temporary assistance for needy families clients who obtain a job during the fiscal year*	54.6%	No Report	52%	No Report	No Report	No Report	R
Children eligible for supplemental nutritional assistance program participating in the program with family incomes at 130 percent of poverty level*	92.2%	No Report	93%	No Report	No Report	No Report	R
Two-parent recipients of temporary assistance for needy families meeting federally required work requirements	59.5%	59.5%	62.0%	47.0%	39.5%	N/A	R
All families recipients receiving temporary assistance for needy families meeting federally required work requirements	53.6%	48.9%	52.0%	44.4%	31.1%	N/A	R
<b>Program Rating</b>							R

\*Measures are classified as explanatory, provided for informational purposes, and do not have a target. Ratings are based on comparison with prior-year performance.

HSD currently has a 17 percent vacancy rate. The agency has been working with the State Personnel Office for several months trying to fill vacancies, but the vacancy rate remains high and is impacting services within all divisions, particularly Income Support, Child Support, and Behavioral Health Services.

## Child Support Enforcement Division



The Child Support Enforcement Division (CSED) reports declining performance due to staff attrition and resulting increased workloads, and policies that do not allow case closure. However, for the last two fiscal years the Legislature has appropriated 100 percent of the funding requested by CSED for the program's personnel, but this has resulted in little improvement in performance. The percent of support owed that is collected is higher than previous years' performance, but the results are still below the target of 62 percent which is based on the national average. This measure, along with the percent of cases with support orders, are the two primary indicators of the overall effectiveness of the Child Support Program, and both measures continue to decline. The recommendations from CSED's Business Assessment Review included implementing new Federal Efficiency and Modernization Rules throughout the division that focus on outreach, the obligated person's ability to pay, and collaboration with employers and other agencies to identify available employment opportunities. Implementation of some of the rules would require statutory change as well as changes within the regional offices to focus on job support, employer recoveries, and targeting high success rate cases.

**Budget:** \$31,254.6 **FTE:** 378

Measure	FY17 Actual	FY18 Actual	FY19 Target	Q1	Q2	Q3	Rating
Support arrears due that are collected	64.2%	62.1%	67%	No Report	54.2%	No Report	<b>R</b>
Total child support enforcement collections, in millions	\$139.6	\$139.8	\$140	No Report	\$63.6	\$100.4	<b>Y</b>
Child support owed that is collected	56.3%	57.8%	62%	56.5%	57.2%	57.8%	<b>R</b>
Cases with support orders	83%	78.5%	85%	77.5%	77.1%	77.0%	<b>R</b>

## Program Rating

**R**

Note: Children with paternity acknowledged or adjudicated is reported in the federal fiscal year.

\*Measures are classified as explanatory and do not have a target. Ratings are based on comparison with prior year performance.

## AGENCY PERFORMANCE REPORTING DASHBOARD, FY19

### Human Services Department

**Total agency budget: \$6.88 million**  
**Total agency FTE: 2,016.5**

#### Discussion

Overall, the Human Services Department's measures are outcome oriented, results based, valid, and reliable. While the department received mostly green ratings below, the department needs to improve quarterly reporting as well as adding additional outcome performance measures. The department should improve quarterly reporting data on Healthcare Effectiveness Data and Information Set (HEDIS) performance measures. HSD uses encounter data to determine preliminary quarterly performance measure data pending final HEDIS results; but preliminary quarterly data for certain measures is not shared with LFC, and important performance measures are excluded entirely from reporting. The Income Support Division needs to report more outcome data on employment acquisition and retention over time, and the Child Support Enforcement Division needs to add a measure on percent of cases paying.

Each key agency quarterly report should include the following standard items:	Rating
Agency mission statement	G
Summary of key strategic plan initiatives	G
Program description, purpose and budget by source of funds	G
How the program links to key agency initiatives, objectives, and key performance measures	G
Key performance measure statement	G
Data source to measure key measure results	G
Four years of historical data (if available)	G
Current quarter data (both qualitative and quantitative)	Y
Explanation for measures 10 percent or more below target	G
Proposed corrective action plan for performance failing to meet target	G
Action plan describing responsibilities and associated due dates	Y
Corrective action plan for action plan items not completed	Y
<b>Agency quarterly report rating</b>	<b>G</b>
<b>Agency performance measures should align with agency mission and vision, and be:</b>	
Useful and results-oriented	G
Clear and accessible	Y
Responsive	G
Valid and reliable	G
Comparable and relevant	Y
Benchmarked	G
<b>Agency performance measures rating</b>	<b>G</b>

## ACTION PLAN

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

## Behavioral Health Collaborative

According to the *2019 State of Mental Health in America*, New Mexico improved from 46<sup>th</sup> to 31<sup>st</sup> in the national overall adult behavioral health rankings, and is 37<sup>th</sup> in the youth behavioral health rankings. New Mexico's drug overdose death rate has improved from 50<sup>th</sup> in the country to 32<sup>nd</sup> for multiple reasons including a small but significant drop in the state's overdose death rates, while concurrently other states overdose death rates rapidly increased.

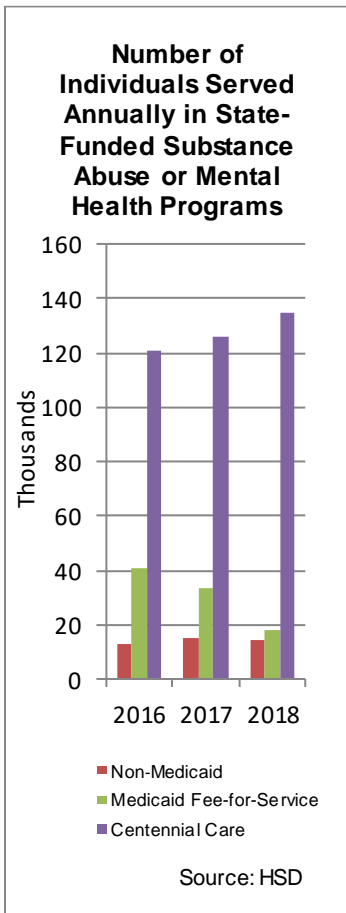
However, New Mexico continues to lead the country in adults and youth with substance abuse disorders, high suicide rates, and an unmet service need for individuals with mental illness of 21.6 percent. Based on 2019 data from the U.S. Health Resources and Services Administration, in New Mexico, only 33 percent of youth with major depression received mental health treatment and 56 percent of adults with mental illness received treatment. New Mexico's death rate from alcohol-related chronic disease has been first or second in the nation for the past several years and is almost double the national rate. The leading causes of alcohol-related chronic disease mortality include chronic liver disease, alcohol dependence and abuse, hypertension, and stroke.

Since 2014, Medicaid has provided health coverage to thousands of New Mexicans who were previously uninsured and lacked regular access to physical and behavioral health services. Medicaid behavioral health expansion provides for the treatment of depression, post-traumatic stress disorder, bi-polar disorder, and substance use disorders (SUD). According to the Behavioral Health Services Division (BHSD) of the Human Services Department (HSD), individuals with both chronic physical health conditions and mental health conditions cost 60 percent to 75 percent more than clients without co-morbid conditions.

For FY19 to date, 166,939 persons were served across all funding sources, a 19.6 percent increase, or 27,433 persons, over the prior quarter. Medicaid's 134,597 Centennial Care members account for 80.6 percent of all persons served in this quarter, and increased 20.5 percent, or 22,943 persons, over the prior quarter. There were 18,153 Medicaid fee-for-service members served in this period, a 14 percent, or 2,230 persons, increase over the prior quarter. There were 14,189 non-Medicaid members served, an 18.9 percent increase, or 2,260 persons, over the prior quarter.

The Medicaid Program indicated by January 2019 it would begin initial implementation of new Medicaid-funded behavioral health services for adults, including funding for supportive housing, accredited adult residential treatment centers, social detoxification services, expanding Medicaid health homes, treating co-occurring serious mental illness, and substance use disorders, and screening, brief interventions, and referral to treatment (SBIRT). Yet despite more people being eligible for behavioral health services under the state's expanded Medicaid program, several of these new behavioral health services have not yet been implemented.

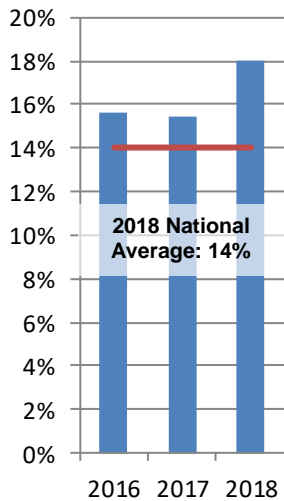
The federal Substance Abuse and Mental Health Services Administration estimates that for each dollar spent on behavioral health treatment, states save seven dollars in reduced demand for emergency room services, inpatient facilities, incarceration and the criminal justice system, homeless services, and unemployment costs.



HSD reports the total number of individuals receiving behavioral health services decreased from 2017 to 2018, from 174,072 clients to 166,939 clients, but the number of people grew who were receiving behavioral health services through Centennial Care Medicaid managed care.



**People with Alcohol or Drug Dependency who Received Two or More Services within 30 Days of Initial Visit**



Source: HSD

Medicaid's Centennial Care 2.0 will begin waiving the Institutions of Mental Diseases (IMD) exclusion prohibiting Medicaid reimbursement for private and state-run hospitals that provide inpatient psychiatric services. This will provide additional revenue opportunities for Department of Health and other facilities.

LFC and DFA have agreed on the following behavioral health measures for which the Collaborative has provided no data: Percent of adults with mental illness or substance abuse disorders receiving services who report satisfaction with staff's assistance with their housing need; percent of members reporting satisfaction with behavioral health services, percent of emergency department (ED) visits, for Medicaid managed-care members age 13 and older, with a principal diagnosis of alcohol or other drug dependence, who had a follow-up visit for mental illness within 7 days and 30 days of ED visit.

HSD reported 18.6 percent of people with a diagnosis of alcohol or drug dependency received two or more additional services within 30 days of initiating treatment. This outcome is well below the FY18 target of 40 percent, and the outcome has remained stagnant at near 15 percent for the last three years. This measure includes both non-Medicaid and Medicaid populations. The performance for non-Medicaid clients has already met and exceeded the FY19 target of 25 percent. However, Medicaid clients represent 80 percent of the targeted population, and the Medicaid client performance was 15.6 percent. With the addition of residential substance abuse services to the Medicaid benefit package effective January 2019, HSD anticipates there will be notable service improvements.

The percent of individuals discharged from inpatient services who received follow-up services after seven days continues to decrease and was at 33 percent for the third quarter, short of the FY19 target of 50 percent. HSD initiated a new performance measure in the Centennial Care contract in 2017 and 2018 that tracks follow-up within seven days after release from inpatient psychiatric hospitals stays of four or more days for two groups: 6 to 18 year-olds, and 18 years and over. The 2017 performance improved for both youth and adults by 11 percent and 12 percent, respectively. This measure will continue to be a tracking measure in the 2019 Centennial Care contract.

HSD reports in FY18, 1,256 youth on probation were served with behavioral health services across Medicaid and non-Medicaid resources, representing a 3.4 percent decrease from FY17, and below the FY18 target of 62 percent. However, HSD notes the trend of numbers of juveniles on probation in New Mexico is decreasing overall.

**Budget: \$59,653.7 FTE: 44**

Measure	FY17 Actual	FY18 Actual	FY19 Target	Q1	Q2	Q3	Rating
Adults diagnosed with major depression who received continuous treatment with an antidepressant medication	35%	30%	35%*	No Report	No Report	No Report	Y
Individuals discharged from inpatient facilities who receive follow-up services at seven days	43%	45%	50%	41%	39%	33%	R
Individuals discharged from inpatient facilities who receive follow-up services at thirty days	64%	65%	70%	59%	60%	47%	R
Readmissions to same level of care or higher for children or youth discharged from residential treatment centers and inpatient care	7%	6%	5%	6.6%	5.8%	7.3%	R
Suicides among fifteen to nineteen year olds served by the behavioral health collaborative and Medicaid programs	0	No Report	N/A*	No Report	No Report	No Report	Y

**Program Rating**

**R**

\*HSD declined to report data on these measures but the measures are included to provide baseline data.

## Behavioral Health Collaborative

**Total agency budget: \$59.7 million**  
**Total agency FTE: 44**

### Discussion

The Behavioral Health Collaborative consistently fails to submit its performance report in a timely manner. The agency reports on a total of five performance measures. This number of performance measures is too narrow of a data set to be fully indicative of behavioral health outcomes across multiple state agencies. Also, the performance measures the agency reports on are not all particularly useful, relevant, or comparable to national behavioral health measures. The performance measures do not include key data in areas where New Mexico is consistently below national norms, such as alcohol abuse, overdose deaths, and suicide. Additionally, the agency has changed performance measures year over year making it difficult to maintain quality, benchmarked performance measures.

Each key agency quarterly report should include the following standard items:	Rating
Agency mission statement	G
Summary of key strategic plan initiatives	G
Program description, purpose and budget by source of funds	Y
How the program links to key agency initiatives, objectives, and key performance measures	Y
Key performance measure statement	G
Data source to measure key measure results	G
Four years of historical data (if available)	G
Current quarter data (both qualitative and quantitative)	R
Explanation for measures 10 percent or more below target	Y
Proposed corrective action plan for performance failing to meet target	R
Action plan describing responsibilities and associated due dates	R
Corrective action plan for action plan items not completed	R
<b>Agency quarterly report rating</b>	Y
<b>Agency performance measures should align with agency mission and vision, and be:</b>	
Useful and results-oriented	R
Clear and accessible	Y
Responsive	Y
Valid and reliable	Y
Comparable and relevant	R
Benchmarked	R
<b>Agency performance measures rating</b>	Y

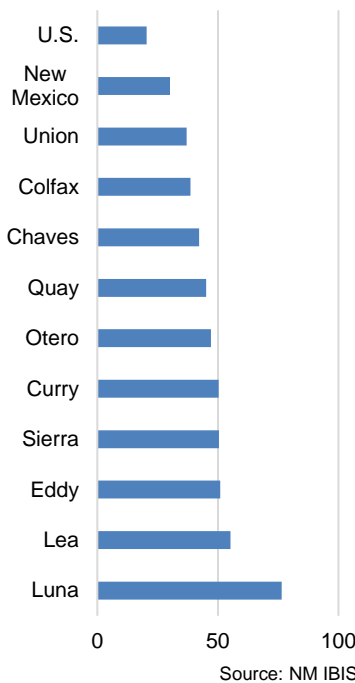
## ACTION PLAN

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

## Department of Health

The department recently undertook several initiatives which could lead to improvements for some of the department's most important services, such as adjusting compensation for most direct-care staff by almost 25 percent to improve salary competitiveness at the facilities and submitting a request to the federal government for a 2 percent across the board rate adjustment for developmental disabilities waiver service providers. Meanwhile the Legislature is considering provisions to allow for further compensation adjustments in the facilities and rate adjustments for Family, Infant, Toddler program providers. Additionally, improving billing for department programs and ensuring the facilities are prepared to leverage new Medicaid Centennial Care 2.0 provisions for behavioral health and substance use disorders will go a long way to ensure department driven initiatives are fully funded.

**Births to Teens Ages 15-19 per 1,000 Girls, 2015-2017**



New Mexico Health Indicators		2015	2016	2017	US 2017
1	Drug overdose death rate per 100,000 population*	25	25	25	22
2	Births to teens aged 15-19 per 1,000 females aged 15-19*	34.2	29.4	27.6	19
3	Alcohol-related death rate per 100,000 population**	66	66	67	32
4	Fall-related death rate per 100,000 adults aged 65 years or older*	104	92	88	61
5	Heart disease and stroke death rate per 100,000 population**	188	196	198	
6	Suicide rate per 100,000 population*	23	22	23	14
7	Pneumonia and Influenza death rate per 100,000 population**	13.0	14.0	13.5	13.5
8	Diabetes hospitalization rate per 1,000 people with diagnosed diabetes**	184	162	162	
9	Third grade children who are considered obese**	19%	19%	20%	
10	Adults who are considered obese	30%	29%	28%	32%
11	Adolescents who smoke	11%	No Data	10.6%	9%
12	Adults who smoke**	17%	17%	17.5%	17%

\*Indicates areas of greatest concern.

\*\* Indicates national measures lagging behind state data.  
Several U.S. measures for 2017 are not yet reported

Source: DOH

A May 2019 LFC evaluation on early childhood included a recommendation that the Children's Cabinet should organize a comprehensive early childhood support system that includes:

- 1) a universal centralized screening and referral entity,
- 2) a light-touch home visiting service for most families,
- 3) food, income and other social supports for families that require them,
- 4) early intervention services for children with developmental delays, and
- 5) more intensive home visiting services for families with higher needs.

## Public Health

Early Childhood Health Indicators	Infant Mortality	Low Birthweight	Immunization Rate	Early Access to Prenatal Care
	2016	2016	2016	2016
	<b>6.2</b>	<b>9%</b>	<b>68.5%</b>	<b>63%</b>
	Per 1,000 children U.S. - 5.9 (2016)	2,331 children U.S. - 8.2% (2016)	U.S. - 71% (2016)	24,503 children U.S. - 77% (2016)
	<b>Worse</b>	<b>Worse</b>	<b>Worse</b>	<b>Worse</b>
2015	5.1	2015 8.70%	2015 70%	2015 66%
Source:	CDC	Source: DOH	Source: DOH	Source: DOH

Improving the health of mothers, infants, and children is an important goal because it determines the wellbeing of the next generation and predicts future health challenges for our communities. Maternal and child health is influenced by a variety of factors, all centered on a mother and her child's access to care. As seen in the table above, the state



## PERFORMANCE REPORT CARD

Department of Health  
Third Quarter, Fiscal Year 2019

performed worse in 2016 on several important early childhood indicators including infant mortality, low birthweight, and access to prenatal care.

**Budget:** \$175,593.3 **FTE:** 820.5

Measure	FY17 Actual	FY18 Actual	FY19 Target	Q1	Q2	Q3	Rating
Participants in the National Diabetes Prevention Program referred by a health care provider through the agency-sponsored referral system	70%	0%	50%		Annual		
Children in Healthy Kids, Healthy Communities with increased opportunities for healthy eating in public elementary schools	89%	90%	65%		Annual		
High school youth trained in the Evolvment youth engagement program to implement tobacco projects in their school or community	356	402	350	138	116	140	<span style="background-color: green; color: white;">G</span>
QUIT NOW enrollees who successfully quit using tobacco at 7-month follow-up	32%	30%	30%	32%	29%	31%	<span style="background-color: green; color: white;">G</span>
New Mexico adult cigarette smokers who access DOH cessation services	2.8%	2.8%	3%	0.6%	0.6%	2.1%	<span style="background-color: yellow; color: black;">Y</span>
Teens who successfully complete teen outreach programming	345	325	350	0	144	22	<span style="background-color: yellow; color: black;">Y</span>
Female clients ages 15-19 seen in DOH public health office who are provided most or moderately effective contraceptives	64%	61%	62%	84%	79%	74%	<span style="background-color: green; color: white;">G</span>
Preschoolers (19-35 months) fully immunized	71.9%	61.8%	65%	63%	64%	65%	<span style="background-color: green; color: white;">G</span>
Number of successful overdose reversals per client enrolled in the DOH Harm Reduction Program	New	New	0.25	0.34	0.31	0.37	<span style="background-color: green; color: white;">G</span>
<b>Program Rating</b>	<span style="background-color: green; color: white;">G</span>	<span style="background-color: green; color: white;">G</span>					<span style="background-color: green; color: white;">G</span>

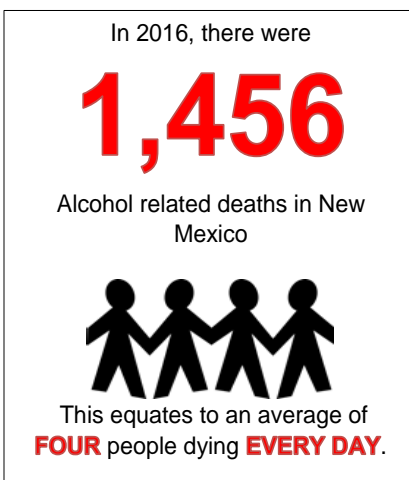
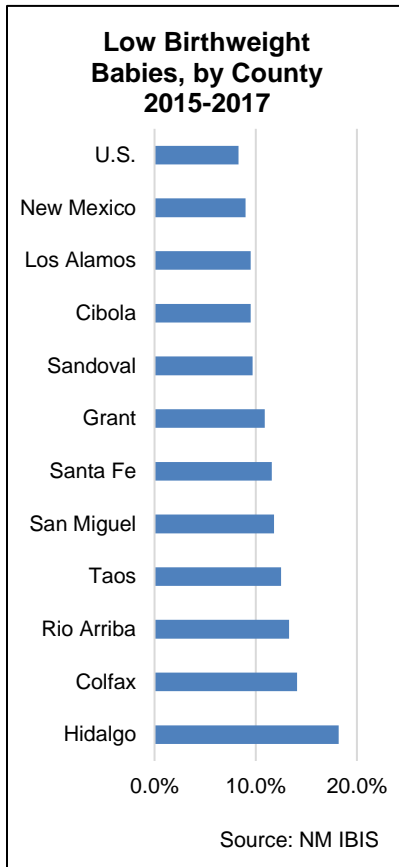
### Epidemiology and Response

There is considerable unmet need for substance use disorder services and treatment. For example, New Mexico ranked 17th among states for the drug overdose death rate in 2017 and has some of the poorest substance outcomes in the country. The alcohol-related death rate is trending upward, increasing 35 percent between 2010 and 2017, and since 1981 the state ranked 1st, 2nd, or 3rd in the U.S. with rates double the national average.

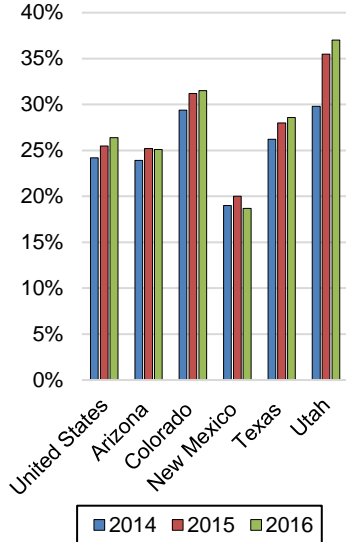
**Budget:** \$27,106.5 **FTE:** 191

Measure	FY17 Actual	FY18 Actual	FY19 Target	Q1	Q2	Q3	Rating
Retail pharmacies that dispense naloxone	34%	73%	67%	63%	60%	62%	<span style="background-color: yellow; color: black;">Y</span>
Community members trained in evidence-based suicide prevention practices	52	65	70	75	61	68	<span style="background-color: green; color: white;">G</span>
Opioid patients also prescribed benzodiazepines*	14%	13%	10%	13%	12%	No Data	<span style="background-color: yellow; color: black;">Y</span>
<b>Program Rating</b>	<span style="background-color: green; color: white;">G</span>	<span style="background-color: yellow; color: black;">Y</span>					<span style="background-color: yellow; color: black;">Y</span>

\*Results data lag by one quarter

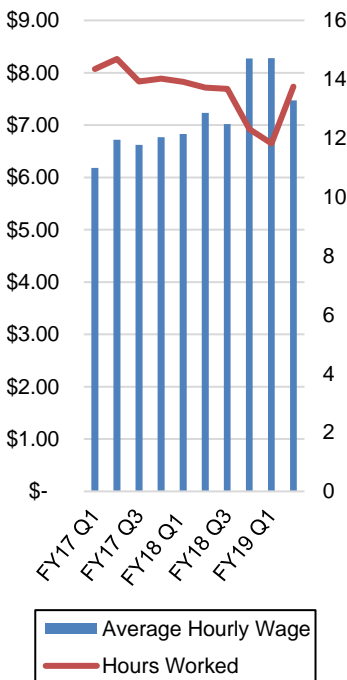


**Employment Rate for All Cognitive Disabilities**



\*Includes all cognitive disabilities physical, mental, or emotional  
Source: Cornell University

**DD Waiver Wages and Hours Worked**



Source: Department of Health

## Health Facilities

Through new Centennial Care 2.0 Medicaid waiver changes New Mexico recently received approval to use Medicaid funding for many adult inpatient behavioral health service lines. These changes could result in significant savings to the general fund. Turquoise Lodge Hospital is moving towards being able to leverage more Medicaid funding and is also moving the hospital from its county-leased space in Bernalillo County to leased space at the Gibson Medical Center in Albuquerque while administrators plan for the design and construction of a new facility. Administrators say the move to the leased space will increase patient revenues because soon after the move, the hospital will receive Joint Commission accreditation status to leverage the IMD exclusion. The hospital will also increase capacity from 32 beds to 40 beds and will increase space for additional intensive outpatient treatment tracks. The Legislature is considering General Appropriations Act language requiring the department to study how to use the new funding and report to the Legislature and governor.

**Budget:** \$127,817 **FTE:** 1,793

Measure	FY17 Actual	FY18 Actual	FY19 Target	Q1	Q2	Q3	Rating
Priority request for treatment clients admitted to Turquoise Lodge Hospital	43%	59%	50%	60%	60%	79%	G
Turquoise Lodge Hospital detox occupancy rate	85%	86%	85%	88%	84%	84%	G
Long-term care patients experiencing one or more falls with major injury	Not Reported	3.9%	0.5%	4.9%	3.9%	4%	R
Eligible third-party revenue collected at all agency facilities	93%	88%	93%	72%	85%	79%	Y
Number of significant medication errors per 100 patients	New	New	2	0.4	1	0.6	G
Residents successfully discharged	New	New	80%	76%	69%	74%	Y
<b>Program Rating</b>	<b>Y</b>	<b>Y</b>					<b>Y</b>

## Developmental Disabilities Support

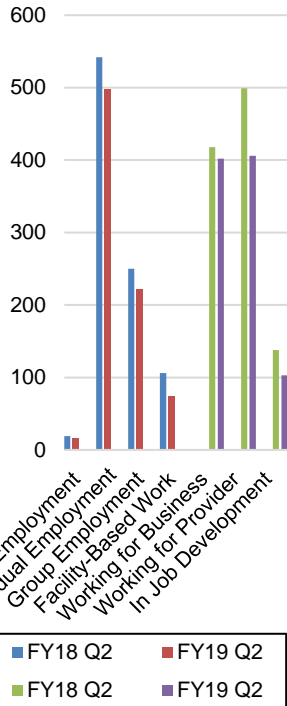
A recent LFC evaluation of the Developmental Disabilities (DD) and Mi Via Medicaid waivers prompted discussion of whether the state should begin reforming the two waivers for providing services to people with developmental disabilities. Key recommendations included instituting the Community First Choice option to leverage a greater Medicaid match rate for people on the waiver waiting list and working to improve cost containment following several years of litigation. The Legislature appropriated \$1.5 million for FY20 to develop a new supports waiver for people on the waiting list to access these services.

The report recommended working towards improved cost-containment by implementing a standardized, validated, and evidence-based assessment and allocation tool to determine appropriate levels of services. Several years ago, the department ended its use of an evidence-based tool after it was sued. However, the lawsuit settlement did not require the department to stop using the tool. The department should consider either reinstituting the tool or finding another evidence-based tool to determine appropriate service levels and types. The General Appropriations Act included language requiring the department to provide a plan to address the increased costs of providing services.

