# Legislating for Results: 2025 Update of Spending on Evidence-Based Programming

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## **Welcome to PIVOT:**

## Program Inventories for Value, Outcomes, and Transparency

**PIVOT** was formerly known as **Senate Bill 58**. This year DFA and LFC are collaborating to rebrand this portion of the **Accountability in Government Act (AGA)** to emphasize the benefits of this evidence-based programming and policy for agencies and other stakeholders.

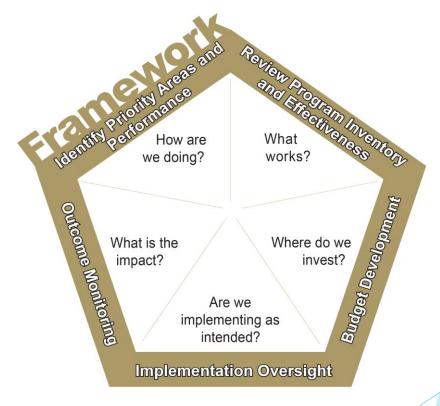


**Did you know?** The AGA has existed since 1999 and New Mexico is a national leader in evidence-based policy.

## What is the Accountability in Government Act?

#### The **AGA**:

- Provides agencies with more budgetary **flexibility** in return for greater **transparency**.
- Formalizes process for developing goals, understanding what we are doing well, and what we need to improve.





**Did you know?** New Mexico follows the Legislating for Results framework, which is consistent with best practices from the federal Government Accountability Office (GAO)

## What PIVOT (SB58) brings to the AGA: Program Inventories

Senate Bill 58 of 2019 expanded the Accountability in Government Act to include program inventories for certain large agencies.

#### 1999

Accountability in Government Act (AGA)

- Framework for agency funding based on performance
- Greater **flexibility** in spending
- Identify program core services and missions
- **Measure** if programs meet mission



**Results First in NM** 

- Joint initiative legislative and executive with PEW support
- Uses program inventories and cost benefit analyses to determine program effectiveness
- 7 NM **Results First reports** issued by LFC and agencies



SB58 amended AGA

- Provides the Legislature and Executive authority to ask agencies to inventory programs along with providing cost and performance data
- Provides definitions for key terms including evidencebased
- •For **FY26, 6 agencies** were selected to provide program inventories.

## What does the PIVOT program inventory do?

- 1. Allows agencies to collect information about programs
- 2. Provides definitions of evidence
- 3. Helps show what programs agencies fund in greater detail than HB2
- 4. Outlines deliverables for agencies to submit with their budget
  - ✓ Results of the program inventory
  - $\checkmark$  Summary of how the agency has prioritized evidence-based programs in FY27 appropriation request

Agencies learn about their own programs

Agencies can better articulate and justify budget requests Legislature has better data to inform budgetary decision-making

### **New Mexico's Definitions**

Definitions of Evidence-Based, Research Based and Promising are from Section 6-3A-3 NMSA 1978



#### **Evidence-based**



#### Research-based



#### **Promising**



#### **Varied**



Lacking Evaluation

A program or practice that: (1) incorporates methods demonstrated to be effective for the intended population through scientifically based research, including statistically controlled evaluations or randomized trials; (2) can be implemented with a set of procedures to allow successful replication in New Mexico; and (3) when possible, has been determined to be cost beneficial.

A program or practice has some research demonstrating effectiveness but does not yet meet the standard of evidence-based.

A program or practice, based on statistical analyses or preliminary research, presents potential for becoming research-based or evidence-based.

For some providers offering multiple programs that did not provide service-level information.

Used when additional evidence is needed.



### Overview of 2025 Inventories

- ▶ For 2025, NMCD-IMAC and Reentry, CYFD-prevention services (PS and JJ), DOH-PH, HCA-BHSD, PED-CTE specials, and ECECD-HV were selected.
- Of the 6 agencies and 7 divisions, there was \$259 million in total programmatic spending in selected divisions
  - ▶Overall, 72% from these select agencies programmatic spending was on evidence- or research- based programming, up from 67% in FY24
- ► Each agency inventoried had at least 50% of their programmatic spending on evidence- or research-based programs, except for BHSD.