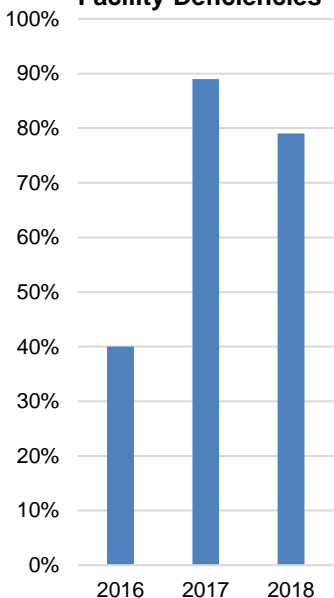
# PERFORMANCE REPORT CARD

Department of Health  
Third Quarter, Fiscal Year 2019

## DD Employment and Provider Type



## Timely Submission of Statement of Nursing Facility Deficiencies



Percent of Children With Substantially Increased Rate of Growth Upon Exiting FIT in:			
Family, Infant, Toddler Program (FIT)	Positive social-emotional skills (including social relationships)	Acquisition and use of knowledge and skills (including early language/communication)	Use of appropriate behaviors to meet their needs
	2016	2016	2016
	<b>72.1%</b>	<b>74.0%</b>	<b>73.4%</b>
	1,609 Children	1,792 Children	1,757 Children
	<b>Better</b>	<b>Better</b>	<b>Same</b>
	2015 70.2%	2015 72.6%	2015 73.7%

Source: GRADS

Budget: \$420,368.7 FTE: 189

Measure	FY17 Actual	FY18 Actual	FY19 Target	Q1	Q2	Q3	Rating
Individuals receiving developmental disabilities waiver services*	4,574	4,618	N/A	4,561	4,596	4,606	
Individuals on the developmental disabilities waiver waiting list* **	4,234	4,834	N/A	4,934	4,987	5,033	
Developmental disabilities waiver applicants who have a service plan in place within 90 days of income and clinical eligibility	92%	73%	90%	83%	87.5%	82%	Y
Adults receiving community inclusion services through the DD Waiver who receive employment services	36%	30%	35%	28%	28%	29%	Y
<b>Program Rating</b>	<b>Y</b>	<b>Y</b>					<b>R</b>

\*Measures are classified as explanatory and do not have a target.

\*\* For FY19 the department and LFC agreed to change the way this measure is reported and will no longer report the total number of individuals on the central registry. The wait list result will now include only those determined eligible for services.

## Health Certification, Licensing, and Oversight

The purpose of the health certification, licensing, and oversight program is to provide health facility licensing and certification surveys, community-based oversight and contract compliance surveys and a statewide incident management system so that people in New Mexico have access to quality health care and that vulnerable populations are safe from abuse, neglect, and exploitation. There currently is no quarterly performance data provided by the program. One measure the program provided was on the timely submission of the statement of deficiencies to the surveyed entity. Timely submission allows nursing facilities to start making corrections and get back into regulatory compliance. Additionally, in FY18 the Incident Management Bureau processed 2,256 reports and conducted 955 investigations.

Budget: \$13,798.5 FTE: 171

Measure	FY17 Actual	FY18 Actual	FY19 Target	Q1	Q2	Q3	Rating
Abuse Rate for Developmental Disability Waiver and Mi Via Waiver clients	7%	7%	8%	Annual			
Re-Abuse rate (within 12 months- same person) for Developmental Disability Waiver and Mi Via Waiver clients	18%	6%	16%	Annual			
Percentage of long-stay nursing home residents receiving psychoactive drugs without evidence of psychotic or related condition*	New	16%	N/A	Annual			
<b>Program Rating</b>	<b>Y</b>	<b>Y</b>					<b>Y</b>

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





















## AGENCY PERFORMANCE REPORTING DASHBOARD, FY19

### Department of Health

**Total agency budget: \$543.1 million**  
**Total agency FTE: 3,533.5**

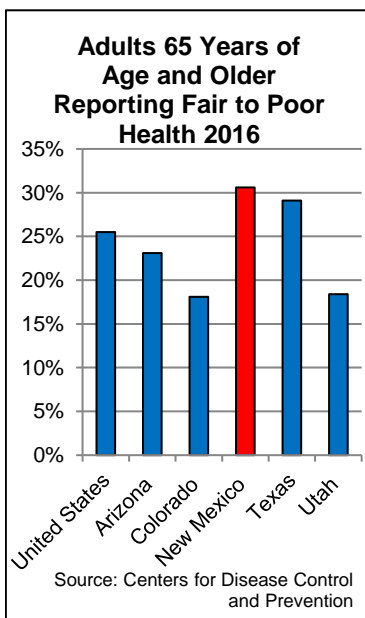
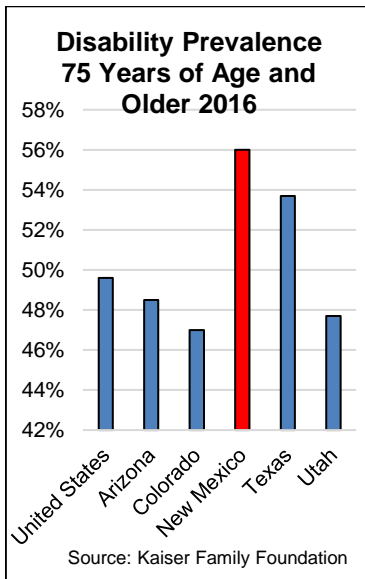
#### Discussion

Overall, the department's measures are outcome-oriented, results-based, and are valid and reliable. While the department received mostly green ratings below, it still has much work to improve quarterly reporting. The department could improve in the Facilities Management Division by increasing the number of measures and tailoring them to measure the specific strategic goals of each of the facilities. Measures in the Developmental Disabilities Support Division could be improved by adding measures related to employment and health and safety. None of the Health Certification Licensing and Oversight Division's measures are reported on a quarterly basis when some of them could be.

Each key agency quarterly report should include the following standard items:	Rating
Agency mission statement	
Summary of key strategic plan initiatives	
Program description, purpose and budget by source of funds	
How the program links to key agency initiatives, objectives, and key performance measures	
Key performance measure statement	
Data source to measure key measure results	
Four years of historical data (if available)	
Current quarter data (both qualitative and quantitative)	
Explanation for measures 10 percent or more below target	
Proposed corrective action plan for performance failing to meet target	
Action plan describing responsibilities and associated due dates	
Corrective action plan for action plan items not completed	
<b>Agency quarterly report rating</b>	
<b>Agency performance measures should align with agency mission and vision, and be:</b>	
Useful and results-oriented	
Clear and accessible	
Responsive	
Valid and reliable	
Comparable and relevant	
Benchmarked	
<b>Agency performance measures rating</b>	

## ACTION PLAN

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



## Aging and Long-Term Services Department

The Aging and Long-Term Services Department and the agency designated as the non-metro area agency on aging, the North Central New Mexico Economic Development District (NCNMEDD), spent much of FY18 in conflict. The contentious year led to a special audit with findings of misspent funds, referrals to the federal office of inspector general, and talk from the department of clawing-back funds from NCNMEDD. In an effort to improve oversight of the aging network contract, the department split the contract for aging network services into three, with each representing one of the three planning and service areas (PSA) NCNMEDD currently serves. In the past, the department's contract with the non-metro area agency on aging (AAA) was a single contract encompassing all three non-metro PSAs.

### Aging Network

A report of the Aging Network from the consulting firm Health Management Associates Incorporated (HMA) found that the current six planning and service area (PSA) structure is needlessly complicated, leading to inconsistent policies, poor oversight, and discontent among providers. HMA recommended the department revisit this structure and choose to either convert the entire state to a single PSA or reduce the number of PSAs to three with each representing a region of the state. The department also requested additional special appropriation funding for further consulting services.

**Budget:** \$36,882 **FTE:** 16

Measure	FY17 Actual	FY18 Actual	FY19 Target	Q1	Q2	Q3	Rating
Older New Mexicans whose food insecurity is alleviated by meals received through the aging network	123%	116%	95%	84%	88%	86%	Y
Hours of caregiver support provided	397,598	357,721	400,000	83,083	86,800	95,925	R
<b>Program Rating</b>	<b>G</b>	<b>Y</b>					<b>Y</b>

### Consumer and Elder Rights

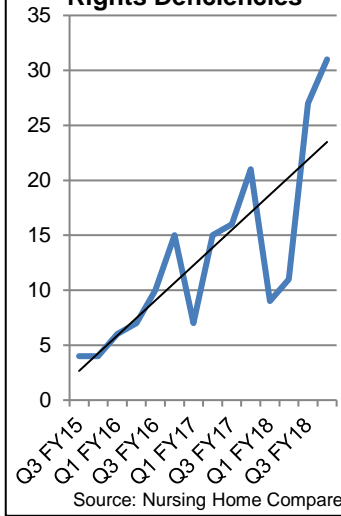
According to data on the federal Centers for Medicare and Medicaid Services Nursing Home Compare website, nursing home residents' rights deficiencies increased from about four per quarter in FY15 to 31 in the fourth quarter of FY18. Section 28-27-4 NMSA 1978 requires the state ombudsman to identify, investigate, and resolve complaints made by long-term care residents that relate to action, inaction, or decisions adversely affecting the health, safety, welfare, or rights of residents in long-term care facilities. Aside from the measure on timely ombudsman complaint resolutions, data showing how well the state is doing at protecting the rights of long-term care residents is thin.

## PERFORMANCE REPORT CARD

### Aging and Long-Term Services Department

### Third Quarter, Fiscal Year 2019

#### New Mexico Nursing Home Residents' Rights Deficiencies



Budget: \$4,599.9 FTE: 47.5

Measure	FY17 Actual	FY18 Actual	FY19 Target	Q1	Q2	Q3	Rating
Ombudsman complaints resolved within sixty days	90%	92%	95%	98%	94%	95%	G
Residents requesting short-term transition assistance from a nursing facility who remained in the community during the six month follow-up	86%	82%	85%	86%	87%	82%	G
Calls to the aging and disability resource center that are answered by a live operator	85%	71%	85%	55%	81%	90%	G
<b>Program Rating</b>	<b>G</b>	<b>Y</b>					<b>G</b>

#### Adult Protective Services

The program does not report on repeat maltreatment, hampering the state's ability to determine the effectiveness of interventions. The measure of emergency or priority one investigations in which a caseworker makes initial contact within prescribed time frames does not measure progress since the result is routinely in the 99 percent range, justifying a yellow rating for this measure. Current data and performance measures make it difficult to assess the effectiveness of the program in preventing maltreatment.

#### Substantiated Allegations by Type

Type	FY16	FY17	FY18
Abuse	165	82	71
Neglect	108	109	109
Self-Neglect	949	730	829
Exploitation	141	161	119
Sexual Abuse	-	1	-
<b>Total</b>	<b>1,363</b>	<b>1,083</b>	<b>1,128</b>

Source: Adult Protective Services

Budget: \$13,362.6 FTE: 132

Measure	FY17 Actual	FY18 Actual	FY19 Target	Q1	Q2	Q3	Rating
Adult protective services investigations of abuse, neglect or exploitation	6,233	6,671	6,100	1,643	1,613	6,150	Y
Emergency or priority one investigations in which a caseworker makes initial face-to-face contact with the alleged victim within prescribed time frames	99%	99%	98%	99.8%	99.8%	99.6%	Y
Adults receiving in-home services or adult day services as a result of an investigation of abuse, neglect or exploitation	1,181	1,213	1,500	873	955	1,008	G
<b>Program Rating</b>	<b>Y</b>	<b>Y</b>					<b>Y</b>

#### Average Annual Investigations Per Case Worker

Region	FY16	FY17	FY18
Metro	108	105	137
Northeast	83	98	114
Northwest	125	102	132
Southeast	76	76	77
Southwest	109	107	117
<b>Statewide</b>	<b>99</b>	<b>99</b>	<b>117</b>

Source: Adult Protective Services



## AGENCY PERFORMANCE REPORTING DASHBOARD, FY19

### Aging and Long-Term Services Department

**Total agency budget: \$62 million**  
**Total agency FTE: 235.5**

#### Discussion

The department's quarterly reports provide every element expected of a key agency, including providing the mission statement, stating strategic priorities, and discussing action plans with due dates and responsible parties. However, the quarterly reports are less useful because the measures are not benchmarked and some have targets that are always met, making it impossible to measure progress. Other measures, such as the measures on food insecurity and average costs, are neither valid nor reliable because of questionable data from the area agencies on aging. Proposed new measures include Adult Protective Services case loads, case completion times, repeat maltreatment, and maltreatment broken out by type.

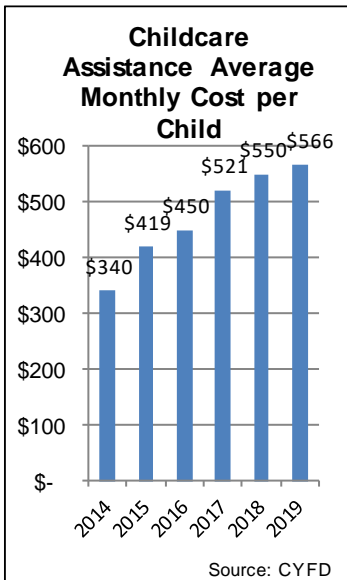
Each key agency quarterly report should include the following standard items:	Rating
Agency mission statement	G
Summary of key strategic plan initiatives	G
Program description, purpose and budget by source of funds	G
How the program links to key agency initiatives, objectives, and key performance measures	G
Key performance measure statement	G
Data source to measure key measure results	G
Four years of historical data (if available)	G
Current quarter data (both qualitative and quantitative)	G
Explanation for measures 10 percent or more below target	G
Proposed corrective action plan for performance failing to meet target	G
Action plan describing responsibilities and associated due dates	G
Corrective action plan for action plan items not completed	Y
<b>Agency quarterly report rating</b>	G
<b>Agency performance measures should align with agency mission and vision, and be:</b>	
Useful and results-oriented	Y
Clear and accessible	G
Responsive	G
Valid and reliable	Y
Comparable and relevant	Y
Benchmarked	R
<b>Agency performance measures rating</b>	Y

## ACTION PLAN

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

## Children, Youth and Families Department

The Early Childhood Services and Juvenile Justice Services programs reported promising performance results for the third quarter. However, despite continued investment in the Protective Services Program, performance reporting struggles to improve. The department has not met national repeat maltreatment benchmarking for more than eight years, and continued to decline each quarter for the current fiscal year. In addition to high turnover rates, the agency reported substance abuse, domestic violence, and behavioral health as contributing factors to the challenges in reducing repeat substantiations of maltreatment. To improve staff retention the Protective Services Program has hired a training director to oversee improved training efforts and supports to enhance supervisor competency.



### Early Childhood Services

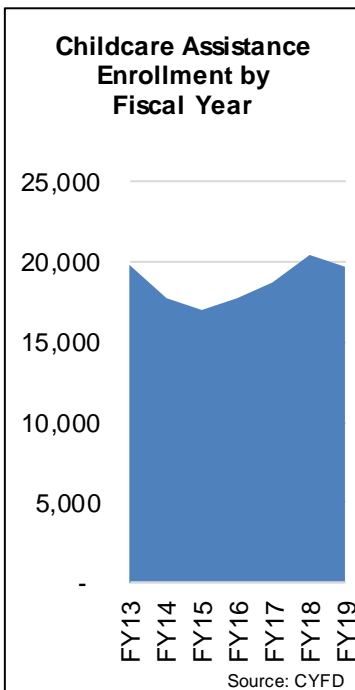
The Early Childhood Services Program met a majority of performance targets in the third quarter of FY19. Childcare assistance average cost per child continues to rise, as more children and providers participate in the highest levels of quality rating. However, enrollment is declining and was 3.5 percent below the previous fiscal year as of April 2019. Direct spending for childcare assistance in FY19 is projected to be close to \$135 million, 3 percent below the program's initial operating budget.

**Budget:** \$255,804.4 **FTE:** 186.5

Measure	FY17 Actual	FY18 Actual	FY19 Target	Q1	Q2	Q3	Rating
Children receiving subsidy in high- quality programs	New	59.9%	53%	67.5%	66.4%	70.6%	G
Licensed childcare providers participating in high-quality programs	New	38.2%	35%	39.9%	40.5%	42.2%	G
Parents who demonstrate progress in practicing positive parent-child interactions	44%	45%	40%	45.1%	46.0%	46.4%	G
Children receiving state childcare subsidy, excluding child protective services childcare, who have one or more protective services-substantiated abuse or neglect referrals	1.2%	1.2%	1.3%	0.5%	0.9%	1.2%	Y
Families receiving home-visiting services that have one or more protective- services-substantiated abuse or neglect referrals	New	1.9%	5%	0.3%	0.8%	1.9%	G
Children in state-funded pre-kindergarten showing measurable progress on the preschool readiness for kindergarten tool	91%	94.9%	93%	Reported Annually			

### Program Rating

G





## Protective Services

The Protective Services Program continues to struggle to improve performance-reporting outcomes. As of March 2019, pending investigations rose to 6,240, up from 3,802 in March 2018, or 64 percent. Of the pending investigations, 3,971 were classified as overdue by the agency. The Protective Services Program reported an action plan was developed to reduce over-due investigations, in collaboration with a national non-profit agency. Turnover of key field positions was nearly 25 percent, and vacancy rates increased to over 25 percent. Counties with the highest repeat maltreatment in March included McKinley (25.3 percent) and Curry (20.1 percent).

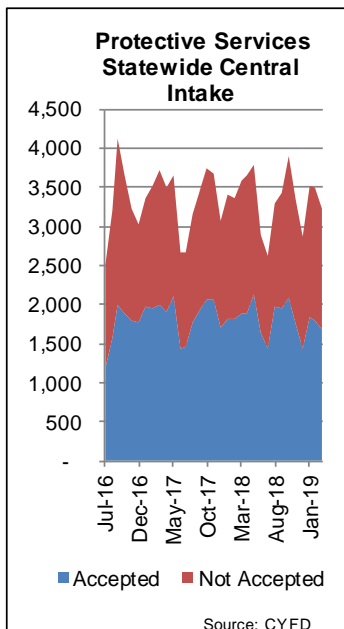
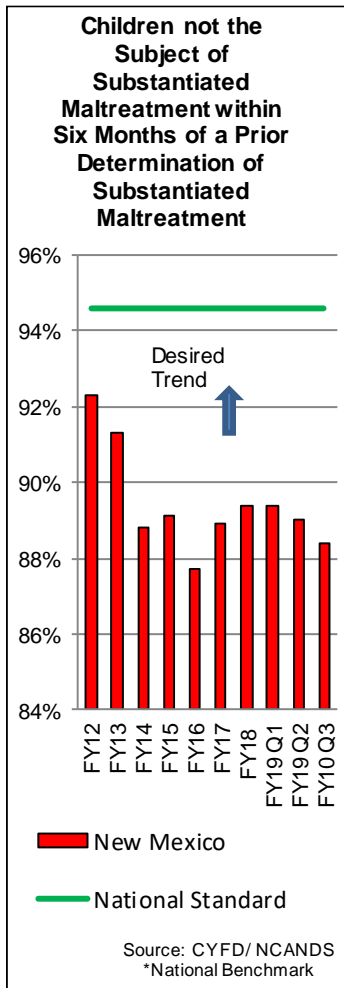
**Budget:** \$152,767.6 **FTE:** 944

Measure	FY17 Actual	FY18 Actual	FY19 Target	Q1	Q2	Q3	Rating
Children who are not the subject of substantiated maltreatment within six months of a prior determination of substantiated maltreatment	88.9%	89.4%	93%	89.4%	89.0%	88.4%	R
Children who have another substantiated or indicated maltreatment report within 12 months of their initial report*	14.7%	14.7%	N/A	14.6%	14.2%	14.1%	
Of children in foster care for more than eight days, percent of children who achieve permanency within 12 months of entry into foster care.	30.6%	28.5%	42%	27.6%	28.3%	28.8%	R
Maltreatment victimizations per 100,000 days in foster care	8.2	16.4	8	17.7	14.7	12.4	R
Children in foster care who have at least one monthly visit with their caseworker*	94.8%	94.8%	N/A	94.2%	92.4%	86.4%	
Clients receiving domestic violence services with a personalized safety plan	91%	89.5%	90%	96.7%	81.4%	65.9%	R
Turnover rate for protective services workers	25%	26.3%	20%	28.1%	26.2%	24.6%	R
<b>Program Rating</b>							R

\* Measures are classified as explanatory and do not have targets.

## Juvenile Justice Services

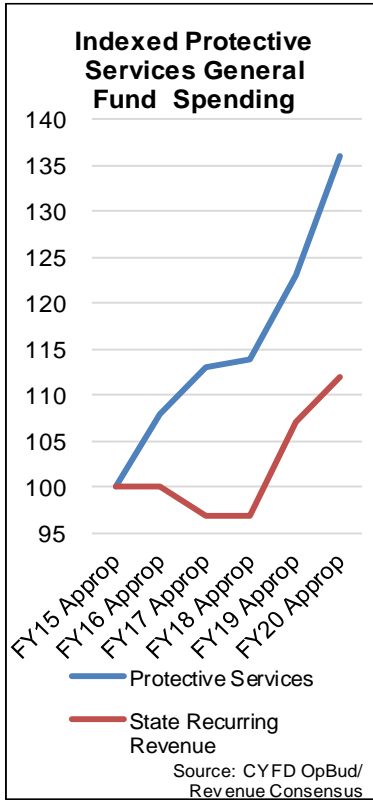
The Juvenile Justice Services (JJS) Program reported stable performance during the third quarter. Turnover rates remained significantly lower than Protective Services for direct services staff. JJS reported five Youth Care Specialists separated from the program during the third quarter, a 2.8 percent increase in the turnover rate. The resulting cumulative turnover rate is 11.9 percent, a decrease of 62 percent from the previous fiscal year. Turnover rates in recent previous years ranged between 22 and 31 percent, resulting in unstable care for youth. The percent of youth entering an adult facility remains high, however, due to the relatively low number youth included in this measure, the performance results can shift significantly between fiscal years.



# PERFORMANCE REPORT CARD

## Children, Youth and Families Department

### Third Quarter, Fiscal Year 2019



Budget: \$72,091 FTE: 891.8

Measure	FY17 Actual	FY18 Actual	FY19 Target	Q1	Q2	Q3	Rating
Clients who successfully complete formal probation	82.7%	85.6%	85%	83.8%	85.3%	86.1%	G
Substantiated complaints by clients of abuse or neglect in juvenile justice facilities	9.5%	10.7%	8%	0%	0%	0%	G
Clients successfully completing term of supervised release	52.5%	59.3%	70%	66.7%	63.8%	65.3%	R
JJS facility clients age 18 and older who enter adult corrections within two years after discharge from a JJS facility*	11%	6.9%	N/A	22.6%	27.0%	25.5%	
Incidents in JJS facilities requiring use of force resulting in injury	1.7%	1.3%	1.5%	1.9%	1.7%	1.7%	Y
Physical assaults in juvenile justice facilities	398	284	<300	70	120	188	G
Client-to-staff battery incidents	143	81	<130	25	43	55	G
Turnover rate for youth care specialists	20.6%	30.8%	18%	2.8%	9.1%	11.9%	G
<b>Program Rating</b>							Y

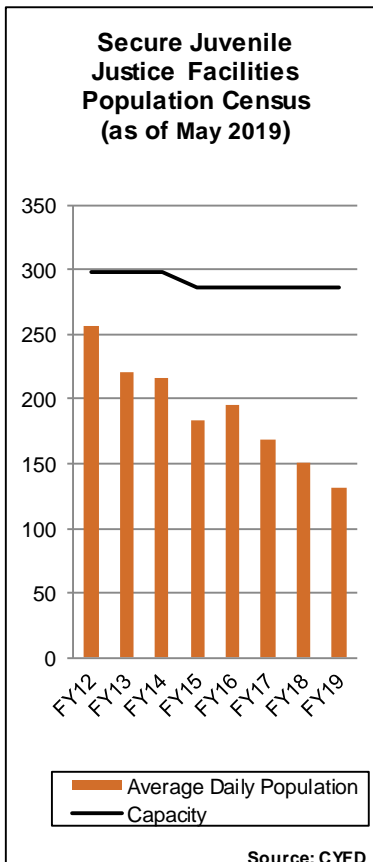
\*Measure is classified as explanatory and does not have a target.

## Behavioral Health Services

The Behavioral Health Services (BHS) Program reported infant mental health team services continue to exceed performance targets.

Budget: \$18,244.4 FTE: 78.5

Measure	FY17 Actual	FY18 Actual	FY19 Target	Q1	Q2	Q3	Rating
Youth receiving community-based and juvenile detention center behavioral health services who perceive they are doing better in school or work because of received services	71.2%	72%	83%	Reported Annually			
Infants served by infant mental health programs who have not had re-referrals to the Protective Services program	90%	91%	92%	100%	100%	100%	G
<b>Program Rating</b>							G



## AGENCY PERFORMANCE REPORTING DASHBOARD, FY19

### Children, Youth and Families Department

**Total agency budget: \$503,377.4**

**Total agency FTE: 2,267.6**

#### Discussion

The Children, Youth and Families Department has robust performance reporting, however, there is little information provided for action plans including responsible parties and timelines to improve performance that failed to meet targeted performance.

Each key agency quarterly report should include the following standard items:	Rating
Agency mission statement	G
Summary of key strategic plan initiatives	G
Program description, purpose and budget by source of funds	G
How the program links to key agency initiatives, objectives, and key performance measures	G
Key performance measure statement	G
Data source to measure key measure results	G
Four years of historical data (if available)	G
Current quarter data (both qualitative and quantitative)	G
Explanation for measures 10 percent or more below target	Y
Proposed corrective action plan for performance failing to meet target	Y
Action plan describing responsibilities and associated due dates	R
Corrective action plan for action plan items not completed	R
<b>Agency quarterly report rating</b>	G
<b>Agency performance measures should align with agency mission and vision, and be:</b>	
Useful and results-oriented	G
Clear and accessible	G
Responsive	G
Valid and reliable	G
Comparable and relevant	G
Benchmarked	G
<b>Agency performance measures rating</b>	G

## ACTION PLAN

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

## New Mexico Corrections Department

The Corrections Department (NMCD) continues to struggle with high vacancy rates, particularly for correctional officers. Despite 8.5 percent pay increases for correctional officers and probation and parole officers in FY19, vacancy rates have risen each quarter this year. Vacancy rates for correctional officers in public prisons increased 3 percentage points over the previous quarter and are on track to significantly surpass FY18's average vacancy rate of 22 percent. Other incentives may be necessary to bring staffing levels within acceptable targets.

High vacancy rates are also causing problems in private prison facilities. The GEO Group (GEO), which operates the Northeast New Mexico Detention Facility, has informed the town of Clayton it does not intend to continue operations under the same terms after the current contract terminates on August 3, 2019. Among the concerns raised by GEO is the fact that it is only able to fill about 33 percent of certified correctional officer positions at the facility.

To help increase correctional officer recruitment, the department is planning to conduct screenings at satellite locations, such as community colleges, police departments, and job fairs, rather than requiring prospective cadets to travel to Santa Fe; the department also plans to hold offsite academies in areas with significant interest. In addition, NMCD intends to change some of the requirements related to firearms training at the academy and will provide remedial firearms training to avoid losing capable officers.

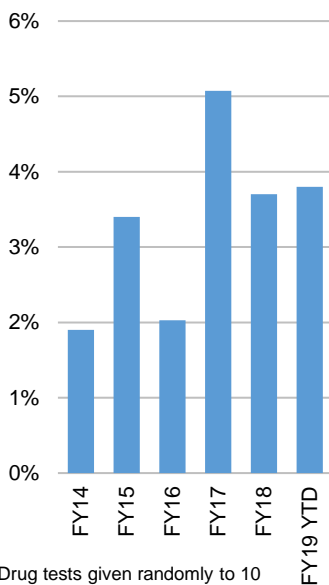
## Inmate Management and Control

Prison violence surged in FY18, with a total 39 assaults on inmates and staff resulting in serious injury, the highest number of incidents since the Corrections Department (NMCD) began reporting the measure in FY05. This year, the department reports 18 total assaults year to date, a 43.8 percent decrease compared to the third quarter of FY18, suggesting some of the issues encountered in FY18 have been resolved; however, the exact cause of the decline is unknown. Inmate-on-inmate assaults were significantly

lower in the first quarter than the second and third; this may be attributable to widespread lockdowns throughout prison facilities in that quarter. Inmate drug use, which can drive prison violence, has not changed significantly since FY18.

Data from the New Mexico Sentencing Commission shows violent offenses have resulted in 22.5 percent of total prison admissions during the first three quarters of FY19, the lowest rate since FY12. Overall prison admissions due to new offenses and parole violations to date are down 12.8 percent from third quarter of FY18, and total prison population has

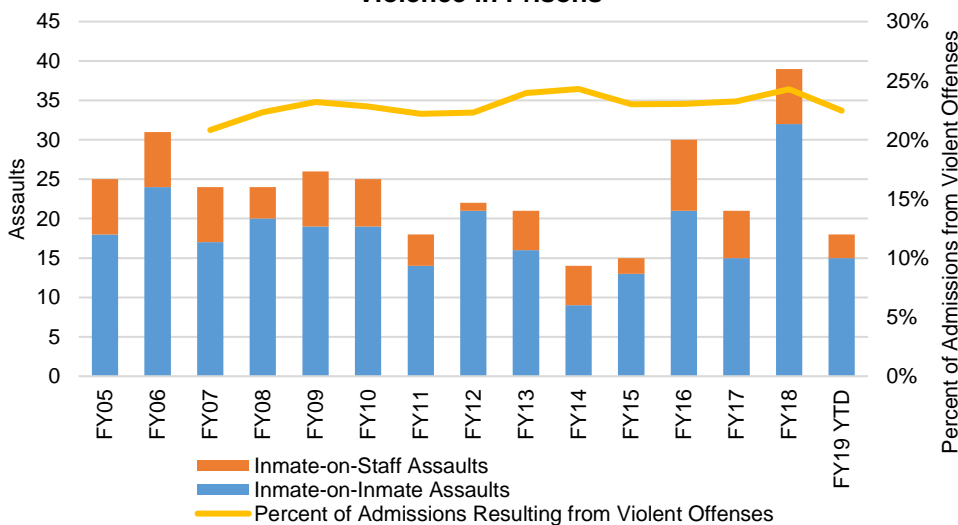
### Positive Random Monthly Drug Tests\*



\*Drug tests given randomly to 10 percent of the inmate population monthly.

Source: NMCD

### Violence in Prisons

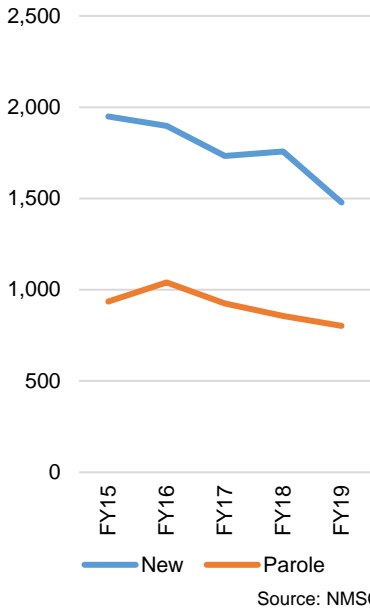


Source: LFC files, NMCD, New Mexico Sentencing Commission

## PERFORMANCE REPORT CARD

New Mexico Corrections Department  
Third Quarter, Fiscal Year 2019

**Total Prison Admissions through Q3**



decreased every month since September 2018. Fewer inmates and a lower proportion of violent offenders may be partially responsible for the decreased violence within prison facilities.

Decreased prison admissions are driven primarily by a decline in admissions for new offenses, which are down by 15.9 percent compared with the third quarter of FY18; 16.8 percent for men and 11.8 percent for women. Admissions due to parole violations are down 6.3 percent compared to the third quarter of FY18.

The percent of inmates held in prison past their release date has improved since FY13, when 23 percent of women and 19 percent of men remained detained. However, release eligible rates have remained around 9 percent of the total inmate population for the last three fiscal years, mostly due to lack of transitional housing opportunities and parole programs. This quarter, the percent of release eligible female inmates still detained rose by half a percentage point while the rate for male inmates fell by half a percentage point. Recidivism rates remain high, having exceeded 50 percent every quarter this year.

**Budget:** \$280,666.5 **FTE:** 1,870

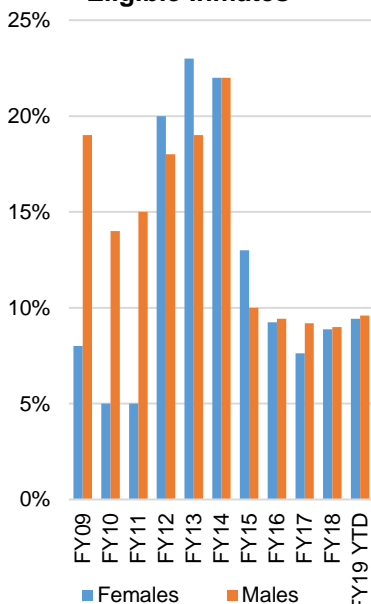
Measure	FY17 Actual	FY18 Actual	FY19 Target	Q1	Q2	Q3	Rating
Inmate-on-inmate assaults with serious injury	15	32	8	3	6	6	Y
Inmate-on-staff assaults with serious injury	6	7	2	1	1	1	Y
Prisoners reincarcerated within thirty-six months	50%	49%	40%	51%	52%	52%	R
Participating inmates who have completed adult basic education*	62%	64%	N/A	67%	78%	42%	
Release eligible female inmates still incarcerated past their scheduled release date	8%	9%	6%	9%	9%	10%	R
Release eligible male inmates still incarcerated past their scheduled release date	9%	9%	6%	10%	10%	9%	R
Residential drug abuse program graduates reincarcerated within thirty-six months of release*	No report	18%	N/A	46%	22%	21%	
Random monthly drug tests administered to at least 10 percent of the inmate population testing positive for drug use*	5.1%	3.7%	N/A	4.8%	3.6%	3.0%	
Vacancy rate of public correctional officers	24%	22%	15%	24%	25%	27%	R
<b>Program Rating</b>	<b>Y</b>	<b>Y</b>					<b>Y</b>

\*Measures are classified as explanatory and do not have targets.

### Community Offender Management

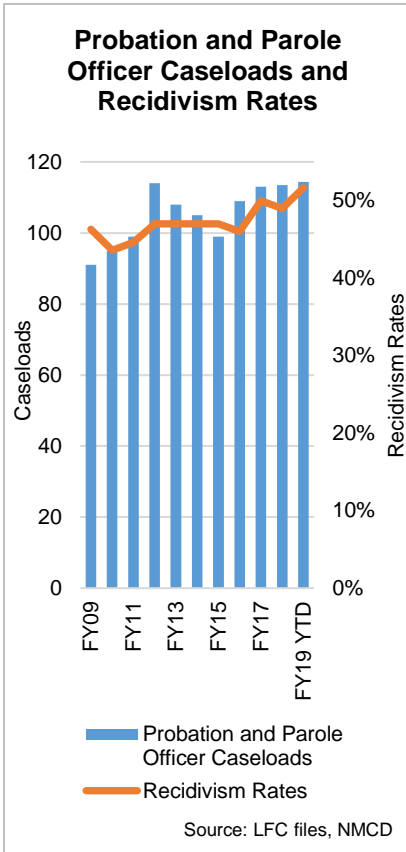
Although vacancy rates among probation and parole officers continued to rise this quarter, the average standard caseload per officer decreased from 118 to 111. As with correctional officers, the FY19 pay increase does not appear to be producing the intended results. The three-year recidivism rate of male offenders after graduation from the recovery academy fell by 14 percentage points compared with the previous quarter, while the rate for female offenders rose by 12 percentage points.

**Percent of Release Eligible Inmates**



## PERFORMANCE REPORT CARD

New Mexico Corrections Department  
Third Quarter, Fiscal Year 2019



**Budget:** \$34,773 **FTE:** 376

Measure	FY17 Actual	FY18 Actual	FY19 Target	Q1	Q2	Q3	Rating
Contacts per month made with high risk offenders in the community	96%	99%	95%	100%	99%	99%	G
Average standard caseload per probation and parole officer	113	114	100	114	118	111	R
Male offenders who graduated from the men's recovery center and are reincarcerated within thirty-six months	25%	21%	21%	31%	34%	20%	Y
Female offenders who graduated from the women's recovery center and are reincarcerated within thirty-six months	New	21%	18%	17%	15%	27%	Y
Absconders apprehended	28%	29%	32%	34%	31%	33%	G
Vacancy rate of probation and parole officers	17%	18%	15%	19%	24%	25%	R
<b>Program Rating</b>	Y	Y					Y

## AGENCY PERFORMANCE REPORTING DASHBOARD, FY19





















### New Mexico Corrections Department

**Total agency budget: \$339,254.8**

**Total agency FTE: 2,447.0**

#### Discussion

The Corrections Department has strong performance measures that capture critical agency activities. However, the department needs an actionable mission statement, strategic plan, and corrective action plan to better link goals and objectives with budget decisions. Currently, agency objectives are very broad and difficult to achieve. Without these documents, it is difficult to improve outcomes within currently available resources and personnel as well as strategically plan future budget needs. Additionally, new measures on recidivism by gender, recidivism by private and public prisons, and risk and needs assessment administration could better guide resources throughout the department.

Each key agency quarterly report should include the following standard items:	Rating
Agency mission statement	
Summary of key strategic plan initiatives	
Program description, purpose and budget by source of funds	
How the program links to key agency initiatives, objectives, and key performance measures	
Key performance measure statement	
Data source to measure key measure results	
Four years of historical data (if available)	
Current quarter data (both qualitative and quantitative)	
Explanation for measures 10 percent or more below target	
Proposed corrective action plan for performance failing to meet target	
Action plan describing responsibilities and associated due dates	
Corrective action plan for action plan items not completed	
<b>Agency quarterly report rating</b>	
<b>Agency performance measures should align with agency mission and vision, and be:</b>	
Useful and results-oriented	
Clear and accessible	
Responsive	
Valid and reliable	
Comparable and relevant	
Benchmarked	
<b>Agency performance measures rating</b>	



## ACTION PLAN

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

## Department of Public Safety

To help combat crime rates, the Department of Public Safety (DPS) has joint operations with police departments across the state to more effectively utilize manpower and resources. In May 2019, the governor assigned 50 state police officers to assist the Albuquerque Police Department (APD) in responding to violent crime; later in the month, the unit was reduced to 25 officers. Seven state police officers were already assigned to work with APD.

While crime rates in New Mexico rose every year between 2014 and 2017, preliminary data from Albuquerque, which makes up the largest portion of reported crimes in the state, suggests crime may be falling. Between 2017 and 2018, APD reports property crime decreased 17 percent and violent crime decreased 1 percent. APD has increased from 821 officers in 2016 to 927 as of March 30, 2019, and reports a 35 percent increase in traffic stops between 2017 and 2018, which a 2018 LFC program evaluation identified as an effective method of preventing crime.

## Law Enforcement

The department surpassed targets for strategic traffic enforcement and DWI saturation patrols in the first half of FY19; this quarter, it reached its target for commercial vehicle inspections. The department has already exceeded FY18 actuals for strategic traffic enforcement and is on track to do so for DWI saturation patrols and commercial vehicle inspections. While commendable, these results indicate some performance targets do not accurately reflect the department's capacity and goals and may need to be revised.

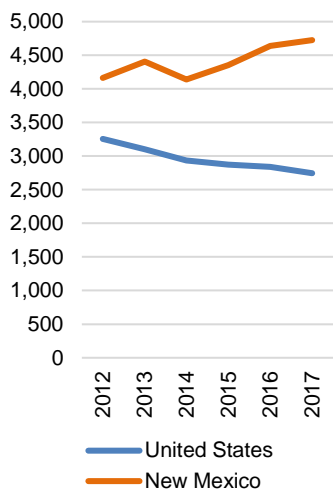
Year-to-date DWI arrests are down 18 percent from this time last year; however, it is difficult to ascertain if fewer DWI arrests indicates reduced enforcement or fewer people driving while intoxicated. While year-to-date DWI saturation patrols are up 7.7 percent from third quarter FY18, the number of DWI checkpoints is down 34 percent, with only 93 checkpoints completed compared to 141 at the end of the third quarter of FY18. DPS notes that checkpoints dropped significantly in the second quarter due to delayed grant funding. If such delays negatively impact public safety by decreasing enforcement and arrests, it may be necessary to locate a more reliable funding source.

To help address persistent vacancies, the executive and the Legislature collaborated to increase manpower through a targeted 8.5 percent pay increase in FY19. In the first half of FY19, vacancy rates for state police officers averaged 11 percent, a significant drop from an average of 14 percent in FY18, perhaps as a result of these efforts.

**Budget:** \$124,387.4 FTE: 1,084.2

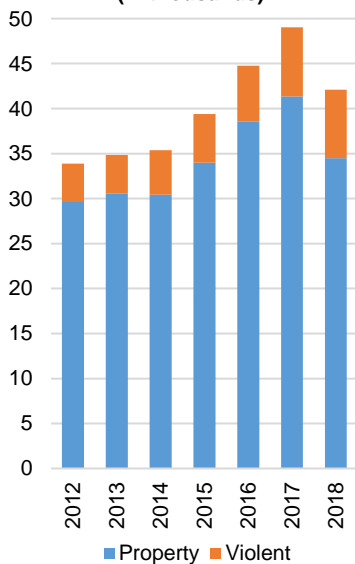
Measure	FY17 Actual	FY18 Actual	FY19 Target	Q1	Q2	Q3	Rating
Data-driven traffic-related enforcement projects held	New	1,926	1,700	816	1,030	955	G
Driving-while-intoxicated saturation patrols conducted	New	3,184	975	656	999	939	G
Commercial motor vehicle safety inspections conducted	96,802	88,078	70,000	26,645	22,694	23,150	G
Driving-while-intoxicated arrests	2,931	2,574	2,250	431	544	605	Y
<b>Program Rating</b>	<b>G</b>	<b>G</b>					<b>G</b>

**National vs. New Mexico Crime Rates**  
(per 100 thousand residents)



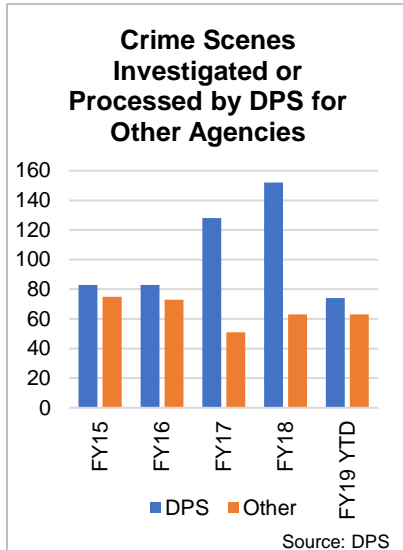
Source: Federal Bureau of Investigation

**Albuquerque Crime Counts**  
(in thousands)

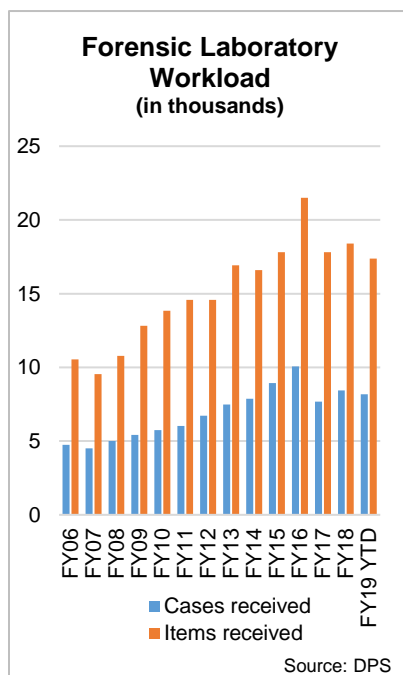


Source: FBI, DPS





In 2016, the Legislature authorized \$7.5 million for the new Santa Fe crime lab and evidence center; this year, an additional \$33 million was appropriated for this purpose. DPS determined these facilities should be separated, and plans for the evidence center facility to be added to its main campus while the forensic lab will be located on a separate site in Santa Fe. Both projects are in progress; preliminary estimates place substantial completion of the evidence center in September 2021 and the crime lab in April 2022.



## Statewide Law Enforcement Support

DPS surpassed targets for forensic latent fingerprint and biology/DNA cases but missed targets for firearm/toolmark and chemistry cases as the forensic laboratory bureau struggles with a 25 percent vacancy rate among scientists and technicians. DPS had greater than 100 percent case completion rates in latent print cases because scientists completed backlogged cases in addition to cases received this quarter. High turnover rates increase the number of nonproductive hours while the training of forensic scientists can take one to two years before they become fully productive.

New Mexico law enforcement agencies reported 1,133 rape kits eligible for DPS laboratory testing in 2015. The backlog was completed in June 2018. Since hiring a Sexual Assault Kit Inventory coordinator in May 2017, an additional 256 kits have been identified across the state. DPS has received and completed testing of 1,391 kits; two cases are pending. The department continues to ensure that all backlogged kits have been submitted to the department for testing before officially marking the backlog cleared. Of the kits, 443 were eligible for entry into federal criminal databases and 175 of those kits resulted in a “hit,” meaning the evidence in an unsolved case matched the DNA profile from a convicted offender or an arrestee.

## Department of Public Safety FY19 Q3 Forensic Cases Received and Completed

Case Type	Cases received	Case completed	Completion rate	Backlog
Firearm and Toolmark	200	154	77%	46
Latent Fingerprint	140	179	128%	-
Chemistry	1,423	1,078	76%	345
Biology and DNA	698	451	65%	247

Source: Department of Public Safety

Budget: \$21,432.4 FTE: 164

Measure	FY17 Actual	FY18 Actual	FY19 Target	Q1	Q2	Q3	Rating
Forensic firearm/toolmark cases completed	NEW	96%	90%	97%	46%	77%	Y
Forensic latent fingerprint cases completed	NEW	105%	90%	89%	148%	128%	G
Forensic chemistry cases completed	NEW	91%	90%	59%	67%	76%	Y
Forensic biology and DNA cases completed	NEW	116%	65%	130%	90%	64.6%	G
<b>Program Rating</b>	N/A	G					G

## AGENCY PERFORMANCE REPORTING DASHBOARD, FY19





















### Department of Public Safety

Total agency budget: \$153,686.1

Total agency FTE: 1,302.3

#### Discussion

The department's performance targets are set too low and should be revised to better reflect the department's capacity and goals. Additional measures are needed to better capture the critical functions of the department. For example, the department should add measures capturing statewide violent and property crime, felony and non-felony crime rates, and clearance rates by indictment; although the agency is not solely responsible for these metrics, they do collect data from agencies statewide to send to the FBI for reporting purposes. DPS should be collecting and ensuring this important data and giving legislators and the public a better preview of the state's crime trends.

Each key agency quarterly report should include the following standard items:	Rating
Agency mission statement	
Summary of key strategic plan initiatives	
Program description, purpose and budget by source of funds	
How the program links to key agency initiatives, objectives, and key performance measures	
Key performance measure statement	
Data source to measure key measure results	
Four years of historical data (if available)	
Current quarter data (both qualitative and quantitative)	
Explanation for measures 10 percent or more below target	
Proposed corrective action plan for performance failing to meet target	
Action plan describing responsibilities and associated due dates	
Corrective action plan for action plan items not completed	
<b>Agency quarterly report rating</b>	
<b>Agency performance measures should align with agency mission and vision, and be:</b>	
Useful and results-oriented	
Clear and accessible	
Responsive	
Valid and reliable	
Comparable and relevant	
Benchmarked	
<b>Agency performance measures rating</b>	

## ACTION PLAN

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

### Additional performance measures suggested for the judiciary:

- Appearance rate: percentage of supervised defendants who make all scheduled court appearances.
- Reoffenders: number (or percentage) of supervised defendants who are not charged with a new offense during the pretrial stage.
- Concurrence rate: ratio of defendants whose supervision level or detention status corresponds with assessed risk.
- Release success rate: percentage of released defendants who don't violate conditions of their release, appear for all scheduled court appearances, and are not charged with a new offense during pretrial supervision.
- Pretrial detainee length of stay: average length of stay in jail for pretrial detainees who are eligible by statute for pretrial release.

## Courts and Justice

Beginning in FY18, all justice partners began reporting quarterly. Since the district attorneys and the Public Defender Department joined the Administrative Office of the Courts in the new, comprehensive report card format, the unequal reporting of data across the criminal justice system has become apparent. The courts have transitioned many measures to semi-annual reporting, reducing their reliability and value. District attorneys have improved reliability of reporting, but lack critical performance measurements. The Public Defender Department has improved dramatically in the last year, and now reports a comprehensive suite of measures on a quarterly basis. In response to legislative interest, the judiciary has formed a performance measures committee to improve measures for the courts.

## COURTS

### Administrative Support

The new jury management tool, implemented by the Administrative Office of the Courts in FY18, substantially decreased average cost-per-juror, outperforming the target. The courts realized further cost savings due to the passage of House Bill 385 during the 2017 regular legislative session, which limited travel reimbursements to jurors traveling more than 40 miles. Savings allowed for juror pay to be restored to the statutory requirement. Despite the progress made for jurors, average interpreter cost-per-session remained above the target throughout FY19.

**Budget:** \$14,128.5 **FTE:** 49.8

Measure	FY17 Actual	FY18 Actual	FY19 Target	Q1	Q2	Q3	Rating
Average cost per juror	\$67.44	\$59.72	\$50.00	\$44.65	\$41.07	\$41.05	<span style="background-color: green; color: white;">G</span>
Number of jury trials*	NEW	902	N/A	234	230	261	
District*	NEW	650	N/A	164	149	160	
Magistrate*	NEW	181	N/A	55	71	98	
Metropolitan*	NEW	71	N/A	15	10	14	
Average interpreter cost per session	\$152.50	\$154.74	\$100.00	\$154.74	\$168.32	\$148.86	<span style="background-color: red; color: white;">R</span>

### Program Rating

Y

\*Measures are classified as explanatory and do not have targets.

## Special Court Services

In FY18, the courts implemented new quarterly measures to better assess the efforts of drug courts. Data collection and reporting proved to be a challenge and measures will only be reported semiannually for FY19. There is significant concern about the courts' ability to meet reporting requirements with meaningful measures, despite increased investment from the Legislature. In FY18, drug courts experienced a continuing trend of lower graduation rates and higher recidivism, although still significantly lower than the FY18 average recidivism rate of 49 percent for those incarcerated in state prison. The declining number of participants in specialty courts remains a concern despite its exclusion from quarterly reporting.

## PERFORMANCE REPORT CARD

### Courts and Justice

### Third Quarter, Fiscal Year 2019

**Budget:** \$13,416.3 **FTE:** 9.5

Measure	FY17 Actual	FY18 Actual	FY19 Target	Q1	Q2	Q3	Rating
Recidivism rate for drug court participants	16%	14%	12%	No Report	11%	No Report	R
Graduation rate for drug court participants*	58.6%	NEW	N/A	No Report	45%	No Report	R
Cost per client per day for all drug court participants*	\$23.25	\$23.25	N/A	No Report	\$43.15	No Report	R
<b>Program Rating</b>							R

\*Measures are classified as explanatory, provided for informational purposes. The measures do not have targets.

### Statewide Judiciary Automation

Complications with the Odyssey case management system and the associated increased workload caused times per service call to more than double in FY17 and remain high through FY18. The new system incorporates all call types regardless of difficulty and measures time to resolve calls from several minutes to weeks. LFC staff recommends more appropriate performance measures for FY20, including those that measure core functions of development, enhancement, and maintenance for court automation.

**Budget:** \$9,747 **FTE:** 53.5

Measure	FY17 Actual	FY18 Actual	FY19 Target	Q1	Q2	Q3	Rating
Average time to resolve calls for assistance, in hours	80	667	10	60	47	50	R
<b>Program Rating</b>							R

### Magistrate Court

Reporting by the Administrative Office of the Courts was incomplete for Q1 of FY19, and no report on the number of active cases pending was submitted for the third quarter of FY19. There is significant concern about the courts' ability to meet reporting requirements with meaningful measures.

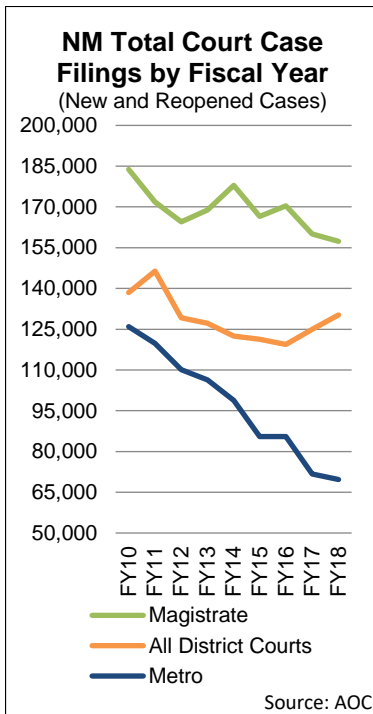
**Budget:** \$33,465.3 **FTE:** 344.5

Measure	FY17 Actual	FY18 Actual	FY19 Target	Q1	Q2	Q3	Rating
Number of active cases pending*	NEW	17,794	N/A	No Report	26,876	No Report	G
Cases disposed as a percentage of cases filed	101%	100%	100%	137%	102%	106%	Y
<b>Program Rating</b>							Y

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

### DISTRICT ATTORNEYS

For FY19, falling case referrals and preliminary police data suggest a falling crime rate in New Mexico for the first time since 2010. Since case referrals are not directly tied to performance, the executive and LFC have proposed new measures for FY20. Responding to legislative interest, the district attorneys submitted a unified priorities budget request for FY20.



## PERFORMANCE REPORT CARD

### Courts and Justice

### Third Quarter, Fiscal Year 2019

**Budget: \$73,059.8 FTE: 954**

**Additional performance measures suggested for the district attorneys:**

- Detention motion success rate: proportion of pretrial detention motions granted.
- Detention motion rate: proportion of defendants who are motioned for detention.
- Detention motions: number of detention motions made.
- Conviction rate: proportion of cases that result in conviction of those that make it to trial.
- Alternative sentencing treatment: proportion of cases which are identified as eligible for alternative sentencing treatment.
- Alternative sentencing treatment offers: proportion of cases which are diverted to alternative sentencing treatment.

Measure	FY17 Actual	FY18 Actual	FY19 Target	Q1	Q2	Q3	Rating
Number of Cases Referred for Screening*	75,523	73,256	N/A	19,918	17,510	17,933	
1 <sup>st</sup> District*	6,874	6,353	N/A	1,578	1,398	1,409	
2 <sup>nd</sup> District*	24,376	23,193	N/A	6,644	6,101	5,983	
3 <sup>rd</sup> District*	5,760	5,688	N/A	1,306	1,417	1,418	
4 <sup>th</sup> District*	2,181	1,888	N/A	531	410	473	
5 <sup>th</sup> District*	7,794	7,748	N/A	1,813	1,849	1,953	
6 <sup>th</sup> District*	2,879	2,839	N/A	669	601	658	
7 <sup>th</sup> District*	1,955	2,161	N/A	551	491	457	
8 <sup>th</sup> District*	2,152	2,080	N/A	749	531	484	
9 <sup>th</sup> District*	3,451	3,217	N/A	814	713	809	
10 <sup>th</sup> District*	914	838	N/A	243	226	202	
11 <sup>th</sup> District Div. I*	4,592	5,164	N/A	1,359	1,278	1,312	
11 <sup>th</sup> District Div. II*	2,562	2,542	N/A	743	543	583	
12 <sup>th</sup> District*	4,089	3,831	N/A	732	677	753	
13 <sup>th</sup> District*	5,944	5,714	N/A	1,386	1,275	1,529	
Average Attorney Caseload	315	275	70	78	69	71	Y
1 <sup>st</sup> District	255	244	70	66	55	51	G
2 <sup>nd</sup> District	264	239	70	65	59	57	G
3 <sup>rd</sup> District	349	335	70	97	105	91	R
4 <sup>th</sup> District	312	260	70	106	82	78	Y
5 <sup>th</sup> District	346	333	70	79	73	87	R
6 <sup>th</sup> District	318	291	70	70	71	82	R
7 <sup>th</sup> District	206	234	70	73	58	54	G
8 <sup>th</sup> District	358	303	70	68	76	60	G
9 <sup>th</sup> District	363	314	70	71	62	77	Y
10 <sup>th</sup> District	366	335	70	97	90	81	R
11 <sup>th</sup> District Div. I	328	339	70	85	71	73	Y
11 <sup>th</sup> District Div. II	394	370	70	99	64	78	Y
12 <sup>th</sup> District	315	356	70	73	64	63	G
13 <sup>th</sup> District	233	231	70	48	43	60	G
<b>Program Rating</b>							Y

\*Measures are classified as explanatory and do not have targets.

## PUBLIC DEFENDER

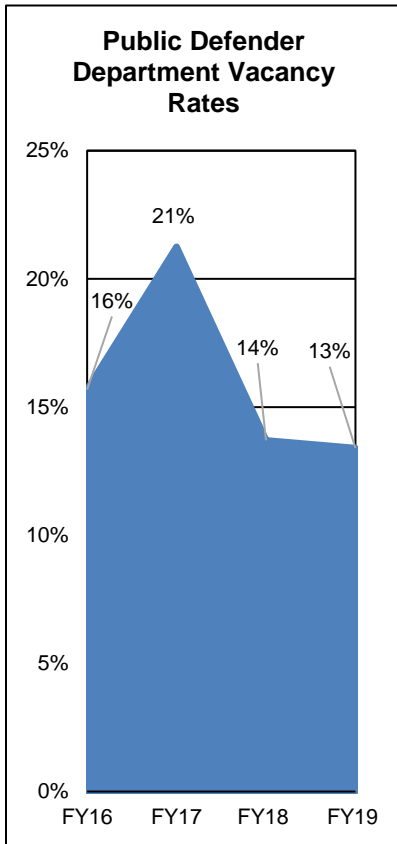
Though vacancy rates have fallen from 21 percent in FY17 to 13 percent in FY19, competition in the legal field led the Public Defender Department to reassign a significant number of in-house and contractor cases. The unexpected loss of attorneys is partially responsible for a drop in reported performance measures. In response, the Public Defender Department used new recruitment methods, such as visiting career fairs around the country and increased internships; the department also implemented geographical pay increases in hopes of retaining attorneys. Reported measures for contract attorneys are well below targets, which may be due in part to reporting issues rather than substantive issues. The agency plans to address this in FY20.

## PERFORMANCE REPORT CARD

### Courts and Justice

### Third Quarter, Fiscal Year 2019

**Budget:** \$52,129.7 **FTE:** 439



Measure	FY17 Actual	FY18 Actual	FY19 Target	Q1	Q2	Q3	Rating
Felony, misdemeanor, and juvenile cases resulting in a reduction of original formally filed charges	NEW	75%	70%	81%	71%	70%	G
In-house attorneys	NEW	83%	70%	84%	86%	89%	G
Contract attorneys	NEW	43%	70%	71%	25%	25%	R
Felony, misdemeanor, and juvenile cases resulting in alternative sentencing treatment	NEW	11,548	5,000	2,446	2,579	3,239	G
In-house attorneys	NEW	10,130	4,000	2,134	2,338	2,922	G
Contract attorneys	NEW	1,454	1,000	312	241	317	G
Cases assigned to contract attorneys*	NEW	31%	N/A	29%	32%	36%	
Cases assigned per in-house attorneys	312	302	330	76	61	62	G
Average time to disposition for felonies, in days*	NEW	261	N/A	283	213	346	
In-house attorneys*	169	256	N/A	275	183	362	
Contract attorneys*	256	274	N/A	290	244	330	
Cases opened by the Public Defender Department *	NEW	45,237	N/A	14,456	13,811	16,065	
In-house attorneys*	NEW	31,660	N/A	10,079	9,262	10,538	
Contract attorneys*	NEW	13,577	N/A	4,377	4,549	5,257	

#### Program Rating

G

\*Measures are classified as explanatory and do not have targets.

## Courts and Justice

### Administrative Office of the Courts

Total agency budget: 55,138.3

Total agency FTE: 454.3

#### Discussion

The judiciary unilaterally switched some previously quarterly measures to annual or semiannual reporting because of concerns with data accuracy and burdensome reporting. The reduced reporting weakened accountability and transparency. Additionally, agency reports lack a mission statement and strategic plan initiatives, which has resulted in unfocused measures that could otherwise guide performance management.

Critical measures like case disposition should be reported quarterly. More robust measures are also needed, such as appearance rates and concurrence rates that allow for an examination of the courts' ability to effectively deliver timely and even justice.

Each key agency quarterly report should include the following standard items:	Rating
Agency mission statement	R
Summary of key strategic plan initiatives	R
Program description, purpose and budget by source of funds	Y
How the program links to key agency initiatives, objectives, and key performance measures	R
Key performance measure statement	Y
Data source to measure key measure results	Y
Four years of historical data (if available)	Y
Current quarter data (both qualitative and quantitative)	R
Explanation for measures 10 percent or more below target	R
Proposed corrective action plan for performance failing to meet target	R
Action plan describing responsibilities and associated due dates	G
Corrective action plan for action plan items not completed	R
<b>Agency quarterly report rating</b>	<b>R</b>
<b>Agency performance measures should align with agency mission and vision, and be:</b>	
Useful and results-oriented	G
Clear and accessible	G
Responsive	G
Valid and reliable	Y
Comparable and relevant	G
Benchmarked	G
<b>Agency performance measures rating</b>	<b>G</b>



## Courts and Justice

### District Attorneys

Total agency budget: 74,545.1

Total agency FTE: 957.0

#### Discussion

In the General Appropriation Act, the Legislature adopted and the Governor signed into law a suite of new, robust measures for the district attorneys. However, there are still concerns with the reliability and accuracy of some measures, as compiling data and enforcing uniform reporting standards are difficult for all 14 offices. The reports LFC receives from the district attorneys lack an action plan, a mission statement, and other explanatory elements that would provide more insight into overall performance.

Suggested new measures include tracking the pretrial detention rate and the pretrial detainee length of stay.

Each key agency quarterly report should include the following standard items:	Rating
Agency mission statement	R
Summary of key strategic plan initiatives	R
Program description, purpose and budget by source of funds	R
How the program links to key agency initiatives, objectives, and key performance measures	R
Key performance measure statement	R
Data source to measure key measure results	R
Four years of historical data (if available)	R
Current quarter data (both qualitative and quantitative)	Y
Explanation for measures 10 percent or more below target	R
Proposed corrective action plan for performance failing to meet target	R
Action plan describing responsibilities and associated due dates	R
Corrective action plan for action plan items not completed	R
<b>Agency quarterly report rating</b>	<b>R</b>
<b>Agency performance measures should align with agency mission and vision, and be:</b>	
Useful and results-oriented	G
Clear and accessible	G
Responsive	G
Valid and reliable	R
Comparable and relevant	G
Benchmarked	G
<b>Agency performance measures rating</b>	<b>G</b>

## Courts and Justice

### Public Defender Department

**Total agency budget: 52,404.7**

**Total agency FTE: 439.0**

#### Discussion

Over the past year, the Public Defender Department (PDD) implemented robust measures that allowed targeted and informative reporting. Submissions from the agency are thorough and include direct strategic plans to address shortfalls. PDD reports that measures have helped guide management to improve outcomes, which has informed the Legislature and allowed for targeted investments for critical needs.

Each key agency quarterly report should include the following standard items:	Rating
Agency mission statement	G
Summary of key strategic plan initiatives	G
Program description, purpose and budget by source of funds	G
How the program links to key agency initiatives, objectives, and key performance measures	G
Key performance measure statement	G
Data source to measure key measure results	G
Four years of historical data (if available)	Y
Current quarter data (both qualitative and quantitative)	G
Explanation for measures 10 percent or more below target	G
Proposed corrective action plan for performance failing to meet target	G
Action plan describing responsibilities and associated due dates	G
Corrective action plan for action plan items not completed	G
<b>Agency quarterly report rating</b>	<b>G</b>
<b>Agency performance measures should align with agency mission and vision, and be:</b>	
Useful and results-oriented	G
Clear and accessible	G
Responsive	G
Valid and reliable	G
Comparable and relevant	G
Benchmarked	G
<b>Agency performance measures rating</b>	<b>G</b>

## ACTION PLAN

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

## Public Education Department

### At-Risk Student Programs

**Prekindergarten.** The Public Education Department (PED) announced funding requests for prekindergarten programs at school sites reached a record high of 7,755 students for FY20, and increase of 1,023 student slots (or 15 percent) from the prior year. The number of full-day program requests is expected to increase by 1,857 student slots (or 58 percent) and drive up costs for prekindergarten programming significantly. At the current reimbursement rate of \$3,206.20 for half-day programs and \$6,412.40 for full-day programs, the estimated cost to cover the projected FY20 request would be \$41.2 million, not including transportation requests from schools or PED administrative costs.

Including the TANF transfer, the 2019 General Appropriation Act (GAA) appropriates \$42.5 million for PED prekindergarten programs, a \$10 million (or 30.7 percent) increase from FY19 funding levels. However, PED's FY20 prekindergarten operating budget includes \$4.5 million for administrative overhead, teacher scholarships, transportation, and coaching – effectively leaving only \$38 million for grants to school sites. PED notes the mandated teacher salary raises in FY20 will increase costs of hiring prekindergarten teachers, particularly for smaller program sites. As such, the department is proposing an increase in the reimbursement rate to \$7,000, which would limit prekindergarten to 7,000 slots statewide (3,087 half-day and 3,913 full-day programs).

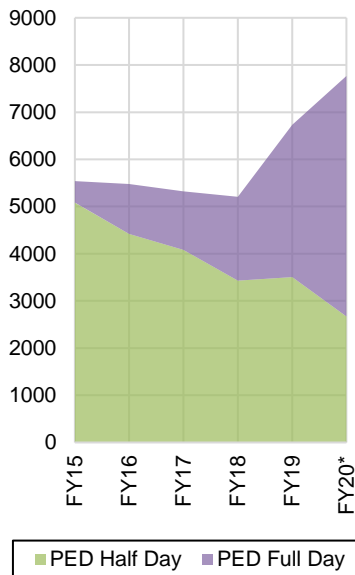
Some school sites that previously combined half-day prekindergarten programs to provide “full-day programs” for only two days a week expressed their intent to apply for full-day programming, prior to the governor’s veto of language in the 2019 GAA that required prekindergarten sites to offer the same number of days each week as their local school. PED indicated that all program sites are providing the required number of programming hours but number of days may vary depending on regional scheduling decisions.

The 2019 GAA also increased funding for prekindergarten slots administered by the Children, Youth and Families Department (CYFD) by \$10 million. Further, Head Start services for four-year-olds has declined, suggesting that growth in PED prekindergarten programs may be crowding out these federal programs in certain areas. CYFD, PED, LFC, LESC, DFA, and other agencies are working together to identify regional programming needs, service capacity, and opportunities to braid multiple revenue streams for prekindergarten.

**K-5 Plus.** According to PED, approximately 23 thousand students in 211 schools will participate in K-5 Plus extended school year programs in FY20. Although this represents an increase of 4,731 students (or 26 percent) from FY19 service levels, participation in the program is still significantly below the service capacity budgeted in the 2019 GAA (about 87.5 thousand students). At the current participation level, an estimated \$88 million of the \$120 million appropriation for K-5 Plus programs will revert to the public education reform fund.

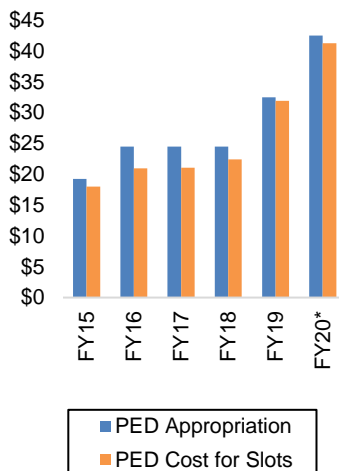
Thirty-eight school districts and three charter schools applied for K-5 Plus programs, with some districts like Jemez Valley, Deming, and Hatch enrolling nearly all elementary school students. Wagon Mound, the smallest district that applied, enrolled

**4-Year-Old  
Prekindergarten Slots**



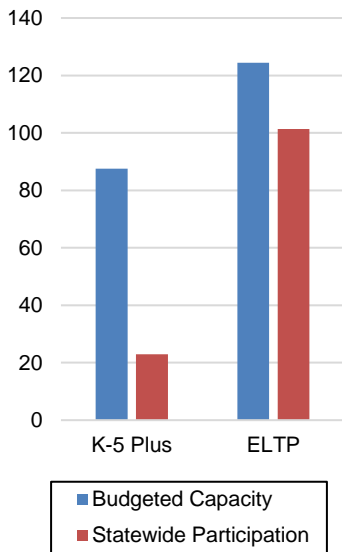
\*Projected requests.  
Source: PED

**4-Year-Old  
Prekindergarten  
Funding and Costs  
(in millions)**



\*Based on projected requests and current reimbursement rates.  
Source: PED

**Estimated K-5 Plus and ELTP Student Participation**  
(in thousands)



Source: PED

**K-5 Plus and ELTP Appropriations and Expenditures**  
(in millions)



Source: PED

24 students, or two-thirds of the district's kindergarten through fifth grade student population. Albuquerque Public Schools, the largest district, enrolled 4,309 students, or 11 percent of the district's kindergarten through fifth grade student population.

**Extended Learning Time Programs.** PED reports over 101 thousand students will participate in new extended learning time programs (ELTP) in FY20. The 2019 GAA included sufficient funding to serve 124 thousand students in ELTPs. As such, about 23 thousand slots will remain open, resulting in an estimated \$11.6 million reversion to the public education reform fund.

Twenty-five school districts and 13 charter schools applied for ELTPs, and 17 districts applied for both K-5 Plus and ELTPs. Most districts applying for ELTP enrolled over half of all students within the district, and PED notes four districts (Deming, Gadsden, Gallup, and Los Lunas) will fully implement ELTPs across the entire district. PED staff note ELTP implementation will differ between schools based on submitted applications. While this variance allows for local innovation, it will also create potential challenges in comparing program impacts across schools statewide.

Participation in K-5 Plus and ELTPs by large districts, like Albuquerque, and micro districts, like Wagon Mound, suggest these programs are compatible in any school district or charter school, regardless of enrollment size. Despite this, many school districts did not apply for either program, suggesting other factors may be discouraging them from participating. Several districts have shown intent to apply for K-5 Plus or ELTPs in FY21 after gaining community buy-in and observing how programs roll out in the first year. PED notes participation in both programs will provide additional learning time for students, extra income for teachers, and more savings for families and communities.

## Department Operations

In the third quarter, PED improved performance on operational processes, such as reimbursement turnaround and audits of funding formula components. The agency reported its highest vacancy rate in FY19 at 9.9 percent, averaging 217 FTE.

**Budget:** \$11,246.6 **FTE:** 240.8

Measures:	FY17 Actual	FY18 Actual	FY19 Target	Q1	Q2	Q3	Rating
Eligible children served in state-funded prekindergarten*	8,572	8,418	N/A	9,974	9,920	9,920	G
Eligible children served in K-3 Plus**	13,778	18,222	N/A	18,222	18,227	18,227	G
Average days to process reimbursements	18	22.8	24	25	37	23	G
Data validation audits of funding formula components	21	28	20	3	3	22	G
<b>Program Rating:</b>	<b>Y</b>	<b>G</b>					<b>G</b>

\*Includes 4-year-old prekindergarten administered by the Children, Youth and Families Department. The FY19 Quarter 2 figure includes 6,732 students in PED prekindergarten and 3,227 students in extended-day programs.

\*\*Represents participation by summer program, not fiscal year (e.g. FY17 is summer 2017). The FY18 Actual and FY19 figures include 2,251 students participating in the K-5 Plus pilot.

## AGENCY PERFORMANCE REPORTING DASHBOARD, FY19

### Public Education Department

Total agency budget: \$11,246.6

Total agency FTE: 240.8

#### Discussion

Although most PED performance measures are consistent and reported in an understandable format, the measures focus primarily on agency processes and compliance-oriented metrics. The department seldom misses output targets and does not submit corrective action plans. The agency may want to consider revising current performance measures to evaluate agency initiatives (e.g. student health outcomes at school-based health centers, staff retention rates associated with principal mentorship programming, science proficiency rates tied to PED-led professional development, etc.). Additionally, the department should link initiatives to overall strategic objectives that support improvement of performance for public school support and track progress of goal achievement.

Each key agency quarterly report should include the following standard items:	Rating
Agency mission statement	R
Summary of key strategic plan initiatives	Y
Program description, purpose and budget by source of funds	R
How the program links to key agency initiatives, objectives, and key performance measures	R
Key performance measure statement	G
Data source to measure key measure results	Y
Four years of historical data (if available)	G
Current quarter data (both qualitative and quantitative)	G
Explanation for measures 10 percent or more below target	Y
Proposed corrective action plan for performance failing to meet target	R
Action plan describing responsibilities and associated due dates	Y
Corrective action plan for action plan items not completed	R
<b>Agency quarterly report rating</b>	Y
<b>Agency performance measures should align with agency mission and vision, and be:</b>	
Useful and results-oriented	Y
Clear and accessible	Y
Responsive	Y
Valid and reliable	G
Comparable and relevant	Y
Benchmarked	Y
<b>Agency performance measures rating</b>	Y

## AGENCY PERFORMANCE REPORTING DASHBOARD, FY19

### Public School Support

Total agency budget: \$3,171,731.9

Total agency FTE: N/A

#### Discussion

Performance measures align with the agency's overall mission (e.g. proficiency rates, graduation rates); however, most measures are explanatory and only reported annually. The Public Education Department (PED) may want to consider improving the frequency of data collection for annual measures (e.g. using an interim assessment to collect semi-annual academic data) or adding measures that are measurable on a quarterly basis (e.g. teacher vacancy rate, number of student infractions, etc.). PED's quarterly report could include information on New Mexico's federal Every Student Succeeds Act plan to support low-performing schools, which is aligned to many key performance measures required by the state. The agency may want to update performance measures on school grades and teacher evaluation ratings to reflect new classifications (i.e. from school grades to school designations).

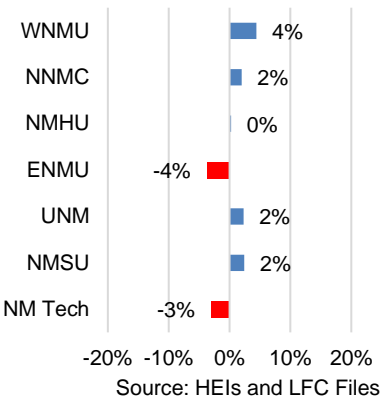
Each key agency quarterly report should include the following standard items:	Rating
Agency mission statement	R
Summary of key strategic plan initiatives	R
Program description, purpose and budget by source of funds	R
How the program links to key agency initiatives, objectives, and key performance measures	R
Key performance measure statement	G
Data source to measure key measure results	G
Four years of historical data (if available)	G
Current quarter data (both qualitative and quantitative)	R
Explanation for measures 10 percent or more below target	R
Proposed corrective action plan for performance failing to meet target	R
Action plan describing responsibilities and associated due dates	R
Corrective action plan for action plan items not completed	R
<b>Agency quarterly report rating</b>	<b>R</b>
<b>Agency performance measures should align with agency mission and vision, and be:</b>	
Useful and results-oriented	G
Clear and accessible	Y
Responsive	G
Valid and reliable	G
Comparable and relevant	G
Benchmarked	Y
<b>Agency performance measures rating</b>	<b>G</b>



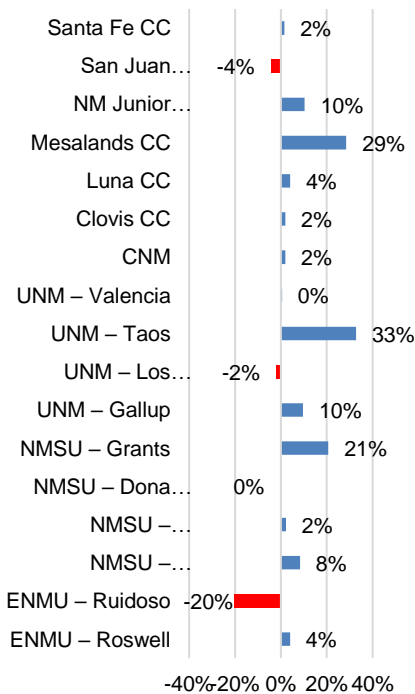
## ACTION PLAN

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

### 2nd Semester Retention at Four-year Universities Year-over-Year change



### 3rd Semester Retention at Two-year Colleges: Year-over-Year change



## Higher Education Institutions: Retention Rate

Imagine running a billion-dollar company with two-year old data. Analogous to this is performance management for higher education, which is hindered by the lack of data availability in real time. Each year, the Legislature invests in programs aimed at improving student outcomes, then must wait a year or more for the data to catch up to inform those decisions.

Persistent data lags confound managing for performance at New Mexico's institutions of higher education. Compounding the problem of stale data is reporting consistency within the higher education sector. The four-year universities and the two-year colleges do not report the same information at the same time.

The data exists; it is being collected on a real-time basis at institutions. Every semester, colleges and universities gather tremendous amounts of data on students: the number of students enrolled, the number of classes a student completes, a student's academic performance in those classes, a student's success in progressing through their degree plan as examples. Equally important, institutions possess data on the number of students who leave school, but only anecdotally know where the students go. System wide, institutions have not formalized data reporting on retention.

Working with the colleges and universities, LFC staff are leading an effort to restructure data reporting and data submission to ensure colleges and universities report the same data at the same time. More importantly, the effort will seek to use existing real-time data to inform decision-making by publishing meaningful data routinely.

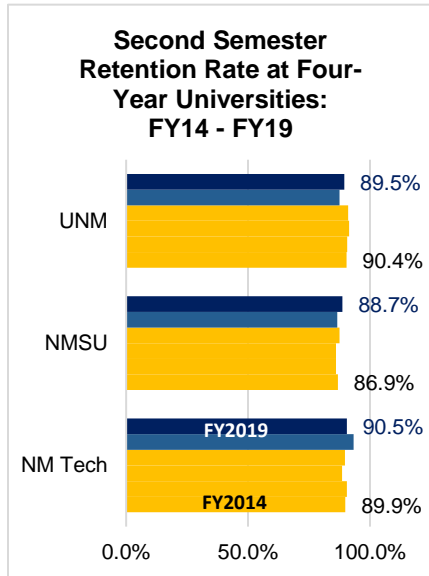
### Second Semester Retention Rates at Universities

For the spring data submissions, four-year universities provide one data point – second semester retention rate – for quarterly reporting. Second-semester retention quantifies the number of full-time freshman who enroll in the following semester, and by deduction, the number of freshman who do not persist.

The data captured – as students' progress in their postsecondary studies – are important metrics to inform college administrators on the effectiveness of their institutional management, and in particular, their support of students at a crucial time in a student's academic career. Students abandoning their studies prior to completion of a degree program is wastefully expensive for the students and for the state. Arguably, the state is the largest payer of tuition within the higher education system, paying as much as 50 percent of the cost of tuition for students. Students who do not persist are a lost opportunity, or negative externality, to higher education initiatives to increase the number of adults with postsecondary credentials.

A focus on strategies for improving retention rates among all institutions is the desired outcome from this data. Colleges and universities in New Mexico – relative to their regional and national peers – have set targets, in many cases, below national benchmarks. The LFC quarterly report assesses performance, based on the year-over-year results compared against targets.

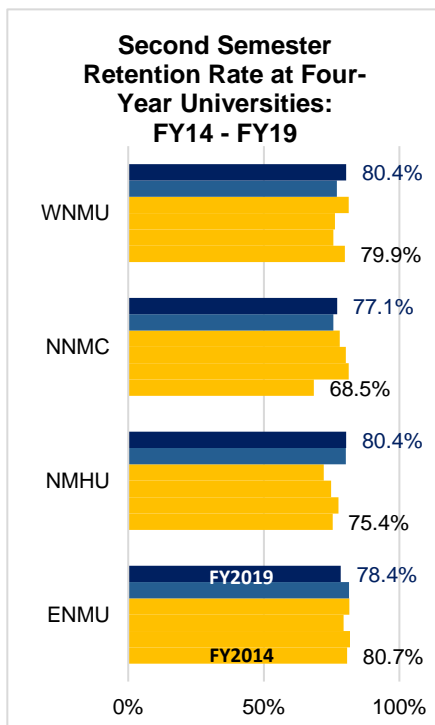




**Four-Year Research Universities.** Generally, selective admissions of higher aptitude students reflect higher retention rates at a university. Naturally then, the research universities have retention rates higher than the open-admission universities and the two-year colleges. Research universities, on a national level, attain a 96.1 percent second-semester retention rate, a trend that has been improving for the past five years. New Mexico research universities are also improving. Their retention rates, however, still lag their peers.

NMSU has shown the greatest improvement, reflecting the impact of institutional restructuring efforts. NMSU implemented training for faculty to provide early alerts to advisors about struggling students and provides additional supports for at-risk students. New Mexico Tech reported improved retention of students over its target, but, its year-to-year performance declined compared with the prior years' performance, an exceptional year. UNM, on the other hand, has experienced a decreasing retention rate, but last year, reversed this trend, employing a concerted effort to early identify struggling students and provide sufficient support.

Measure: First-time, Full-Time Freshman Fall-to-Spring Retention	Fall 2016 to Spring 2017 Actual	Fall 2017 to Spring 2018 Actual	Fall 2018 to Spring 2019 Target	Fall 2018 to Spring 2019 Actual	Rating
New Mexico Institute of Mining & Tech	89.7%	93.3%	90%*	90.5%	Y
New Mexico State University	87.5%	86.6%	88.2%	88.7%	G
University of New Mexico	91%	87.5%	90%	89.5%	Y
Program Rating	Y				Y
*NM Tech has revised its target recently.					



**Four-Year Comprehensive Universities.** Four-year comprehensive institutions demonstrated mixed results. Nationally, 81.1 percent of freshman continue after the second semester at open-admissions universities. Both WNMU and Northern New Mexico College outperformed in this sector. New Mexico Highlands University saw improvement from the prior year almost hitting its target. Yet, the NMHU target was lower than the national average.

The results at ENMU are worsening, with a year-over-year reduction of 4 percent. Like most universities in New Mexico, ENMU's full-time freshman class has declined, and the number of students leaving is a smaller quantity than prior years. For instance, ENMU enrolled 425 freshmen in 2010, of which 75 left the school, an 82.4 percent retention rate. This year, the retention rate is 78.4 percent, equating to 48 students leaving.

Measure: First-time, Full-Time Freshman Fall-to-Spring Retention	Fall 2016 to Spring 2017 Actual	Fall 2017 to Spring 2018 Actual	Fall 2018 to Spring 2019 Target	Fall 2018 to Spring 2019 Actual	Rating
Eastern NM University	81.5%	81.4%	84%	78.4%	R
Western NM University	81.8%	80.2%	81.5%	80.4%	Y
NM Highlands University	72.1%	75.6%	78%*	77.1%	Y
Northern NM College	78%	77%	80%	80.4%	G
Program Rating	Y	Y			Y
*reflect targets for performance set low compared to peers and national benchmarks					

### Third Semester Retention Rates at Community Colleges

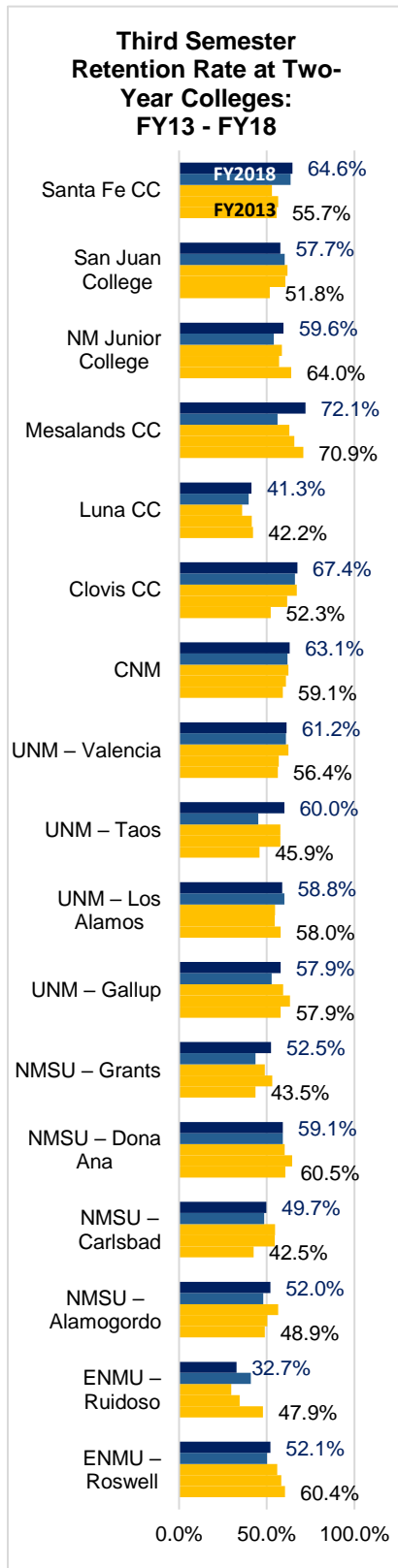
As mentioned previously, two-year colleges do not report second semester retention at the same schedule as the four-year universities, and instead, report third-semester data for this quarterly report. The data lag is not useful for evaluating effective strategies in play at these institutions. An additional data constraint at two-year colleges is the reliance on first-time, full-time students. Student populations at community colleges have a higher percentage of part-time and nontraditional students than universities. As a result, the retention rates reported below fail to address the efforts to retain the majority of students attending community colleges throughout the state.

**Retention Rates at Branch Campuses.** Community colleges continue to experience significant variance in fall-to-fall retention rates, with only six colleges exceeding the national benchmark, 60 percent. The UNM branch campuses outperformed their peer branch campuses with all exceeding their targets. Only UNM – Los Alamos underperformed its prior-year performance.

An interesting observation is the performance grouping of colleges in close geographic proximity to one another. Geographically, the four branch campuses in southeastern New Mexico set low targets, resulting in weak ratings. The schools exceeded their low targets. These branch campuses may be experiencing substantial enrollment and retention impacts from the vibrant economy in the region.

Measure: First-time, Full-Time Freshman Fall-to-Fall Retention	Fall 2015 to Fall 2016 Actual	Fall 2016 to Fall 2017 Actual	Fall 2017 to Fall 2018 Target	Fall 2017 to Fall 2018 Actual	Rating
ENMU - Roswell	55.9%	50.1%	54%	52.1%	Y
ENMU - Ruidoso	29.7%	41%	43.5%*	32.7%	R
NMSU - Alamogordo	56.5%	48%	50%*	52%	Y
NMSU - Carlsbad	56.5%	48.6%	48%*	49.7%	Y
NMSU - Dona Ana CC	54.7%	59.2%	62.0%	59.1%	Y
NMSU - Grants	60.3%	43.5%	52%	52.5%	Y
UNM - Gallup	48.9%	52.8%	57.5%	57.9%	Y
UNM - Los Alamos	59.4%	60%	56.0%	58.8%	Y
UNM - Taos	54.7%	45.2%	49.5%*	60%	Y
UNM - Valencia	57.7%	60.9%	55%	61.2%	Y
Central NM Community College	62.3%	61.9%	63.3%	63.1%	Y
Clovis Community College	62.3%	66.1%	70%	67.4%	Y
Luna Community College	67.2%	39.7%	60%	41.3%	R
Mesalands Community College	35.9%	56.1%	65%	72.1%	G
New Mexico Junior College	62.9%	54%	65%	59.6%	Y
San Juan College	58.7%	60.3%	60%	57.7%	Y
Santa Fe Community College	61.9%	63.6%	58.7%	64.6%	G
Program Rating	R	Y			Y
*reflect targets for performance set low compared to peers and national benchmarks					

**Retention Rates at Independent Community Colleges.** With one exception, the Independent Community Colleges outperformed the two-year branch campuses by a wide margin. While most of the independent colleges exceeded the national benchmark, the career and technical education (CTE) pathways may be different enough to warrant assessing these schools against a CTE national benchmark in the future.



#### Student Retention: Best Practices at Colleges and Universities

ACT has conducted four major studies of student retention to examine the challenges students overcome to complete their degrees. The principles of its original study, in 1980, remain relevant: students seek out academic stimulation, requiring assistance during the journey; students seek continual guidance on identifying a degree path to align with future employment opportunities or interests; and students value experiential learning opportunities for their educational and social value.

Several institutions have developed programs that serve as best practices for engaging students and improving retention through degree completion. Examples include:

- seamless student service support with attentive and timely communication with students;
- rewarding faculty for more active academic advising and student performance tracking;
- cohort programming such as special freshman orientation events or learning communities;
- use of early warning systems or predictive analytics;
- real-time redesign of general education courses with high fail rates.

Georgia State University, a four-year research university based in Atlanta, has become the model for using real-time data to improve student success. Every day, student and academic advisers track more than 800 risk factors to assess student performance: class withdrawals, test performance, financial stress, etc. If the advisers see reason to be concerned about a student, the University jumps into action – a meaningful engagement with a struggling student – within 48 hours. Using data in real time, Georgia State has improved its graduation rate from 32 percent to 58 percent.

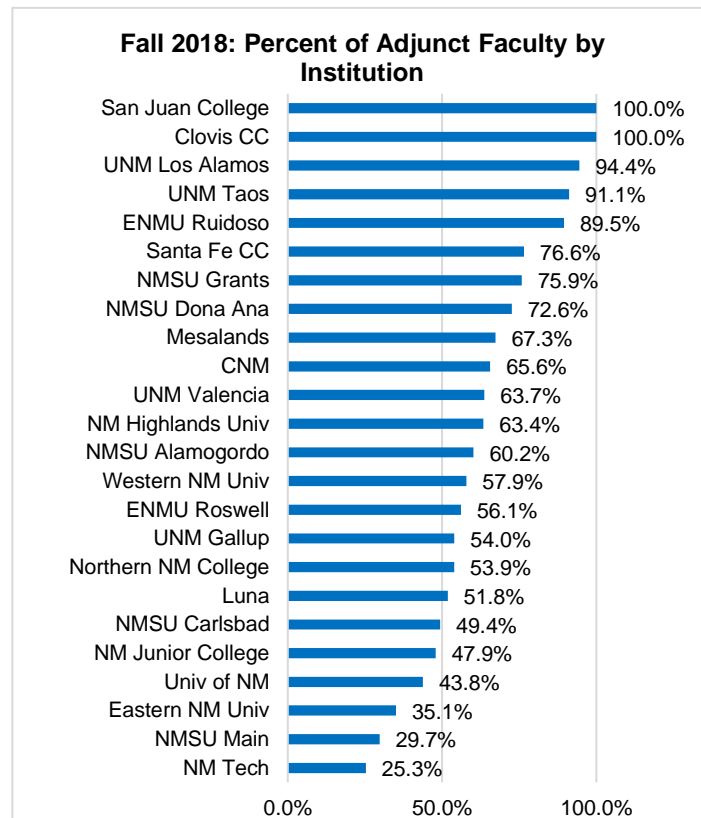
New Mexico colleges and universities are beginning to adopt similar methodologies for using more current data or using predictive analytics to inform decision making. Both UNM and NMSU have implemented performance management structures to take advantage of their data capture, rather than simply using data to comply with federal reporting requirements.

The historical data show volatility for certain institutions, which may point to underlying problems with the support systems for students. These small colleges are highly sensitive to small changes in student enrollment and retention because of small student cohorts being measured. Small student cohorts also impact branch campuses, such as ENMU-Ruidoso, NMSU Grants, and NMSU-Alamogordo. Mesalands and Luna Community College exhibit substantial decreases or increases from year-to-year for this reason.

#### Adjunct Faculty Data and Student-Faculty Ratios

Nationally, the number of faculty has grown by 49 percent from 2000 to 2017. Part-time faculty doubled compared with full-time faculty. The use of adjunct faculty, either part-time or full-time, is predominant throughout New Mexico institutions, where many of the two-year colleges rely more heavily on adjuncts. Although, anomalies do exist: more than 50 percent of faculty at three of the comprehensive universities in New Mexico are adjuncts and conversely, an equal number of two-year colleges rely more heavily on full-time tenured faculty.

Research correlates student success with quality and consistency of instruction. Over-reliance on part-time instructors, who may change from year-to-year and who may spend less time with students, could adversely affect student performance, leading to lower retention rates. Some experts also say that students who take more courses from adjunct faculty members are less likely to graduate or transfer, while research shows that there are positive educational outcomes from taking courses from full-time professors, including higher grades and stronger retention.



## Higher Education Institutions

**Total agency budget: \$838 million**  
**Total agency FTE: N/A**

### Discussion

The quarterly performance measures for higher education institutions include only two outcome measures. In general, the institutions provide very limited performance reporting on \$130 million spent on RPSPs, and do not share any of this information in their quarterly reports. The alignment between the coordinating entity (HED) and the institutions is not strong.

The state has a tremendous need for accountability from higher education institutions on productivity, quality, and progress towards closing the achievement gap. There are fewer NM students attending NM institutions, but state and local support and tuition continue to rise. The perceived lack of educational quality contributes to brain drain, and the schools lack the ability to measure, track, or recruit our best and brightest. UNM HSC provides very limited data on educational outcomes in the medical school.

Each key agency quarterly report should include the following standard items:	Rating
Agency mission statement	Y
Summary of key strategic plan initiatives	Y
Program description, purpose and budget by source of funds	R
How the program links to key agency initiatives, objectives, and key performance measures	R
Key performance measure statement	Y
Data source to measure key measure results	Y
Four years of historical data (if available)	Y
Current quarter data (both qualitative and quantitative)	R
Explanation for measures 10 percent or more below target	R
Proposed corrective action plan for performance failing to meet target	Y
Action plan describing responsibilities and associated due dates	R
Corrective action plan for action plan items not completed	R
<b>Agency quarterly report rating</b>	Y
<b>Agency performance measures should align with agency mission and vision, and be:</b>	
Useful and results-oriented	Y
Clear and accessible	Y
Responsive	R
Valid and reliable	R
Comparable and relevant	Y
Benchmarked	Y
<b>Agency performance measures rating</b>	Y

## Higher Education Department

**Total agency budget: \$38.4 million**

**Total agency FTE: 52**

### Discussion

The department's outcome measures do not align with outcome measures for college and universities. As a rulemaking and coordinating entity, HED should be focused on statewide efforts to get college degrees in the hands of New Mexicans, assessing and reporting the impact. New measures could cover items such as dual credit effectiveness, courses accrued at completion, dual credit courses transferred in for college degree, enrollment pipeline and effectiveness of middle & high school programs to improve postsecondary matriculation, 2-year college transfer rate, and the achievement gap. Expanding beyond only two programs may be useful. HED is a small agency, but its oversight scope is tremendous.

Each key agency quarterly report should include the following standard items:	Rating
Agency mission statement	Y
Summary of key strategic plan initiatives:	R
Program description, purpose and budget by source of funds:	Y
How the program links to key agency initiatives, objectives, and key performance measures	R
Key performance measure statement	Y
Data source to measure key measure results	Y
Four years of historical data (if available)	Y
Current quarter data (both qualitative and quantitative)	R
Explanation for measures 10 percent or more below target	R
Proposed corrective action plan for performance failing to meet target	Y
Action plan describing responsibilities and associated due dates	R
Corrective action plan for action plan items not completed	R
<b>Agency quarterly report rating</b>	Y
<b>Agency performance measures should align with agency mission and vision, and be:</b>	
Useful and results-oriented	Y
Clear and accessible	G
Responsive	R
Valid and reliable	R
Comparable and relevant	Y
Benchmarked	Y
<b>Agency performance measures rating</b>	Y

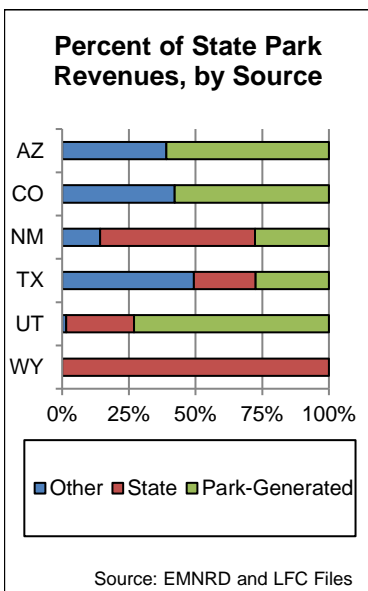
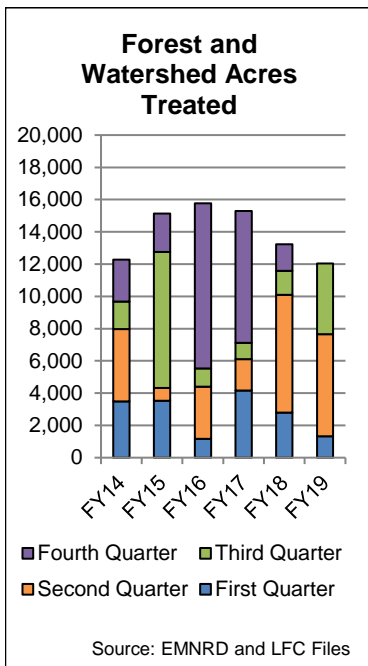


## PERFORMANCE REPORT CARD

Energy, Minerals and Natural Resources Department  
Third Quarter, Fiscal Year 2019

### ACTION PLAN

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



### Energy, Minerals and Natural Resources Department

Based on reported third quarter data, the Forestry Division expects to fall short of its targets for both firefighters trained and forest and watershed acres treated. The Oil Conservation Division (OCD) continued its high pace of approving drilling permits. However, the number of violations issued is not on track to reach FY18 levels, partly because of prioritizing drilling permits over inspections due to resource limitations. Additionally, five of OCD's nine field inspector positions are currently vacant. This session, the governor signed a bill to allow OCD to assess industry fees, as other states are doing, to help cover the cost of its operations. EMNRD reports that the area around the Carlsbad brine well is being secured for the grouting process to begin.

EMNRD should consider adding key measures in the Renewable Energy and Energy Efficiency Program to reflect the current administration's priority focus on this area and the goals of the capital appropriation made in FY20.

#### Healthy Forests

Forest thinning and watershed restoration efforts fell slightly this quarter, partly due to inclement weather. Due to a lack of FY18 funds for capital projects and FY19 funding projects still being established, the program may not meet the target for this measure by fiscal-year-end. During FY18, the division treated over 13 thousand acres of overgrown forests to increase resilience to fire, drought, insects, and disease. However, this is only a portion of forest area in need of treatment. For FY20, the Legislature appropriated \$2 million annually to a new forest land protection revolving fund to administer forest and watershed management projects. Although the number of firefighters trained is at 91 percent of the target, the agency has only a few trainings scheduled for the fourth quarter and expects the FY19 total to fall short of the annual goal.

**Budget:** \$13,458.7 FTE: 78

Measure	FY17 Actual	FY18 Actual	FY19 Target	Q1	Q2	Q3	Rating
Nonfederal wildland firefighters provided training.	1,362	1,205	1,500	59	295	1,365	Y
Acres treated in New Mexico's forest and watersheds	15,292	13,226	15,500	1,328	6,332	4,371	Y
<b>Program Rating</b>							Y

#### State Parks

State Park program fees for entry, camping, and facilities are some of the lowest in the country and most visitation to state parks occurs in the first and fourth quarters of the fiscal year. Third quarter visitations are typically the lowest of the year due to holidays and winter weather. With high levels of precipitation leading to rising reservoirs, State Parks can expect high levels of visitation this summer.

**Budget:** \$26,722 FTE: 234.5

Measure	FY17 Actual	FY18 Actual	FY19 Target	Q1	Q2	Q3	Rating
Visitors to state parks, in millions*	4.93	4.71	N/A	1.6	0.6	0.5	Y
Self-generated revenue per visitor, in dollars*	0.88	1.06	N/A	0.86	1.13	1.18	Y

# PERFORMANCE REPORT CARD

## Energy, Minerals and Natural Resources Department

### Third Quarter, Fiscal Year 2019

Interpretative programs available to park visitors\* 1,053 860 N/A 183 135 166

Y

#### Program Rating

Y

\*Measures are classified as explanatory and do not have targets. Ratings are based on comparison with past year performance.

The Wall Street Journal reports 3 percent of natural gas extracted is flared in the Permian Basin. New Mexico flares between 50 and 100 million cubic feet per day. The Governmental Accountability Office reports 40 percent of gas lost through venting and flaring on public lands could be economically captured.

## Mine Reclamation

There is only one mine without enough financial assurance in place to cover reclamation costs, if needed – the Asarco Deming mill. The program has been working with the new owner to put up collateral for the project.

**Budget:** \$8,157 **FTE:** 33

Measure	FY17 Actual	FY18 Actual	FY19 Target	Q1	Q2	Q3	Rating
Permitted mines with approved reclamation plans and adequate financial assurance posted to cover the cost of reclamation	98%	99%	98%	99%	99%	99%	G
<b>Program Rating</b>							G

## Oil and Gas Conservation

In FY18, the division was unable to meet the goal of 47 thousand inspections due to inspector vacancies. The target was lowered to 40 thousand for FY19, and inspections have decreased each quarter. To meet the target, the program would need to increase inspections by 63 percent next quarter. The division continues to process most approved drilling permits within 10 business days. The number of orphan wells plugged by the third quarter is also on track to meet a lower target; for FY20, the agency requested a flat target of 27 wells, despite plugging 41 in FY18. As of the third quarter, the program has issued 1,144 violations, which is 55 percent of what was issued in FY18 despite increased oil and gas production activity.

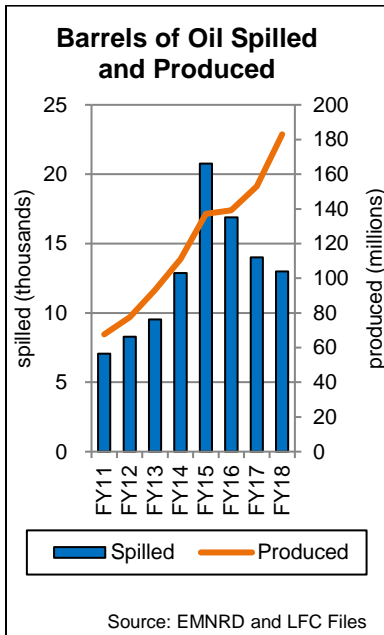
**Budget:** \$8,001 **FTE:** 66

Measure	FY17 Actual	FY18 Actual	FY19 Target	Q1	Q2	Q3	Rating
Inspection of oil and gas wells and associated facilities	37,648	42,800	40,000	9,709	7,900	6,004	R
Application to drill permits approved within 10 business days	96%	99.8%	85%	99.7%	94.3%	96.5%	G
Abandoned oil and gas wells properly plugged	33	41	27	16	3	0	Y
Violations issued*	NEW	2,081	N/A	284	351	509	Y
<b>Program Rating</b>							G

\*Measure is classified as explanatory and does not have a target. Rating is based on comparison with past year performance.

## Renewable Energy and Energy Efficiency

The agency reported that it reviewed 90 percent of applications for clean energy tax credits within 30 days. Annually, the agency reports on waste-isolation-pilot-plant emergency responder and shipment inspection trainings and exercises; during FY18, it exceeded the target with 79. In FY20, the program will report on technical assistance provided to clean energy projects. Expanding the measures in this program will be key





## PERFORMANCE REPORT CARD

Energy, Minerals and Natural Resources Department  
Third Quarter, Fiscal Year 2019

to monitoring progress towards the new administration's renewable energy goals and the Legislature's investments in this area.

**Budget:** \$2,565.0 **FTE:** 14

Measure	FY17 Actual	FY18 Actual	FY19 Target	Q1	Q2	Q3	Rating
Applications for clean energy tax credits reviewed within 30 days	90%	90%	90%	90%	90%	90%	G
<b>Program Rating</b>							G

## AGENCY PERFORMANCE REPORTING DASHBOARD, FY19





















### Energy, Minerals, and Natural Resources Department

**Total agency budget: \$63,759.3**

**Total agency FTE: 475.5**

#### Discussion

EMNRD reports key measures and provides some narrative on most measures, including projections for how results may vary based on the time of year. However, many important elements are missing from the quarterly reports. Providing a mission statement, strategic goals and initiatives, links between performance measures and strategic goals and objectives, and historical performance data would clarify the usefulness of reported measures and more adequately indicate progress on the agency's key goals. LFC recommends additional measures to better reflect progress towards the agency's mission and strategic goals. Existing measures do not cover energy savings audits, the cost of forest and watershed treatment, unplugged abandoned wells, methane venting and flaring, or miles of Rio Grande trail established.

Each key agency quarterly report should include the following standard items:	Rating
Agency mission statement	
Summary of key strategic plan initiatives	
Program description, purpose and budget by source of funds	
How the program links to key agency initiatives, objectives, and key performance measures	
Key performance measure statement	
Data source to measure key measure results	
Four years of historical data (if available)	
Current quarter data (both qualitative and quantitative)	
Explanation for measures 10 percent or more below target	
Proposed corrective action plan for performance failing to meet target	
Action plan describing responsibilities and associated due dates	
Corrective action plan for action plan items not completed	
<b>Agency quarterly report rating</b>	
<b>Agency performance measures should align with agency mission and vision, and be:</b>	
Useful and results-oriented	
Clear and accessible	
Responsive	
Valid and reliable	
Comparable and relevant	
Benchmarked	
<b>Agency performance measures rating</b>	

## ACTION PLAN

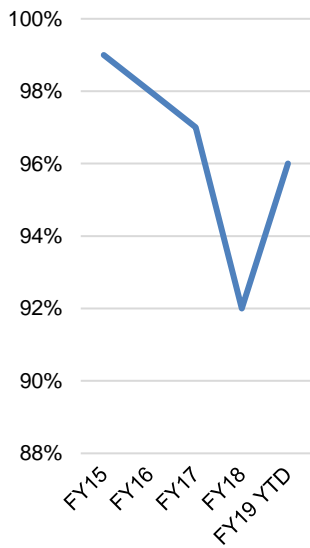
Submitted by agency?	No
Timeline assigned?	No
Responsibility assigned?	No

## Department of Environment

The New Mexico Environment Department (NMED) met several targets in the third quarter despite a significant vacancy rate that affects performance in the Water Protection and Resource Protection programs. The agency's greatest challenge in filling vacant positions is salary competitiveness with the private sector for science, engineering, technology, and math (STEM) related jobs. The impact of this can be seen in NMED's performance on inspection related measures. In other instances, the agency received a yellow rating because targets were not increased after performance exceeded targets in prior years. NMED's overall performance is difficult to assess because nearly half of the measures are classified as explanatory and do not have a target to measure progress against. NMED has committed to collaborating with LFC staff on improving key measures to provide data more representative of program performance.

The agency received FY20 special appropriations of \$2 million to support the state's ongoing environmental litigation associated with the Gold King mine spill that occurred in 2015. NMED also received \$1.2 million to match federal funds for the management and cleanup of a number of Superfund sites across the state.

**Percent of New Mexicans Receiving Water that Meets Health Standards**



Source: NMED

## Water Protection

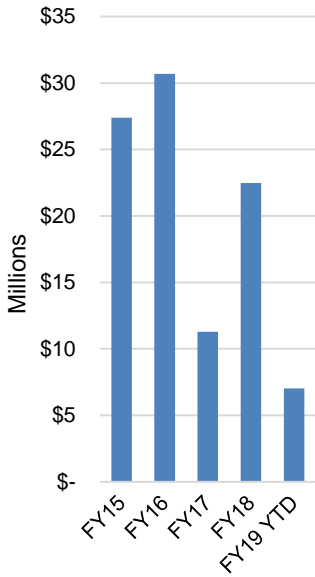
In the third quarter, the program did not meet its target for the percentage of facilities operating under a groundwater discharge permit that were inspected. NMED reports that this is primarily due to a 40 percent vacancy rate in the Pollution Prevention Section of the Ground Water Quality Bureau. Weather was another factor – it is typical for inspections to decrease during the colder months of quarter three. The number of facilities shown to be in compliance with groundwater standards is reported as explanatory data and thus does not have a target. Also of note is the change in the way data for this measure is reported, from percentage to count. This change prevents a meaningful comparison of performance to prior years, and LFC recommends reporting the data as a percentage again.

So far in FY19, the percentage of the population served by community water systems that meet health-based drinking water standards is higher than it was in FY18. According to NMED data, approximately 85.1 thousand people are served by water systems that do not meet these standards. Next quarter, the program will report the annual percentage of assessed stream and river miles that meet water quality standards.

**Budget:** \$23,859.2 **FTE:** 189

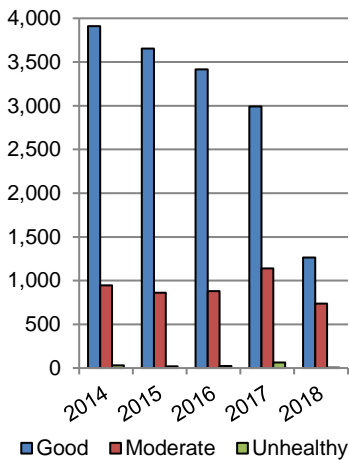
Measure	FY17 Actual	FY18 Actual	FY19 Target	Q1	Q2	Q3	Rating
Facilities operating under a groundwater discharge permit inspected annually	66%	54%	65%	64%	76%	61%	Y
Facilities in compliance with groundwater standards*	63%	71%	N/A	394	392	397	
Population served by community water systems that meet health-based drinking water standards*	97%	92%	N/A	98%	96%	96%	

### CWSRF and Rural Infrastructure Loans



Source: NMED

### Days with Air Quality Index Monitoring (multiple stations)



Source: U.S. Environmental Protection Agency

EPA clean water state revolving loan fund capitalization grant and matching state funds that are for wastewater infrastructure\*

NEW NEW N/A 23% 13% 61%

New loans from the rural infrastructure and clean water revolving funds' programs, in millions, cumulatively\*

\$11.3 \$22.4 N/A \$2.5 \$2.5 \$7.0

#### Program Rating

\*Measures are classified as explanatory and do not have targets.

Y

### Resource Protection

For FY19, the program reduced the target for hazardous waste generators inspected from 40 percent to 20 percent despite meeting the higher target in FY18. The FY19 target was reduced to match an approved federal Environmental Protection Agency (EPA) grant work plan. As of the third quarter, the program has met the reduced target. The measure for underground storage tank facility compliance also has a target that is lower than the reported FY18 actuals. The program has exceeded the target but is slightly below reported performance in FY18. These measures were given yellow ratings because FY19 targets were not increased to correspond to FY18 actual data as LFC recommended during the FY19 budget recommendation process.

Budget: \$14,031.2 FTE: 133

Measure	FY17 Actual	FY18 Actual	FY19 Target	Q1	Q2	Q3	Rating
Large quantity hazardous waste generators inspected and in compliance, cumulatively	18%	40%	20%	5.8%	11.6%	20.9%	Y
Underground storage tank facilities compliant with release prevention and release detection requirements	87%	88%	77%	86%	86%	86%	Y
Solid waste facilities and infectious waste generators found in compliance with solid waste rules	98%	94%	95%	100%	96%	94%	G
Landfills compliant with groundwater sampling*	97%	96%	N/A	96%	100%	100%	Y

#### Program Rating

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

Y

### Environmental Protection

Although NMED does not regulate air quality in Bernalillo County, the largest population center, or for tribal lands, the measure is still reported as explanatory data with a target of 100 percent.

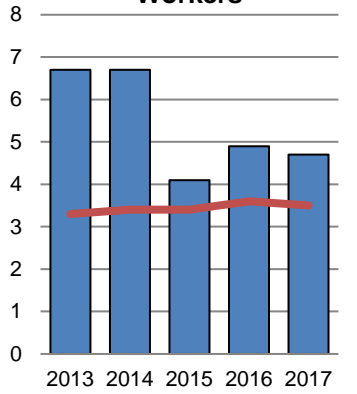
Budget: \$21,907.7 FTE: 238.5

Measure	FY17 Actual	FY18 Actual	FY19 Target	Q1	Q2	Q3	Rating
Priority food-related violations from inspections that are corrected	100%	100%	100%	100%	100%	100%	G
Days with good or moderate air quality index rating	NEW	NEW	100%	67%	100%	96%	G

## PERFORMANCE REPORT CARD

Department of Environment  
Third Quarter, Fiscal Year 2019

### Work Site Fatal Injury Rate Per 100,000 Workers



■ New Mexico ■ US Average

Source: OSHA

Radioactive material licensees and registrants issued a violation that come into compliance

NEW NEW 100% 100% 100% 100%

G

Swimming pools and spas in compliance with state standards

100% 100% 100% 100% 100% 100%

G

**Program Rating**

G

## Department of Environment

**Total agency budget: \$119,200.**  
**Total agency FTE: 635.5**

### Discussion

The Department of Environment does not provide many of the key elements of a performance report, including the agency's mission statement, strategic goals and initiatives, program descriptions, historical performance data, and action plans. Brief descriptions of the performance measures would also be helpful to explain the context and value of each and provide the data source. LFC recommends revising some measures to focus on outcomes more than inputs, and adding some measures that better reflect progress towards the agency's mission and strategic goals. One suggested revision is to track the percent rather than the number of permitted facilities where monitoring results demonstrate compliance with groundwater standards. Potential new measures could cover how many inspections result in violations, the backlog of underground storage tanks in need of cleanup, occupational deaths, and reported instances of foodborne illness.

Each key agency quarterly report should include the following standard items:	Rating
Agency mission statement	R
Summary of key strategic plan initiatives	R
Program description, purpose and budget by source of funds	R
How the program links to key agency initiatives, objectives, and key performance measures	R
Key performance measure statement	Y
Data source to measure key measure results	R
Four years of historical data (if available)	R
Current quarter data (both qualitative and quantitative)	Y
Explanation for measures 10 percent or more below target	R
Proposed corrective action plan for performance failing to meet target	R
Action plan describing responsibilities and associated due dates	R
Corrective action plan for action plan items not completed	R
<b>Agency quarterly report rating</b>	<b>R</b>
<b>Agency performance measures should align with agency mission and vision, and be:</b>	
Useful and results-oriented	Y
Clear and accessible	Y
Responsive	Y
Valid and reliable	Y
Comparable and relevant	Y
Benchmarked	Y
<b>Agency performance measures rating</b>	<b>Y</b>

## ACTION PLAN

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

## Office of the State Engineer

Equitably apportioning limited water has become increasingly complex, and vacancies constrain the department's progress on some key measures. Ongoing interstate stream conflicts include Texas' claim in the U.S. Supreme Court that pumping from groundwater wells near the Rio Grande has reduced the amount of water delivered to Texas, and the federal government's claim that New Mexico has harmed its ability to deliver water as required under its international treaty with Mexico. Risks for New Mexico from this interstate suit include possible restrictions on water use in New Mexico and the erosion of the state's sovereign authority to manage the state's waters. The Water Resource Allocation Program has backlogs and difficulty meeting some targets due to vacancies and increasing workload.

## Water Resource Allocation

The number of backlogged water rights applications increased this quarter despite efforts to keep the backlog under 500 applications. The program did not meet the target for water rights applications processed per month due to vacancies and a continued increase in the number of complaints of illegal water use during drought. The program seems unlikely to meet its target for transactions abstracted into the water administration resource system, but has recently hired two FTEs and a summer intern to help process transactions. OSE believes this action will allow the program to get back on track in processing transactions. As the agency expected, dam inspections increased in the third quarter after weather caused delays in quarters one and two. The agency is on track to exceed its target by the end of FY19.

**Budget:** \$14,250.5 **FTE:** 182

Measure	FY17 Actual	FY18 Actual	FY19 Target	Q1	Q2	Q3	Rating
Unprotested and unaggravated water right applications backlogged*	416	451	N/A	506	499	519	Y
Unprotested water rights applications processed, per month	36	27	50	30	28	26	R
Transactions abstracted annually into the water administration resource system database	14,566	15,612	20,000	4,689	3,055	5,719	Y
Notices issued to owners of publicly-owned dams notifying them of deficiencies or issues	NEW	NEW	45	6	8	24	G

### Program Rating

\*Measure is classified as explanatory and does not have a target. Rating is based on comparison with past year performance.

Y

## Interstate Stream Commission

New Mexico's cumulative Pecos River Compact credit is positive, because of a credit calculated by the river master related to evaporation from water held for Texas in Brantley Reservoir. Texas objected by filing a motion for review with the U.S. Supreme Court, which will determine the next steps. The accounting of credit water under the Rio Grande Compact is the subject of ongoing litigation. According to OSE, however, New Mexico over-delivered in CY18 and will have an accrued credit in CY19.

## Reservoir Capacity New Mexico Statewide

Reservoir	2017	2018	2019 YTD
Abiquiu Reservoir	12%	10%	6%
Bluewater Lake	21%	15%	30%
Brantley Lake	2%	3%	2%
Caballo Reservoir	21%	14%	9%
Cochiti Lake	10%	10%	11%
Conchas Lake	24%	79%	49%
Costilla Reservoir	74%	78%	33%
Eagle Nest Lake	53%	54%	55%
El Vado Reservoir	68%	43%	16%
Elephant Butte Reservoir	17%	18%	14%
Heron Reservoir	49%	38%	20%
Lake Avalon	43%	65%	58%
Lake Sumner	22%	28%	29%
Navajo Reservoir	84%	72%	66%
Santa Rosa Reservoir	12%	21%	17%

Source: Natural Resources Conservation Service



## PERFORMANCE REPORT CARD

Office of the State Engineer  
Third Quarter, Fiscal Year 2019

The New Mexico unit fund measure tracks total expenses and is reported for the fiscal year in the second quarter. The increase was due to payments to the Bureau of Reclamation for an environmental impact statement related to the Gila River diversion project, and for reimbursements to local governments for non-unit fund water projects. Because the governor vetoed \$1.698 million in FY20 capital funding from the New Mexico unit fund to OSE that would have been used to plan and design a new water supply project in southwestern New Mexico, the future of the Gila River project is uncertain.

<b>Budget:</b> \$13,147.9 <b>FTE:</b> 46							
Measure	FY17 Actual	FY18 Actual	FY19 Target	Q1	Q2	Q3	Rating
Cumulative state-line delivery credit per the Pecos River Compact, in thousand acre feet	137.9	137.9	> 0	109	170.8	170.8	<div>G</div>
Cumulative state-line delivery credit per the Rio Grande Compact, in thousand acre feet	-20.3	-0.7	> 0	-0.7	-0.7	5.4	<div>G</div>
Cumulative New Mexico unit fund expenditures, in millions*	NEW	\$9.02	N/A	Annual	\$14.8	Annual	
<b>Program Rating</b>							<div>G</div>

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

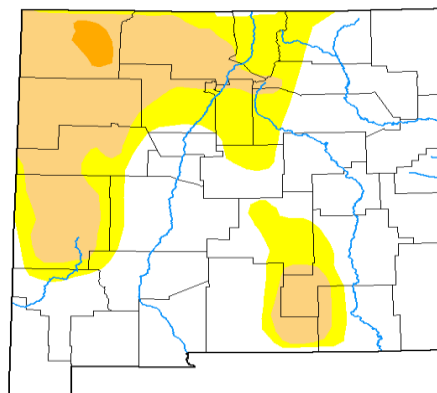
## Litigation and Adjudication

These two measures track progress toward the completion of the adjudication of all water rights in New Mexico. For FY19, to provide more meaningful data on the cumulative effect of adjudications, the program included water rights with judicial determinations in both closed and active adjudications. The program is on track to meet both targets.

<b>Budget:</b> \$7,088.4 <b>FTE:</b> 67							
Measure	FY17 Actual	FY18 Actual	FY19 Target	Q1	Q2	Q3	Rating
Offers to defendants in adjudications	566	300	200	131	78	141	G
Water rights that have judicial determinations	66%	67%	70%	75%	75%	75%	G
<b>Program Rating</b>							G

### U.S. Drought Monitor New Mexico

May 14, 2019  
(Released Thursday, May 16, 2019)  
Valid 8 a.m. EDT



**Intensity:**  
 None  
 D0 Abnormally Dry  
 D1 Moderate Drought  
 D2 Severe Drought  
 D3 Extreme Drought  
 D4 Exceptional Drought

The Drought Monitor focuses on broad-scale conditions. Local conditions may vary. See accompanying text summary for forecast statements.

**Author:**  
Curtis Riganti  
National Drought Mitigation Center



droughtmonitor.unl.edu

## AGENCY PERFORMANCE REPORTING DASHBOARD, FY19





















### Office of the State Engineer

Total agency budget: \$38,881.4

Total agency FTE: 342.0

#### Discussion

OSE's quarterly reports provide a clearly defined mission statement, strategic goals, and descriptions of each program. Key performance measures are reported alongside the strategic goals they support, and the purpose and results of each measure are provided in detail. Some expected report components are missing, including strategic plan initiatives, program budgets, key objectives, data sources for performance results, four years of historical data, and an action plan. LFC recommends additional measures to better reflect progress towards the agency's mission and strategic goals. Potential new measures could monitor dam safety, the Strategic Water Reserve, and water table depletion.

Each key agency quarterly report should include the following standard items:	Rating
Agency mission statement	
Summary of key strategic plan initiatives	
Program description, purpose and budget by source of funds	
How the program links to key agency initiatives, objectives, and key performance measures	
Key performance measure statement	
Data source to measure key measure results	
Four years of historical data (if available)	
Current quarter data (both qualitative and quantitative)	
Explanation for measures 10 percent or more below target	
Proposed corrective action plan for performance failing to meet target	
Action plan describing responsibilities and associated due dates	
Corrective action plan for action plan items not completed	
<b>Agency quarterly report rating</b>	
<b>Agency performance measures should align with agency mission and vision, and be:</b>	
Useful and results-oriented	
Clear and accessible	
Responsive	
Valid and reliable	
Comparable and relevant	
Benchmarked	
<b>Agency performance measures rating</b>	

## ACTION PLAN

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

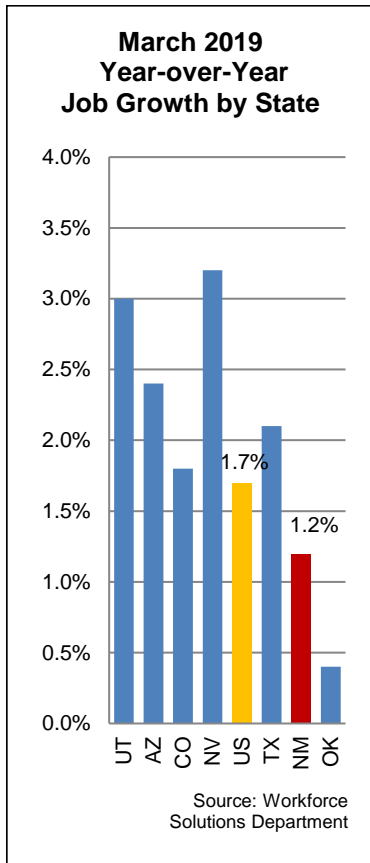
## Economic Development Department

New Mexico's total nonagricultural employment increased by 10,300 jobs, or 1.2 percent, when comparing March 2018 to March 2019. All aggregate gains came from the private sector (up 11,400 jobs, or 1.8 percent). The public sector was down 1,100 jobs, or 0.6 percent.

### Economic Development

The Economic Development Division awarded one company LEDA funds in the third quarter, to Ganymede Games to establish operations in Las Cruces, creating 51 new jobs. EDD awarded Ganymede Games \$250 thousand, and the City of Las Cruces awarded \$100 thousand to support the project. The company is investing \$1.3 million in a building in the downtown MainStreet district. This is one of two companies recruited by the Partnership this quarter. The second is Kane Robotics, which will locate in Albuquerque and create 20 new jobs. EDD created 72 rural jobs in the third quarter. As of May 2019, EDD reported \$3.1 million in other state funds and severance tax bonds is unspent for LEDA projects.

Overall, \$8.9 million in private sector reinvestment in MainStreet was reported for the third quarter. Seven MainStreet communities (Barelas, Downtown Albuquerque, Clovis, Las Vegas, Lovington, Silver City and South Valley) brought in a combined \$58 thousand in private sector grants for projects in these districts. Grants Mainstreet reported the opening of three new businesses that resulted in the creation of seven new jobs. Raton MainStreet reported five new businesses, resulting in 14 new jobs in the district. Downtown Las Cruces reported 10 building rehabilitations, with five new businesses and the creation of 76 new jobs in their district that resulted in a total of \$7.5 million in private sector reinvestments.



**Budget: \$8,798.7 FTE: 25**

Measure	FY17 Actual	FY18 Actual	FY19 Target	Q1	Q2	Q3	Rating
Jobs created due to economic development department efforts	1,729	3,994	4,500	1,025	1,235	464	Y
Rural jobs created	775	2,414	1,500	86	1,020	72	G
Jobs created through business relocations and competitive expansions facilitated by the economic development partnership	115	1,415	2,250	0	346	71	R
Potential recruitment opportunities generated by the New Mexico Partnership marketing and sales activities	63	52	84	14	6	10	Y
Private sector investment in mainstreet districts, in millions	\$28	\$53.9	\$11	\$6.2	\$6.8	\$8.9	G
Private sector dollars leveraged by each dollar through Local Economic Development Act	21:1	36:1	15:1	6:1	52:1	5:1	G
Jobs created through the use of Local Economic Development Act funds	543	2,613	2,200	873	2,139	51	G

# PERFORMANCE REPORT CARD

Economic Development Department  
Third Quarter, Fiscal Year 2019

Workers trained by Job Training Incentive Program 2,009 1,736 2,050 769 190 985

**Program Rating**

G

G

The Job Training Incentive Program (JTIP) board approved 27 businesses in the third quarter, 14 of which were homegrown businesses founded in New Mexico. During the third quarter, 876 new jobs were approved at an average wage of \$15.90 per hour. Of the 27 approved businesses, 10 are located in the rural communities of Berino, Bernalillo County, Church Rock, Clovis, Corrales, Deming, Loving, Roswell, Sunland Park and Taos. Of the 876 new jobs, 648 rural jobs were approved at an average wage of \$12.90 per hour. JTIP began FY19 with \$9 million available and at the end of Q3, \$3 million remains unobligated.

## New Mexico Film Office

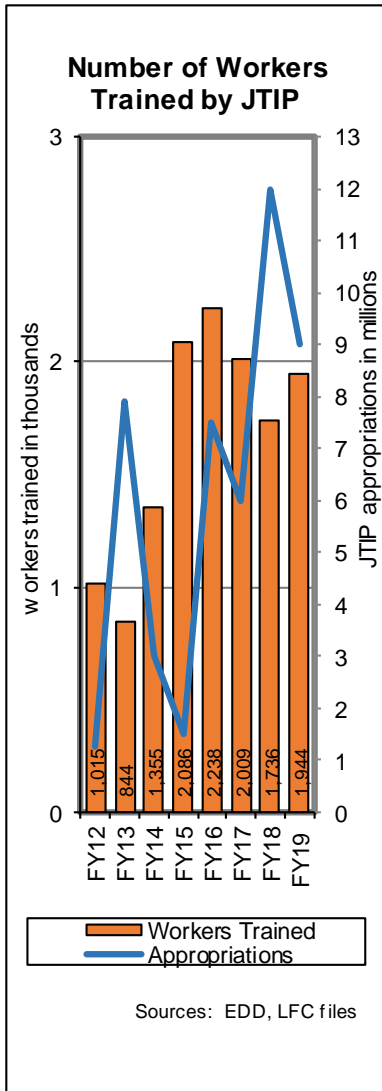
The New Mexico Film Office continues to focus on three main initiatives: recruitment, workforce development, and statewide industry outreach. Both performance measures for the New Mexico Film office are on trend to reach the target for FY19. Direct spending by the film industry was \$88 million for the third quarter, and the number of worker days was 56.6 thousand. Current feature films taking place in New Mexico include Junkyard, Model Citizen, Millennium Bugs, and Mason Bros. Midnight Zombie Massacre.

**Budget:** \$747.1 **FTE:** 8

Measure	FY17 Actual	FY18 Actual	FY19 Target	Q1	Q2	Q3	Rating
Direct spending by film industry productions, in millions	\$505	\$234	\$330	\$112	\$132	\$88	G
Film and media worker days	448,304	259,961	300,000	96,543	87,725	56,655	G

**Program Rating**

G



## AGENCY PERFORMANCE REPORTING DASHBOARD, FY19

### Economic Development Department

Total agency budget: \$13.2 million

Total agency FTE: 50

#### Discussion

The Economic Development Department provides a significant amount of information on many programs in the quarterly report. Many performance measures are linked to key initiatives of the agency, most specifically for LEDA and JTIP, and these performance measures are a vital source of insight into the programs' efficiency. The agency does need to provide action plans and assign responsibilities and due dates associated with those plans, which are not currently provided in the quarterly report.

Each key agency quarterly report should include the following standard items:	Rating
Agency mission statement	
Summary of key strategic plan initiatives	
Program description, purpose and budget by source of funds	
How the program links to key agency initiatives, objectives, and key performance measures	
Key performance measure statement	
Data source to measure key measure results	
Four years of historical data (if available)	
Current quarter data (both qualitative and quantitative)	
Explanation for measures 10 percent or more below target	
Proposed corrective action plan for performance failing to meet target	
Action plan describing responsibilities and associated due dates	
Corrective action plan for action plan items not completed	
<b>Agency quarterly report rating</b>	
<b>Agency performance measures should align with agency mission and vision, and be:</b>	
Useful and results-oriented	
Clear and accessible	
Responsive	
Valid and reliable	
Comparable and relevant	
Benchmarked	
<b>Agency performance measures rating</b>	

## ACTION PLAN

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

## Tourism Department

The Tourism Department met or exceeded targets for one performance measure in the Marketing and Promotion Program and the Program Support Program. However, for the first time in the fiscal year, the department did not reach the target for the *New Mexico Magazine's* advertising revenue. The tourism industry in New Mexico continues to be strong when compared with other industries, and the agency is continuing to focus efforts on local advertising initiatives.

### Marketing and Promotion

For the third quarter of FY19, jobs continued to rise in the leisure and hospitality sector. When comparing March 2019 to March 2018, this sector saw an increase of 3.8 percent. The highest gains came in January, with a nearly 4.5 percent increase year over year. Referrals from partner sites declined in the third quarter, in part due to an ongoing restructuring of the website which has led to some partner sites being temporarily rerouted. In the third quarter, the marketing division debuted the spring/summer advertising campaign in the major out-of-state markets, also known as fly markets, to entice potential visitors to come to New Mexico.

**Budget:** \$10,539.2 **FTE:** 24

Measure	FY17 Actual	FY18 Actual	FY19 Target	Q1	Q2	Q3	Rating
Change in New Mexico leisure and hospitality employment	NEW	3%	3%	5.9%	7.9%	3.8%	<span style="background-color: green; color: white;">G</span>
Dollar amount spent per visit per day	\$80	\$78	\$80	Annual			<span style="background-color: yellow; color: black;">Y</span>
New Mexico's domestic overnight visitor market share	1.1%	1.1%	1.1%	Annual			<span style="background-color: yellow; color: black;">Y</span>
Referrals from newmexico.org to partner websites	NEW	188,921	160,000	32,489	46,875	23,013	<span style="background-color: yellow; color: black;">Y</span>

**Program Rating**

Y

### New Mexico Magazine

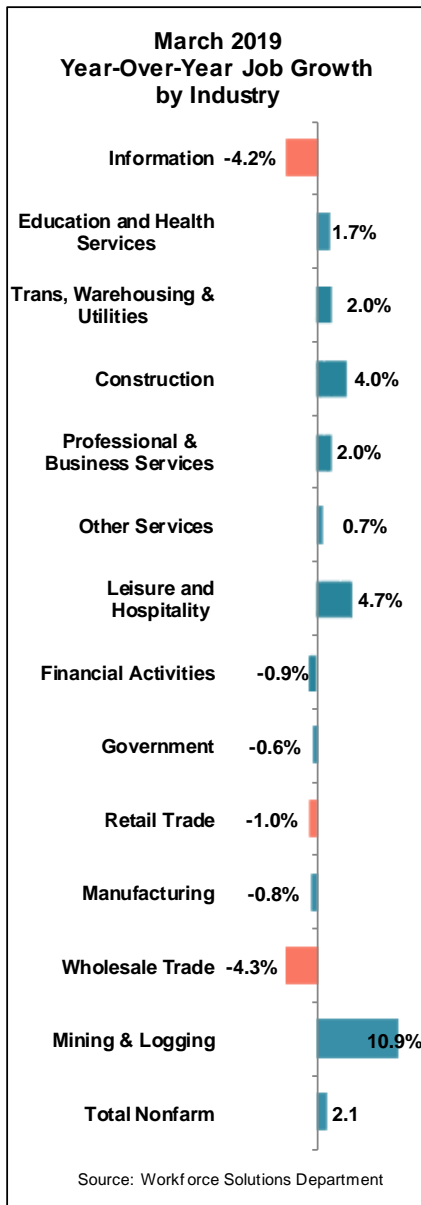
The *New Mexico Magazine* saw a decline in advertising revenue in the third quarter, in part due to the need for two additional salespeople. However, the performance measure is still on track to meet the average target for FY19. The *New Mexico Magazine* has a paid circulation of approximately 70 thousand customers. The magazine's digital engagement reaches more than 200 thousand visitors per month across various platforms.

**Budget:** \$3,179.3 **FTE:** 14

Measure	FY17 Actual	FY18 Actual	FY19 Target	Q1	Q2	Q3	Rating
Advertising revenue per issue, in thousands	\$69	\$81	\$73	\$79	\$75	\$60	<span style="background-color: green; color: white;">G</span>

**Program Rating**

G



### Program Support and Tourism Development Program

Approximately 78 percent of the department's \$18 million operating budget was appropriated for advertising and marketing. The Tourism Development Program provides tourism support for communities, regions, and other entities around the state by providing training, litter prevention, cultural heritage outreach, and financial support in the form of competitive grants. The agency only provides annual data for the number of communities that have been assisted in the co-op marketing grant program, causing a yellow rating for the third quarter.

#### Program Support

<b>Budget:</b> \$1,074.1 <b>FTE:</b> 11							
Measure	FY17 Actual	FY18 Actual	FY19 Target	Q1	Q2	Q3	Rating
Operating budget spent on advertising	78%	78%	72%	78%	78%	78%	<b>G</b>
<b>Program Rating</b>							<b>G</b>

#### Tourism Development

<b>Budget:</b> \$2,262.6 <b>FTE:</b> 5							
Measure	FY17 Actual	FY18 Actual	FY19 Target	Q1	Q2	Q3	Rating
Combined advertising spending of communities and entities using the Tourism Department's current approved brand, in thousands	\$2,000	\$1,464	\$2,200	Annual			<b>Y</b>
<b>Program Rating</b>							<b>Y</b>



## AGENCY PERFORMANCE REPORTING DASHBOARD, FY19

















### Tourism Department

Total agency budget: \$16.6 million

Total agency FTE: 55

#### Discussion

The Tourism Department is not a key agency, however it provides quarterly data for insight on the large initiatives of the department, such as marketing and advertising. The department has a few measures that rely on annual data, where receiving quarterly data is not possible, which makes it challenging to understand agency performance throughout the year. The department should consider collecting data from a new source that is able to report more frequently. The department also has a few successful measures that rely on very accessible data, specifically for the co-op advertising program and magazine advertising revenue.

Each key agency quarterly report should include the following standard items:	Rating
Agency mission statement	
Summary of key strategic plan initiatives	
Program description, purpose and budget by source of funds	
How the program links to key agency initiatives, objectives, and key performance measures	
Key performance measure statement	
Data source to measure key measure results	
Four years of historical data (if available)	
Current quarter data (both qualitative and quantitative)	
Explanation for measures 10 percent or more below target	
Proposed corrective action plan for performance failing to meet target	
Action plan describing responsibilities and associated due dates	
Corrective action plan for action plan items not completed	
<b>Agency quarterly report rating</b>	
<b>Agency performance measures should align with agency mission and vision, and be:</b>	
Useful and results-oriented	
Clear and accessible	
Responsive	
Valid and reliable	
Comparable and relevant	
Benchmarked	
<b>Agency performance measures rating</b>	

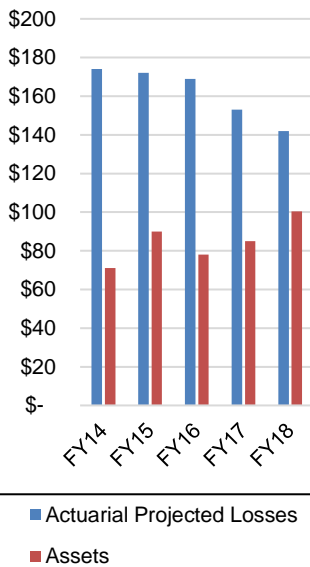
## ACTION PLAN

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

### Vetoed Performance Measures:

1. Square footage per employee, state-owned space;
2. Square footage per employee, leased office facilities.

### Assets vs. Actuarial Projected Losses for Major Risk Funds (in millions)



Source: GSD and LFC Files

A cost-benefit analysis may be helpful to determine if investments in wellness incentives and disease management programs are improving patient outcomes or if there are other cost control or quality improvement reforms that should be explored by the Interagency Benefits Advisory Council (IBAC).

## General Services Department

In the wake of vetos of Legislature-supported performance measures, LFC staff continues working with GSD to improve performance reporting. The lack of high-quality measures is particularly concerning as the state increases investments in capital outlay projects managed by GSD. Additionally, current measures on group health benefits do little to show progress toward cost containment or program financial health.

### Risk Management

The major risk funds have increased their balances significantly despite transfers of \$30 million to the general fund for solvency; the property, liability, and workers compensation funds had a combined balance of \$100 million in FY18, up from \$85 million in FY17. The Risk Management Program has a goal of maintaining a fund balance sufficient to cover 50 percent of liability losses. The public liability fund increased its balance consistently over the past several years.

Budget: \$86,128.5 FTE: 56

Measure	FY17 Actual	FY18 Actual	FY19 Target	Q1	Q2	Q3	Rating
Projected financial position of the public property fund*	468%	697%	N/A	556%	557%	561%	G
Projected financial position of the workers' compensation fund*	43%	54%	N/A	47%	45%	47%	Y
Projected financial position of the public liability fund*	46%	51%	N/A	65%	64%	64%	G

#### Program Rating

G

\*Measures are classified as explanatory and do not have a target. Rating is based on comparison with prior years

### Group Health Benefits

The Group Health Benefits Program reported a 10 percent decline in per member per month healthcare costs but did not attribute the reduction to any particular factor. The program operates the stay well health center which has been designated as the primary care provider for 1,236 employees. Performance reporting should be expanded to determine whether the health center is producing cost savings.

Budget: \$368,563.9 FTE: 0

Measure	FY17 Actual	FY18 Actual	FY19 Target	Q1	Q2	Q3	Rating
State group prescriptions filled with generic drugs	87%	89%	90%	89%	86%	88%	Y
Change in premium	-3%	4%	4%	Annual Measure			
Change in average per member per month total healthcare cost	5%	2%	<7%	2.2%	0.4%	-10%	G
Increase in the number of members designating the Stay Well Health Center as their primary care provider	NEW	NEW	≥3%	-8.5%	4.2%	30.8%	G

#### Program Rating

G

## Facilities Management

### Appropriations to GSD for Building Repair and Maintenance

FY20	\$5,000,000
FY19	\$1,500,000
FY18	\$0
FY17	\$4,000,000
FY16	\$3,500,000
FY15	\$ 0
FY14	\$4,500,000
FY13	\$500,000

Source: LFC Files

The Facilities Management Division (FMD) is responsible for property management for facilities statewide in addition to having authority over lease approval and central planning. Performance measures reported to the Legislature lack critical context around this mission. For example, FMD does not report on space per employee or facility condition. This information is important to planning and assessing capital needs, particularly as the agency will be required to oversee more projects in future years.

All four of the new office space leases approved by GSD met the 215 square foot per FTE space standard set by GSD.

**Budget:** \$13,205.8 **FTE:** 132

Measure	FY17 Actual	FY18 Actual	FY19 Target	Q1	Q2	Q3	Rating
Capital projects completed on schedule	95%	97%	95%	96%	97%	99%	<b>G</b>
Preventive maintenance completed on time	97%	92%	95%	87%	79%	36%	<b>R</b>
New office leases meeting space standards	19%	64%	25%	100%	78%	100%	<b>G</b>

**Program Rating**

**G**

## Gross Square Footage per FTE, 2017

Department	Leased Space under GSD purview	State-owned Space under GSD purview	Total Space Occupied	Total FTE	Total Space Per FTE (target 215)
Aging and Long-Term Services Department	36,545	32,403	68,948	181	382
Department of Environment	116,432	67,822	184,254	668	276
Department of Health	295,262	1,230,263	1,525,525	2,251	636
Department of Public Safety	39,617	408,408	448,025	1,200	373
Energy, Minerals and Natural Resources Department	6,884	77,723	84,607	317	267
Human Services Department	734,969	115,720	850,689	1,923	442
Public Education Department	13,407	61,613	75,020	323	232
Regulation and Licensing Department	20,017	58,473	78,490	190	412
Office of the State Engineer	63,251	89,967	153,218	299	512
Taxation and Revenue Department	207,968	171,526	379,494	1,128	336
Workforce Solutions Department	27,492	153,858	181,350	579	313
Other Agencies	904,094	4,819,965	5,724,059	8,168	700
<b>Total</b>				<b>17,227</b>	<b>438</b>

Source: LFC files and GSD (2017)

## State Purchasing

The department reports that three employees received training as a result of procurement code violations, up from trainings for one employee offered in the third quarter of FY18. Certified procurement officer vacancies increased between quarters two and three with 67 out of 82 executive branch agencies reporting filled CPO positions. The program reports 74 procurements were made, of which 19 were requests for proposals (RFPs).

The department should consider adding additional performance measures to better capture the work of the purchasing program.

**Budget:** \$2,054.5 **FTE:** 24

Measure	FY17 Actual	FY18 Actual	FY19 Target	Q1	Q2	Q3	Rating
Procurement code violators receiving procurement code training, as compared to previous fiscal year	68%	TBD	90%	95%	100%	100%	<span>G</span>
Agencies with certified procurement officers	96%	97%	98%	100%	98%	82%	<span>R</span>
Percent increase in best value procurements, as compared to the previous fiscal year	22%	23%	20%	0%	8%	6%	<span>R</span>
<b>Program Rating</b>							<span>R</span>

## Transportation Services

The program continues to under-utilize its vehicles; of 1,923 vehicles, only 1,214 were operated an average 750 miles per month during FY18.

**Budget:** \$8,740 **FTE:** 33

Measure	FY17 Actual	FY18 Actual	FY19 Target	Q1	Q2	Q3	Rating
Vehicle operational cost per mile	\$0.47	\$0.46	\$0.59	Annual Measure			
Vehicles used 750 miles per month	51%	61%	60%	59%	68%	63%	<span>R</span>
<b>Program Rating</b>							<span>R</span>

## State Printing

State printing shipped 558 of 575 of orders to clients on time.

**Budget:** \$1,586.6 **FTE:** 10

Measure	FY17 Actual	FY18 Actual	FY19 Target	Q1	Q2	Q3	Rating
Revenue per employee, in thousands	\$236	\$246	\$180	\$128	\$241	\$553	<span>G</span>
Sales growth in revenue	26%	36%	10%	-22%	47%	29%	<span>G</span>
<b>Program Rating</b>							<span>G</span>

## AGENCY PERFORMANCE REPORTING DASHBOARD, FY19

### General Services Department

**Total agency budget: \$484,241.2**

**Total agency FTE: 291.5**

#### Discussion

The General Services Department quarterly report lacks a useful narrative or any link between agency performance and outcomes. The performance measures mostly focus on outputs and do not address large parts of the agency's core mission. Additional measures focusing on per member per month costs for things like ER visits, inpatient hospital utilization, and prescriptions would better capture cost drivers in the health benefits program. In the facilities management program, placing focus on the number of employees per square foot in both state-owned and leased space as well as measures of condition and utilization of state-owned facilities would better reflect the core mission of the agency.

Each key agency quarterly report should include the following standard items:	Rating
Agency mission statement	R
Summary of key strategic plan initiatives	R
Program description, purpose and budget by source of funds	Y
How the program links to key agency initiatives, objectives, and key performance measures	R
Key performance measure statement	R
Data source to measure key measure results	R
Four years of historical data (if available)	R
Current quarter data (both qualitative and quantitative)	G
Explanation for measures 10 percent or more below target	Y
Proposed corrective action plan for performance failing to meet target	R
Action plan describing responsibilities and associated due dates	R
Corrective action plan for action plan items not completed	R
<b>Agency quarterly report rating</b>	R
<b>Agency performance measures should align with agency mission and vision, and be:</b>	
Useful and results-oriented	Y
Clear and accessible	Y
Responsive	R
Valid and reliable	Y
Comparable and relevant	Y
Benchmarked	R
<b>Agency performance measures rating</b>	Y

## ACTION PLAN

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

## State Personnel Office

Vacancy rates across state government remain stubbornly high despite efforts to increase staffing. Nationally, the U.S. is at or near full employment, and New Mexico is not far behind, further hindering efforts to hire state workers. In this environment, it will be increasingly important for SPO to focus not only on the best ways to recruit and retain employees, but also on how it can determine appropriate staffing levels at state agencies.

Since the transition from the NeoGov electronic application system to the SHARE system, the average time to fill vacant positions fell from 71 days in FY18 to 54 days in the third quarter. While this trend is encouraging, the state's vacancy rate remains at 19 percent. Additionally, SPO reports that job postings are significantly higher than in previous years, but that applications are down; 4,534 jobs have been posted through the third quarter of FY19, well over the 3,796 posted during FY18 and close to the 4,988 posted in FY17 while the number of applications received, 82,919 to date, is well below the 187,022 received in FY18. The monthly LFC headcount report shows that despite sizeable budget increases between FY18 and FY19, state employment at the 20 largest agencies fell by 2 percent between January 2018 and January 2019.

Between FY15 and FY19, average state salaries increased by 7.5 percent while benefits increased by 14 percent. State employee salaries now average \$47.9 thousand with another \$34.5 thousand paid in benefits. However, the state's average total compensation package of \$82.4 thousand is not sufficient to retain employees; only 63 percent of employees complete their probationary period. Additionally, the gap between the salaries of new hire employees and more tenured employees remains relatively narrow, suggesting the need for pay structure adjustment to ensure the state is paying salaries competitive with the broader labor market while providing room for salary growth for new employees.

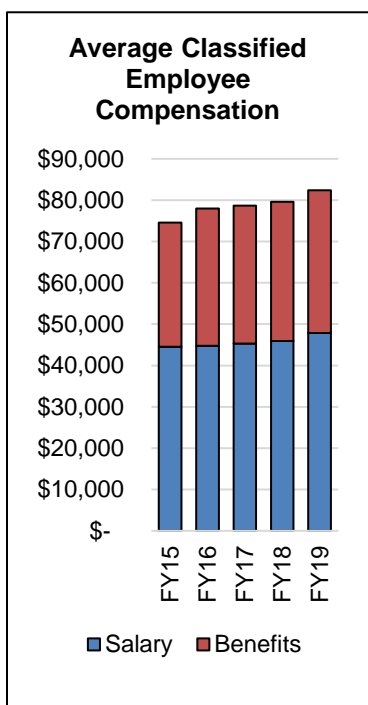
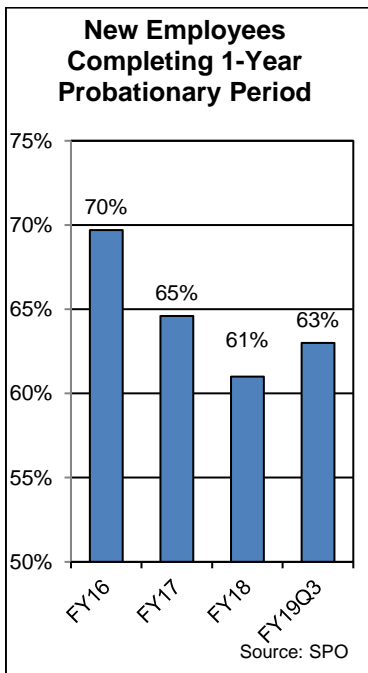
**Budget:** \$4,005.1 **FTE:** 48

Measure	FY17 Actual	FY18 Actual	FY19 Target	Q1	Q2	Q3	Rating
Classified service vacancy rate	18%	18%	13%	19%	19%	19%	R
Average days to fill a position from the date of posting	65	71	55	43	45	54	G
Average state classified employee compa-ratio	101%	101%	≥95%	104%	102%	102%	Y
Average state classified employee new-hire compa-ratio	97%	100%	91%	99%	98%	100%	R
New employees who complete their probationary period	65%	63%	75%	64%	61%	63%	R
Classified employees voluntarily leaving state service	15%	14%	15%	3.6%	3.7%	3.4%	G
Classified employees involuntarily leaving state service	2%	2%	5%	0.4%	0.5%	0.4%	G
State employee average overtime usage per month*	16.2 hours	15.0 hours	N/A	15.4 hours	15.7 hours	15 hours	
State employees receiving overtime*	17%	18%	N/A	18%	19%	18%	

### Program Rating

\*Measures are classified as explanatory and do not have a target.

Y



## AGENCY PERFORMANCE REPORTING DASHBOARD, FY19





















### State Personnel Office

**Total agency budget: \$4,005.1**

**Total agency FTE: 46**

#### Discussion

The State Personnel Office produces among the best quarterly reports provided by key agencies. While performance of the agency often lags targets, the agency's reporting is robust. Further, many of the metrics SPO struggles with are not in the direct control of SPO, such as time to fill positions and employee turnover. However, measures such as employee compa-ratios are directly impacted by SPO and the agency does not seem to have a plan to address deficiencies. Overall, SPO should be commended for the quality of reporting, but the challenge of how to address poor performance persists.

Each key agency quarterly report should include the following standard items:	Rating
Agency mission statement	
Summary of key strategic plan initiatives	
Program description, purpose and budget by source of funds	
How the program links to key agency initiatives, objectives, and key performance measures	
Key performance measure statement	
Data source to measure key measure results	
Four years of historical data (if available)	
Current quarter data (both qualitative and quantitative)	
Explanation for measures 10 percent or more below target	
Proposed corrective action plan for performance failing to meet target	
Action plan describing responsibilities and associated due dates	
Corrective action plan for action plan items not completed	
<b>Agency quarterly report rating</b>	
<b>Agency performance measures should align with agency mission and vision, and be:</b>	
Useful and results-oriented	
Clear and accessible	
Responsive	
Valid and reliable	
Comparable and relevant	
Benchmarked	
<b>Agency performance measures rating</b>	

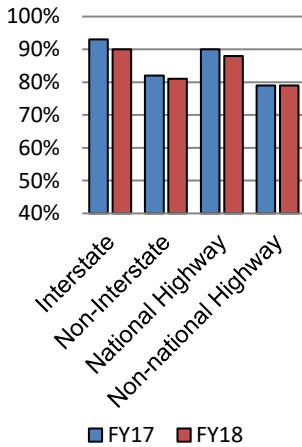


## ACTION PLAN

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

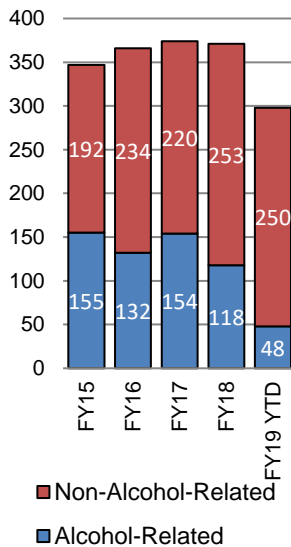
NMDOT's quarterly performance report includes an action plan for each performance measure.

**Percent of Miles Rated In Good Condition**



Source: NMDOT

**Traffic Fatalities**



Source: NMDOT

## Department of Transportation

The Department of Transportation (DOT) reports a vacancy rate of 19 percent, significantly higher than previous years, and will likely have difficulty hiring in the short- and medium-term. The high vacancy rate will likely have an adverse impact on performance as the department transitions from winter operations to road maintenance-focused summer operations. Additionally, DOT will be managing another \$389 million in appropriations for roads, making sufficient staffing more critical.

Total traffic fatalities are tracking significantly over target levels with pedestrian fatalities being of particular concern. Despite the increases, alcohol-related fatalities are tracking well below FY18 levels.

### Project Design and Construction

The department continues to face difficulty putting projects out to bid on time. In response, DOT is beginning project scope and design for statewide transportation improvement program (STIP) projects earlier to ensure adequate time to address design needs without delaying bid timelines. For the third year, the final costs of DOT-managed projects have come in close to or under bid, reflecting accurate project cost estimates and sound project management.

**Budget:** \$536,689.0 **FTE:** 358

Measure	FY17 Actual	FY18 Actual	FY19 Target	Q1	Q2	Q3	Rating
Projects completed according to schedule	94%	86%	>88%	89%	100%	54%	R
Projects put out for bid as scheduled	65%	54%	>67%	22%	44%	60%	R
Bridges in fair condition or better, based on deck area	96%	96%	>88%	96%	96%	96%	G
Final cost-over-bid amount on highway construction projects	-1.0%	-0.2	>3%	0%	0%	0.3%	G

**Program Rating**

Y

### Highway Operations

New Mexico road conditions continue to deteriorate despite DOT exceeding the target for pavement miles preserved for several years. The department estimates a need of \$276 million per year for maintenance needs across the state while the current budget provides \$140 million. FY18 road condition data will be reported in the fourth quarter of FY19.

**Budget:** \$235,610.6 **FTE:** 1,829.7

Measure	FY17 Actual	FY18 Actual	FY19 Target	Q1	Q2	Q3	Rating
Statewide pavement miles preserved	3,668	2,853	>2,550	1,134	601	264	G

#### FY17 Road Condition Survey

	FY15 Actual	FY16 Actual	FY17 Target	FY17 Actual	Rating
Interstate miles rated fair or better	92%	93%	>91%	90%	Y
National highway system miles rated good	91%	90%	>86%	88%	G
Non national highway system miles rated good	83%	82%	>65%	79%	G
Lane miles in deficient condition	4,250	4,515	<6,900	4,675	G

**Program Rating**

G

## PERFORMANCE REPORT CARD

Department of Transportation  
Third Quarter, Fiscal Year 2019

### Modal

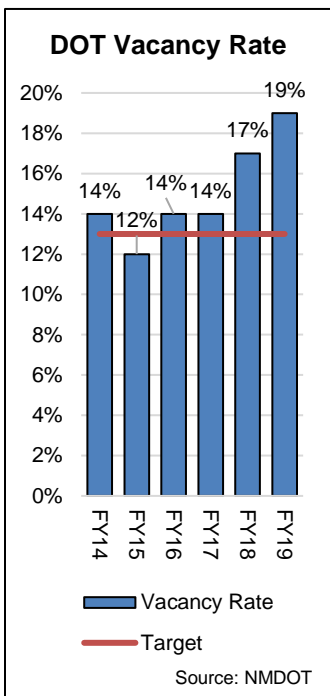
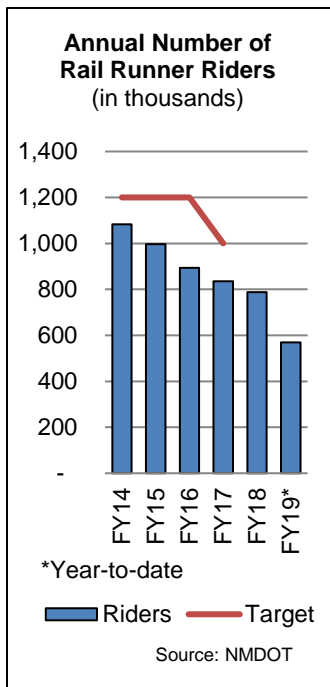
Total fatalities for the third quarter were up by 25 percent compared to the same period in FY18, while total alcohol-related fatalities were down 67 percent compared to this same period. Pedestrian fatalities are tracking over the target level and are on track to match FY18 levels. Nationally, pedestrian fatalities are at an all-time high as larger, heavier vehicles, which are more likely to kill pedestrians, become more popular and drivers are distracted by smart phones and other electronics. Ridership on public transit systems continues to decline, which is likely related to currently low fuel prices and comparatively long commute times.

**Budget:** \$71,288.6 **FTE:** 76

Measure	FY17 Actual	FY18 Actual	FY19 Target	Q1	Q2	Q3	Rating
Traffic fatalities	383	359	<364	101	101	96	R
Alcohol-related traffic fatalities	163	118	<135	15	23	10	G
Non-alcohol-related traffic fatalities	220	241	<217	86	78	86	R
Occupants not wearing seatbelts in traffic fatalities	132	114	<135	34	39	43	Y
Pedestrian fatalities	69	89	<70	18	23	24	R
Riders on park and ride, in thousands	247	240	>275	61	55	57	R
Riders on rail runner, in thousands*	835	788	N/A	206	183	181	Y

#### Program Rating

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



### Program Support

The 19 percent vacancy rate comes despite efforts to increase pay for select occupations such as engineers, surveyors, and engineering technicians. Previous pay increases have gone to highway maintenance workers. Competition for skilled laborers in the southeast portion of the state may be adding to the recruitment difficulty. Additionally, DOT lost most of the department's human resources (HR) positions related to HR consolidation. However, the State Personnel Office is discontinuing HR consolidation, which may help the department increase recruitment in coming months.

**Budget:** \$42,748.6 **FTE:** 242.8

Measure	FY17 Actual	FY18 Actual	FY19 Target	Q1	Q2	Q3	Rating
Vacancy rate in all programs	14%	17%	<13%	20%	20%	19%	R
Employee injuries	78	87	<90	15	20	24	G
Percent of invoices paid within 30 days	90%	92%	>90%	96%	95%	94%	G
Employee injuries occurring in work zones	34	37	<35	5	8	8	G

#### Program Rating

## AGENCY PERFORMANCE REPORTING DASHBOARD, FY19





















### Department of Transportation

**Total agency budget: \$886,336.8**

**Total agency FTE: 2,506.5**

#### Discussion

With minor modifications, the Department of Transportation quarterly reporting template would meet many of the criteria requested. However, requests for an action plan and corrective action plan are not likely to add value to the report card as many of the measures center on road condition, which is more closely linked to funding available than performance, as well as safety issues which may be influenced, but not controlled, by DOT actions. Overall, the reporting is satisfactory as the data are produced in a clear easy to read format with narrative explanation. However, many of the measures reported by DOT reflect funding available for road work rather than performance of DOT's highway maintenance program. For this reason, the agency is rated yellow for results oriented and responsive measures.

Each key agency quarterly report should include the following standard items:	Rating
Agency mission statement	
Summary of key strategic plan initiatives	
Program description, purpose and budget by source of funds	
How the program links to key agency initiatives, objectives, and key performance measures	
Key performance measure statement	
Data source to measure key measure results	
Four years of historical data (if available)	
Current quarter data (both qualitative and quantitative)	
Explanation for measures 10 percent or more below target	
Proposed corrective action plan for performance failing to meet target	
Action plan describing responsibilities and associated due dates	
Corrective action plan for action plan items not completed	
<b>Agency quarterly report rating</b>	
<b>Agency performance measures should align with agency mission and vision, and be:</b>	
Useful and results-oriented	
Clear and accessible	
Responsive	
Valid and reliable	
Comparable and relevant	
Benchmarked	
<b>Agency performance measures rating</b>	

## **FY19 Third Quarter IT Status Report**

- The estimated cost for the 14 key projects included in the IT status report is currently over \$315 million, including \$201.4 million for HSD's Medicaid Management Information System Replacement (MMISR) project (90/10 federal match). There is \$280.5 million in available funding for the 14 projects, including \$45.5 million in new appropriations.
- The Department of Information Technology's (DoIT's) P25 Digital Statewide Public Safety Radio System Upgrades project, with a \$20 million appropriation, is overlapping with DoIT's \$14 million Statewide Infrastructure Replacement and Enhancement (SWIRE) radio project. The lack of planning coordination is of concern, and DoIT has yet to complete a detailed project plan for the P25 initiative, resulting in a red rating.
- HSD's MMISR project, currently the most expensive project in the state, received a red rating due to risk associated with large complex multi-year projects, including missed and extended deadlines, project schedules, issues with vendor deliverables, and lack of HSD resources. While the State Personnel Office approved HSD's MMISR staffing plan for double filling, placement of additional staff continues to be delayed.
- CYFD's Comprehensive Child Welfare Information System project, replacing its Family Automated Client Tracking System (FACTS), is also rated red due to the lack of progress. While the project started in December 2018, the department has yet to get past the initiation phase.
- Also included are completed or nearly completed projects where the system is not functioning as planned or where there are issues with implementation. For example, the Public Employees Retirement Association (PERA) recently implemented the Retirement Information Online system enhancements, however, as of this writing success of the stated business objectives has not been reviewed or determined by PERA, resulting in a yellow rating.
- While the Department of Health's implementation of the Women, Infants, and Children (WIC) system was completed during the second quarter, data validation and lack of available reporting continues six months after implementation. As such, functionality has a red rating.

Legislative Finance Committee  
Information Technology Status Report

Project Status Legend

	Project is on track; scope, budget, schedule, and deliverables are being managed appropriately.
	Project has potential risk to scope, cost, schedule, or deliverables; independent verification and validation (IV&V) or LFC staff has identified one or more areas of concern needing improvement.
	Significant issues limit success of the project; high risks to scope, cost, schedule, or deliverables identified; management attention and corrective action needed; project did not meet business objectives.

Agency	333	Taxation and Revenue Department (TRD)						
Project Name	ONGARD Replacement - Severance Tax							
Project Description	Replacement of the oil and natural gas administration and revenue database (ONGARD) system. Replacement will be delivered in two separate systems; TRD severance tax and State Land Office (SLO) Royalty Administration and Revenue Processing System (RAPS).							
Project Phase	Implementation	Implementation Date:			3/19/2018			
		Estimated Total Cost <sup>1</sup> (in thousands):			\$11,000.0			
	State <sup>2</sup>	Federal	Total Available Funding	Spent to Date	Balance	% of Budget Expended		
In thousands	\$11,000.0	\$0.0	\$11,000.0	\$10,800.0	\$200.0	98.2%		
FY19 Rating	Q1	Q2	Q3	Q4	Status			
Budget					Severance tax project implemented within planned budget. Laws 2018 reauthorized the 2016 \$5 million appropriation through FY19 to prepare for interfacing with SLO RAPS project.			
Schedule					The project is in the stabilization period and support phase. Stabilization activities will continue through the end of FY19.			
Risk					While improvements in the filing and amendment process have increased accuracy and efficiency of severance tax collection and distribution, ongoing concerns with incorrect data reporting remain.			
Overall					Project successfully accomplished all planned activities within scope, schedule, and budget. TRD anticipates close-out during 4th quarter.			
<sup>1</sup> Total estimated costs include \$4.1 million for ONGARD stabilization and modernization and \$6.9 million for the severance tax project.								
<sup>2</sup> Includes a \$6 million appropriation for stabilization of ONGARD, of which \$1.9 million is allocated to the severance tax project.								

Agency	539	State Land Office (SLO)						
Project Name	ONGARD Replacement - Royalty Administration and Revenue Processing System (RAPS)							
Project Description	Replacement of the oil and natural gas administration and revenue database (ONGARD) system. Replacement will be delivered in two separate systems; TRD severance tax and SLO RAPS.							
Project Phase	Implementation	Estimated Implementation Date:			6/30/2020			
		Estimated Total Cost (in thousands):			\$10,000.0			
	State <sup>1</sup>	Federal	Total Available Funding	Spent to Date	Balance	% of Budget Expended		
In thousands	\$10,000.0	\$0.0	\$10,000.0	\$1,755.3	\$8,244.7	17.6%		
FY19 Rating	Q1	Q2	Q3	Q4	Status			
Budget					The project certification committee approved the certification of \$7.7 million for the implementation phase in November 2018. The \$10 million available funding is certified.			
Schedule								
Risk					Project started in September 2018, with estimated completion by June 2020. Laws 2019 reauthorized \$5 million appropriated in Laws 2016 as extended in Laws 2018, is extended through FY20 to meet the 18 month project timeline.			
Overall								
					LFC staff is concerned due to complexities and potential risks associated with ensuring 17 interfaces are implemented correctly. Resource constraints for the database administrator continue to be a concern with ongoing operation duties combined with large projects.			
					Data governance for interagency data exchange has yet to be established to replace the legacy Joint Powers Agreement. This governance is critical to support stable revenue for the state.			
¹Laws 2018 appropriated an additional \$5 million available for expenditure through FY20; the appropriation is from state lands maintenance fund.								

Legislative Finance Committee  
Information Technology Status Report

Agency	361	Department of Information Technology (DoIT)						
Project Name	DoIT Statewide Infrastructure Replacement and Enhancement (SWIRE)							
Project Description	Plan, design, purchase, and implement infrastructure for public safety communications statewide for improved communication equipment affecting emergency responders.							
Project Phase	Implementation	Estimated Implementation Date:			6/30/2018; revised 6/30/2021			
		Estimated Total Cost (in thousands):			\$14,200.0			
	State	Federal	Total Available Funding	Spent to Date	Balance	% of Budget Expended		
In thousands	\$14,200.0	\$0.0	\$14,200.0	\$13,899.9	\$300.1	97.9%		
FY19 Rating	Q1	Q2	Q3	Q4	Status			
Budget					Project expenditures appear to be under budget based on status of completion.			
Schedule					Overall project is 99 percent complete; phases one and two are in final stages. Phase three is entering final stages with the partial refresh of the digital microwave network in process. Site surveys and FCC licensing have been completed.			
Risk					Constraints include weather and available external and internal resources. An updated project management plan is needed.			
Overall					700 MHz land mobile radio units deployment completed, and DPS District 1(Santa Fe) and District 5 (Albuquerque) have been equipped with dual banded 700 MHz and conventional subscribers.			
Functionality					The potential lack of coordination between DoIT, DPS, and law enforcement in Bernalillo County Sheriff Office (BCSO) and Albuquerque Police Department (APD) remains a concern.			

Agency	361	Department of Information Technology (DoIT)						
Project Name	P25 Digital Statewide Public Safety Radio System Upgrade							
Project Description	Upgrade and replace public safety radio equipment and systems with digital mobile communications for public safety organizations.							
Project Phase	Initiation		Estimated Implementation Date:		6/30/2024			
			Estimated Total Cost (in thousands):		\$150,000.0			
	State	Federal	Total Available Funding¹	Spent to Date	Balance	% of Budget Expended		
In thousands	\$20,000.0	\$0.0	\$20,000.0	\$3,025.4	\$16,974.6	15.1%		
FY19 Rating	Q1	Q2	Q3	Q4	Status			
Budget					Laws 2019 appropriated an additional \$10 million in capital outlay funding for FY20. It is not clear what the budget impact will be given the new priority to include City of Albuquerque and Bernalillo county in the project.			
Schedule					Status on the procurement of critical hardware is unknown. DoIT reported based on new priorities the project is on schedule. However, DoIT stated the project requires additional planning due to incorporation of the City of Albuquerque and Bernalillo county in the project.			
Risk					Project is overlapping with DoIT's SWIRE project, the level of coordination in planning is of concern. DoIT has yet to complete a detailed project plan.			
Overall					DoIT reported immediate goals and priorities have changed due a recent decision to incorporate the City of Albuquerque and Bernalillo county into the consolidated communication system			
¹Total available funding includes an additional \$10 million appropriated through capital outlay in Laws 2019.								

Legislative Finance Committee  
Information Technology Status Report

Agency	366	Public Employees Retirement Association (PERA)						
Project Name	Retirement Information Online (RIO) Enhancement							
Project Description	Update current PERA system to include implementing business process improvements, user interface enhancements, data integrity and remediation, and customer relationship management (CRM) software and workflow system.							
Project Phase	Implementation	Estimated Implementation Date:			6/30/2018; revised 11/2018, 1/2019, 2/2019			
		Estimated Total Cost (in thousands):			\$4,200.0			
	State <sup>1</sup>	Federal	Total Available Funding	Spent to Date	Balance	% of Budget Expended		
In thousands	\$4,200.0	\$0.0	\$4,200.0	\$4,126.7	\$73.3	98.3%		
FY19 Rating	Q1	Q2	Q3	Q4	Status			
Budget					Project completed slightly under budget.			
Schedule					Final production roll-out completed February 25, 2019. PERA is currently within a 90 day warranty period, allowing users to fully orientate to the system changes.			
Risk					Success of the stated business objectives has not been reviewed or determined by PERA at this time. Review of business objectives will be an agenda item when PERA is ready for formal project close out.			
Overall					Project close-out activities are next, including documenting critical success factors, the business process improvement matrix and lessons learned. The final IV&V report recommended a third party security assessment on the application.			
¹Amount does not reflect Laws 2018 other state funds appropriation of \$3 million to upgrade RIO hardware and software infrastructure.								

Agency	630	Human Services Department (HSD)						
Project Name	Child Support Enforcement System Replacement (CSESR)							
Project Description	Replace the more than 20-year-old system with a flexible, user-friendly solution to enhance the department's ability to meet federal performance measures. The current system maintains 59 thousand active cases with over \$132 million in annually distributed child support payments.							
Project Phase	Planning	Estimated Implementation Date:				TBD		
		Estimated Total Cost:				TBD		
	State	Federal	Total Available Funding <sup>1</sup>	Spent to Date	Balance	% of Budget Expended		
In thousands	\$5,710.6	\$4,485.8	\$10,196.4	\$2,672.4	\$7,524.0	26.2%		
FY19 Rating	Q1	Q2	Q3	Q4	Status			
Budget					Laws 2019 reauthorized \$3.4 million as extended in Laws 2017, is extended through FY20 and remaining balance is sufficient to complete planning activities.			
Schedule					HSD completed the gap analysis in March 2019. The CSESR master schedule has been updated with milestones that align with HSD's Health and Human Services (HHS) 2020 initiative.			
Risk					Current CSESR code is too complex to be refactored and migrated to a modern language. With other states successfully migrating COBOL code, HSD is monitoring lessons learned by other states.			
Overall					HSD has set a priority for training in-house staff for maintaining the refactored code.			
<sup>1</sup> Total available funding includes an additional \$5.2 million appropriated in Laws 2019; \$1.8 million general fund and \$3.4 million federal.								



Legislative Finance Committee  
Information Technology Status Report

Agency	630	Human Services Department (HSD)						
Project Name	Medicaid Management Information System Replacement (MMISR)							
Project Description	Replace current Medicaid management information system and supporting application to align with Centers for Medicare and Medicaid Services (CMS) requirements, including Medicaid information technology architecture (MITA).							
Project Phase	Planning and Implementation	Estimated Implementation Date:		11/30/2019; revised 12/2021				
		Estimated Total Cost (in thousands):		\$201,486.2				
	State	Federal	Total Available Funding <sup>1</sup>	Spent to Date <sup>2</sup>	Balance	% of Budget Expended		
In thousands	\$16,677.5	\$149,735.6	\$166,413.1	\$51,653.2	\$114,759.9	31.0%		
FY19 Rating	Q1	Q2	Q3	Q4	Status			
Budget					CMS authorized the \$201.4 million budget, supported by a 90 percent federal funding participation match. CMS approved the Implementation Advanced Planning Document that includes outside partner agency spending for DOH and Aging & Long Term Services Department. Laws 2019 reauthorized the \$5 million appropriation from Laws 2017, and is extended through FY20.			
Schedule					CMS approved the estimated project completion date of December 2021. CMS and DoIT approved the amendment to the system integrator (SI) contract, amending deliverable dates due to quality issues with deliverables. The schedule continues to be adjusted due to missed deadlines.			
Risk					The lengthy procurement and contracting timeframes continue to negatively impact the project schedule. State Personnel Office (SPO) approved HSD's MMISR staffing plan in September 2018 to double fill 43 positions, however SPO delayed the authorization for HSD to post the positions until February 2019.			
Overall					Due to complexity and high risks the overall project status remains red. LFC's program evaluation on the status of the MMISR project reported improvement as a result of HSD's new leadership actively engaged in project activities.			
<sup>1</sup> Total available funding includes an additional \$12.6 million appropriated in Laws 2019; \$1.3 million general fund and \$11.3 million federal.								
<sup>2</sup> As of 4/30/19.								

Agency	690	Children, Youth and Families Department (CYFD)						
Project Name	Comprehensive Child Welfare Information System (CCWIS)							
Project Description:	Replace the legacy Family Automated Client Tracking System (FACTS) with a modular, integrated system to meet the federal Administration on Children and Families (ACF) requirements.							
Project Phase:	Initiation	Estimated Implementation Date:				TBD		
		Estimated Total Cost (in thousands):				\$30,000.0		
	State	Federal	Total Available Funding <sup>1</sup>	Spent to Date	Balance	% of Budget Expended		
In thousands	\$6,000.0	\$2,020.5	\$8,020.5	\$0.0	\$8,020.5			
FY19 Rating	Q1	Q2	Q3	Q4	Status			
Budget					The project certification committee approved certification for the release of funds in December. As of this writing, it is not clear if CYFD re-submitted its Advanced Planning Document to ACF in response to ACF's questions.			
Schedule								
					CYFD received 32 responses to its request for information (RFI), status and outcome of the RFI is unknown.			
Risk								
					While CYFD is in discussions with HSD to collaborate in the MMISR project, it is not clear if CYFD has notified ACF of potential changes and impact to CCWIS project.			
Overall								
					CYFD has not submitted its monthly report to DoIT due to the lack of an IT project manager. CYFD's staff augmentation contract for an IT project manager and business analyst is in the review process at DoIT.			
<sup>1</sup> Total available funding includes an additional \$7 million appropriated in Laws 2019; \$5.5 million general fund and \$1.5 federal.								

Legislative Finance Committee  
Information Technology Status Report

Agency	665	Department of Health (DOH)						
Project Name	Women, Infants, and Children (WIC) System Replacement Project							
Project Description:	Replace a 14-year-old legacy system with the WIC regional solution that includes Texas, Louisiana, New Mexico and two independent tribal organizations. The regional model will meet U.S. Department of Agriculture Food and Nutrition Service (FNS) requirements for management information systems (MIS) and electronic benefits transfer delivery for WIC benefits.							
Project Phase	Close-out	Estimated Implementation Date:				11/30/2018		
		Estimated Total Cost (in thousands):				\$7,004.9		
	State	Federal	Total Available Funding	Spent to Date	Balance	% of Budget Expended		
In thousands	\$0.0	\$7,004.9	\$7,004.9	\$7,089.9	(\$85.0)	101.2%		
FY19 Rating	Q1	Q2	Q3	Q4	Status			
Budget					A change in the schedule resulted in an amendment for the project analyst and project manager and is attributed to the additional \$85 thousand. FNS approved additional EBT grant funding for project close-out.			
Schedule								
Risk					Due to regional approach of having Texas deploy first, New Mexico has a schedule change but still completed the project by the target completion date.			
Overall								
Functionality					Report validation is nearing completion, however some concerns remain regarding the accuracy of all caseload reported data and the ability to run certain system reports. Reporting design process may be insufficient to produce quality reports.			
					Deployment of an enterprise web-based system and comprehensive clinic and participant case management system is fully operational. WIC program has 72 clinics issuing benefits to approximately 39,400 state participants. Lack of available reporting is of concern.			
					IV&V has concerns with final validation of systems reports. Data accuracy and report discrepancies during initial report validation appear to have improved significantly, however this should continue to be monitored. Data validation continues.			

Agency	665	Department of Health (DOH)						
Project Name	Vital Records Imaging and System Upgrades							
Project Description:	Multi-year project to acquire and implement a document management solution to scan and index vital records, linking images and data to an upgraded Vital Records database. Upgrades to the vital records software and database (e-Dave) are also included in this project.							
Project Phase:	Initiation	Estimated Implementation Date:				6/30/2021		
		Estimated Total Cost (in thousands):				\$4,850.0		
	State	Federal	Total Available Funding <sup>1</sup>	Spent to Date	Balance	% of Budget Expended		
In thousands	\$4,850.0	\$0.0	\$4,850.0	\$40.6	\$4,809.4	0.8%		
FY19 Rating	Q1	Q2	Q3	Q4	Status			
Budget					Amount spent to date accounts for the invoices for the contract project manager.			
Schedule								
					DOH awarded the IV&V contract for \$69 thousand through a statewide price agreement. Project Management Plan is complete. DOH's subject matter expert business analyst is on board and the project team is complete.			
Risk								
					There are no backup copies for original vital records and there is a critical need to image and index the records. DOH has to move current shelving to new vital records building and the vital records on those shelves transitioned.			
Overall								
					Project will increase functionality of the current system and provide assurance that vital records will be preserved in a digital format.			
<sup>1</sup> Total available funding includes an additional \$2.1 million appropriated in Laws 2019.								

<sup>1</sup>Total available funding includes an additional \$2.1 million appropriated in Laws 2019.

Legislative Finance Committee  
Information Technology Status Report

Agency	770	Corrections Department (NMCD)						
Project Name	Offender Management System Replacement							
Project Description:	Replace 15-year-old client server offender management system with a commercial-off-the-shelf (COTS) web-based solution. The COTS solution has 17 modules associated with NMCD requirements.							
Project Phase:	Implementation	Estimated Implementation Date:			6/30/2019; revised 6/30/2021			
		Estimated Total Cost (in thousands):			\$14,205.2			
	State <sup>1</sup>	Federal	Total Available Funding	Spent to Date	Balance	% of Budget Expended		
In thousands	\$14,205.2		\$14,205.2	\$5,442.1	\$8,763.1	38.3%		
FY19 Rating	Q1	Q2	Q3	Q4	Status			
Budget					Current project funding is adequate for the COTS solution, including 17 modules, mobile functionality, and data analytic tools.			
Schedule					The project is behind schedule. IV&V reported the current project pace will not allow sufficient time to complete the project by the planned completion date. NMCD and Abilis executives have been discussing ways to increase schedule progress, but no documented plan from Abilis has been produced yet.			
Risk					Vendor resource constraints continue to be of concern with ongoing multiple concurrent projects ongoing. While the vendor has increased its staff, these resources are not necessarily dedicated to NMCD's OMS project. In addition, agency resource constraints continue, the inability to fill vacant IT positions continues to be a high risk. NMCD IT Division vacancy rate is currently 26 percent; agency continues to monitor resource availability.			
Overall					While the project continues to progress, the lapse in the schedule is of concern. NMCD has a disaster recovery (DR) process, with DR sites defined but a comprehensive DR plan has not been established that defines roles, steps, communication plans, and recovery steps.			
<sup>1</sup> Amount includes Laws 2019 appropriation of \$4.1 million.								

Agency	780	Department of Public Safety (DPS)						
Project Name	Records Management System (RMS)							
Project Description:	Replace various non-paper record storage with an integrated records management system to provide law enforcement and other public safety agencies with a single source repository of data available to support day-to-day operations, reporting, and records and data analysis. A new RMS will ensure access, preservation and control of DPS records in all formats.							
Project Phase:	Initiation/Planning	Estimated Implementation Date:			6/30/2021			
		Estimated Total Cost (in thousands):			\$4,216.0			
	State	Federal	Total Available Funding	Spent to Date	Balance	% of Budget Expended		
In thousands	\$1,916.3		\$1,916.3	\$409.9	\$1,506.4	21.4%		
FY19 Rating	Q1	Q2	Q3	Q4	Status			
Budget					DPS FY19 funding request of \$4.3 million was not adequately justified and DPS did not request funding for FY20.			
Schedule					DPS is issuing a request for information (RFI) during the planning phase to better support a funding request for FY21. The project timeline will likely go beyond the estimated completion date.			
Risk					DPS has taken more than two years to complete requirements gathering. While IV&V and project management services were to resume in March, status is unknown as of this writing.			
Overall					The project is moving forward. The RFI is being reviewed and finalized. RFI results will provide a baseline for a future funding request to complete the project. The new cabinet secretary supports the project.			

Legislative Finance Committee  
Information Technology Status Report

Other IT Projects of Concern

Agency	361	Department of Information Technology (DoIT)			
Project Name	Enterprise Cybersecurity Upgrade				
Project Description:	To establish framework and foundation for the State's cybersecurity posture				
State Funding <sup>1</sup> (in thousands):	\$7,000.0	Spent to Date:	\$0	Project Phase:	Initiation
<p>► Laws 2018 appropriated \$1 million to perform a statewide cybersecurity assessment and identify security-related tools for compliance monitoring and cybersecurity risk management.</p> <p>► Project Certification Committee (PCC) certified \$619 thousand for a change to the initiation phase in April 2019; the initiation phase was certified in November 2018 for \$80 thousand, with no expenditures to date.</p> <p>► DoIT recently awarded a \$253 thousand contract through a statewide price agreement for a project manager.</p> <p>► In January 2019, DoIT awarded a \$251 thousand, four-year contract through a statewide price agreement, with a not-to-exceed value of \$1.2 million per year to Advanced Network Management (ANM) for cybersecurity support. The scope of work indicates ANM staff will serve as DoIT's virtual Chief Security Officer.</p>					
<sup>1</sup> Total available funding includes an additional \$6 million appropriated in Laws 2019 in capital outlay to plan, design, construct and implement an enterprise cybersecurity operation center system, including the purchase and installation of equipment, for agencies statewide.					

Agency	420	Regulation and Licensing Department (RLD)			
Project Name	Accela Replacement				
Project Description:	Replace Construction Industries Division (CID) permitting and inspection software, Accela.				
State Funding (in thousands):	\$1,467.0	Spent to Date:	\$0	Project Phase:	Planning
<p>► CID permitting collects an estimated \$4 million in revenue.</p> <p>► Agency is at a high risk due to system down time and lack of vendor support, and with a single point of failure having one RLD staff member available to maintain the application.</p> <p>► Project Certification Committee (PCC) certified \$250 thousand for the planning phase in June 2018, no activity has since been reported. DoIT has rated the project red for the third quarter due lack of progress and reporting.</p> <p>► RLD is scheduled for PCC in May for a change request.</p> <p>► Agency met with the Accela vendor to explore upgrading and stabilizing the software and re-establish a maintenance and support contract; status as of this reporting is unknown.</p> <p>► To mitigate the risk, current funding was re-purposed in Laws 2019 for stabilizing and modernizing the Accela software instead of the replacement. Available funding includes an additional \$500 thousand appropriated in Laws 2019.</p>					

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*State of New Mexico*  
**LEGISLATIVE FINANCE  
COMMITTEE**

325 Don Gaspar, Suite 101 • Santa Fe, NM 87501  
Phone (505) 986-4550 • Fax: (505) 986-4545

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May 31, 2019

**LFC INVESTMENT REPORT FOR THE QUARTER ENDING MARCH 31, 2019**

This report details the comparative investment performance of the three investment agencies: the Educational Retirement Board (ERB), the Public Employees Retirement Association (PERA), and the State Investment Council (SIC) which manages the land grant permanent fund (LGPF) and the severance tax permanent fund (STPF).<sup>1</sup>

**INVESTMENT PERFORMANCE HIGHLIGHTS**

- In the last year, the state's combined aggregate value of investment holdings for the pension and permanent funds grew by \$986.7 million, or 2.0 percent, to end the year at \$51.6 billion. Over the last five years, the state's combined investment holdings grew \$8.4 billion, or 19.4 percent.
- One-year returns ranged from 3.9 percent (LGPF) to 5.4 percent (ERB); however, average investment returns over the last 10 years ranged from 9.2 percent (STPF) to 10.7 percent (ERB).
- PERA, ERB, and SIC's funds outperformed their long-term targets for the three- and ten-year periods. All funds underperformed their long-term target for the one- and five-year periods.<sup>2</sup>
- With the rebound of the equities market in the first quarter of 2019, each of the investment agencies' investment returns were in the lowest quartile when compared with peer funds greater than \$1 billion on a net-of-fee basis. However, the diversified asset allocations that mitigated losses in the stock market decline of late 2018 resulted in each of the funds performing at the highest quartile for the one-year period.

**Returns as of March 31, 2019 (Net of Fees)<sup>3</sup>**

Returns (%)	<u>PERA</u>		<u>ERB</u>		<u>LGPF</u>		<u>STPF</u>	
	Fund	Policy Index	Fund	Policy Index	Fund	Policy Index	Fund	Policy Index
Quarter	6.50	8.99	5.10	5.80	6.27	6.52	6.29	6.62
1-Year	4.04	4.77	5.40	5.30	3.89	4.09	4.73	4.18
3-Year	<b>7.64</b>	7.75	<b>8.90</b>	9.00	<b>8.63</b>	7.97	<b>8.56</b>	8.08
5-Year	5.43	5.71	6.90	6.50	6.18	6.18	6.16	6.25
10-Year	<b>10.02</b>	9.53	<b>10.70</b>	9.80	<b>9.50</b>	10.29	<b>9.17</b>	10.20

Note: bold indicates returns that exceed the fund's long-term target

<sup>1</sup> Agency performance and market environment information are derived from the investment performance reports submitted by PERA, ERB, and SIC for the quarter ending March 31, 2019.

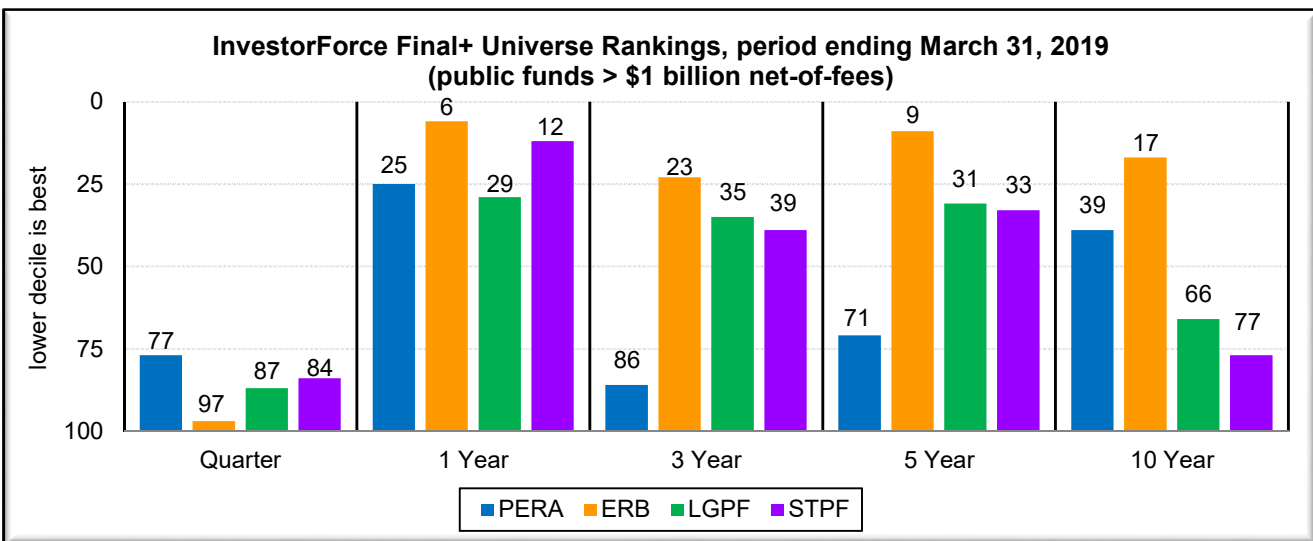
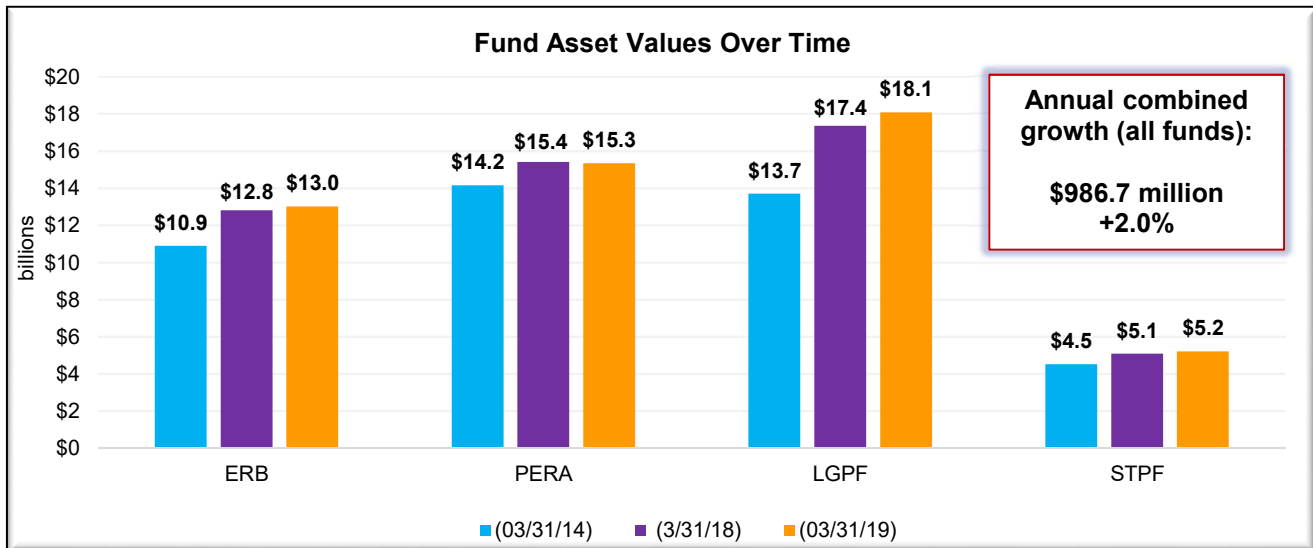
<sup>2</sup> The funds' long-term return targets are 7.25 percent (PERA), 7.25 percent (ERB), 7 percent (LGPF), and 6.75 percent (STPF).

<sup>3</sup> A fund's policy index is a custom benchmark that show the returns that would have generated if a passive investor consistently followed the agency's asset allocation targets according to their investment policy.

## Investment Agency Performance Dashboard

Quarter Ending March 31, 2019

This report detail the comparative investment performance of the three investment agencies: the Educational Retirement Board (ERB), the Public Employees Retirement Association (PERA), and the State Investment Council (SIC) which manages the land grant permanent fund (LGPF) and the severance tax permanent fund (STPF).



### Risk Profiles, Five Years Ending 03/31/19, Net of Fees

Fund	ERB	PERA	LGPF	STPF
Standard Deviation*	4.8	5.7	5.3	5.4
Sharpe Ratio**	1.3	0.9	1.0	1.0
Beta***	0.4	0.5	0.5	0.5

\*measures variability from the mean return; higher is more volatile

\*\*higher numbers indicate higher return-to-risk level; a good ratio is 1 or better

\*\*\*represents the volatility of the portfolio versus the S&P 500. Beta = 1: portfolio moves with the market. Beta < 1: portfolio is less volatile than market. Beta > 1: portfolio is more volatile than the market.

**Aggregate Value  
of New Mexico  
Investment  
Holdings**

**\$51.6 billion**

Source: Agency  
Investment Reports

ACCOUNTABILITY IN GOVERNMENT  
Performance Measure Guidelines

Elements of Good Performance Measures	Agency Quarterly Reports	Elements of Key Agency Reports	Elements of LFC Performance Report Card
<p>Ideal performance measures should be</p> <ul style="list-style-type: none"> <li>• <b><u>Useful:</u></b> Provide valuable and meaningful information to the agency and policymakers</li> <li>• <b><u>Results-Oriented:</u></b> Focus on outcomes</li> <li>• <b><u>Clear:</u></b> Communicate in a plain and simple manner to all stakeholders (employees, policymakers, and the general public)</li> <li>• <b><u>Responsive:</u></b> Reflect changes in performance levels</li> <li>• <b><u>Valid:</u></b> Capture the intended data and information</li> <li>• <b><u>Reliable:</u></b> Provide reasonably accurate and consistent information over time</li> <li>• <b><u>Economical:</u></b> Collect and maintain data in a cost-effective manner</li> <li>• <b><u>Accessible:</u></b> Provide regular results information to all stakeholders</li> <li>• <b><u>Comparable:</u></b> Allow direct comparison of performance at different points in time</li> <li>• <b><u>Benchmarked:</u></b> Use best practice standards</li> <li>• <b><u>Relevant:</u></b> Assess the core function of the program or significant budget expenditures</li> </ul>	<p>Each quarterly report should include the following standard items</p> <ul style="list-style-type: none"> <li>• Agency mission statement</li> <li>• Summary of key strategic plan initiatives</li> <li>• Program description, purpose and budget by source of funds</li> <li>• How the program links to key agency initiatives, objectives, and key performance measures</li> <li>• Action plan describing responsibilities and associated due dates</li> </ul>	<p>Key Measure reporting should include</p> <ul style="list-style-type: none"> <li>• Key performance measure statement</li> <li>• Data source to measure key measure results</li> <li>• Four years of historical data (if available)</li> <li>• Current quarter data (both qualitative and quantitative)</li> <li>• Graphic display of data as appropriate</li> <li>• Explanation for measures 10 percent or more below target</li> <li>• Proposed corrective action plan for performance failing to meet target</li> <li>• Action plan status</li> <li>• Corrective action plan for action plan items not completed</li> </ul>	<p>Each quarterly Report Card should include the following standard items</p> <ul style="list-style-type: none"> <li>• Key events or activities that affected the agency in the previous quarter</li> <li>• Status of key agency initiatives</li> <li>• National benchmarks for key measures, when possible</li> <li>• Explanation for any area(s) of underperformance</li> <li>• Agency action plans to improve results</li> </ul> <p>Analyst may include:</p> <ul style="list-style-type: none"> <li>• Measures or data reported by another reputable entity when agency data is inadequate</li> </ul>



*Proposed joint LFC/DFA/agency review of key agency performance reporting and performance measures, Spring 2019*

[illegible]