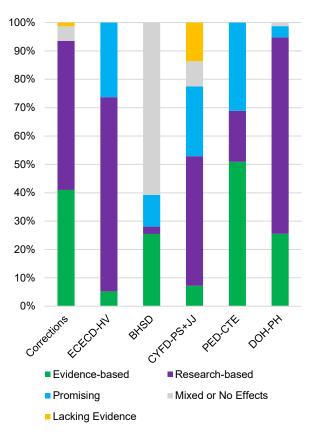
#### **▶**Challenges:

- Potential implementation issues shown through low completion rates or lack of consistency between NM implementation and national best practices
- ► Lack of tracking of program outcomes
- Lack of collaboration between agencies to disseminate best practices and identify shared providers

#### **Positives:**

- Agencies continue shifting towards contracting for programs shown to work and adding oversight
- Increased use of programming shown to work for some agencies (ECECD)

#### Percent of Division Spending by Evidence Categorization, FY25



Source: Analysis of agency data

## NMCD: Reentry and Inmate Management and Control

#### **Spending**

- FY25 = \$16.7 M FY26 Budget = \$16.7 M FY27 Request = \$19.5 M
- > 94% of spending went towards evidence- or research-based services

#### **Program Summary**

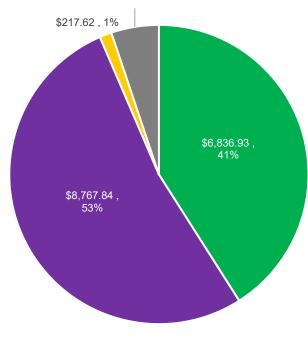
- Corrections reported spending the most on adult basic education, a researchbased program. Other major spending is distributed across evidence-based therapeutic models such as cognitive behavioral therapy.
- 99% of the agency's budget FY27 request is comprised of evidence- or research-based programs, with the largest growth focused in evidence-based programs (\$9.4 million requested). Areas for expansion include: education, career technical education, reentry, cognitive programming, community behavioral health services, and housing

#### **Strengths and Challenges**

- Corrections has adopted the program inventory framework as an agency-wide internal practice and holds contractors to higher data tracking standards than other agencies.
- Outcomes tracking varies across service providers in terms of granularity and data quality. NMCD will need to continue working with new providers to collect high-quality outcomes data.
- The evaluation also recommended that NMCD continue to grow its Residential Drug Abuse Program (RDAP). NMCD's RDAP budget request was \$513 thousand for FY27, up 5% over the FY26 budget.

#### NMCD Expenditures on IMAC and Reentry Programs, FY25 (in thousands)





- Evidence-basedResearch-Based
- Lacking Evaluation Mixed Effects

## CYFD: Protective Services, Prevention, and Intervention Services

#### **Spending**

- FY25 = \$30.1 M FY26 budget = \$30.9 M FY27 request: \$31 M
- 94% of spending went towards evidence- or research-based services

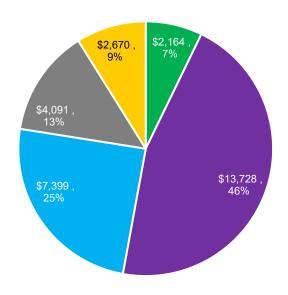
#### **Program Summary**

- In FY25 CYFD spent \$30 million of its budget on prevention and intervention programming to reduce the likelihood of child maltreatment in at-risk households.
- Of the \$30 million spent on prevention, \$25.4 million was spent through Protective Services and \$4.6 million was spent through Juvenile Justice Services. Protective services spending is up from a total expenditure of \$16.4 million in FY24, a 55% increase.

#### **Strengths and Challenges**

- Spending on evidence- and research-based services increased 57% between FY24 and FY25.
- CYFD's programs frequently monitor outputs (program engagement, attendance, etc.) but rarely monitor outcomes. Participant survey results and program completion rates may not capture long-term outcomes sufficiently to provide evidence to support continued funding.

CYFD Protective Services Prevention and Intervention Expenditures, FY25 (in thousands)



- Evidence-based
- Research-based
- Promising
- Lacking Evaluation
- Varied or No Effects

### **ECECD:** Home Visiting

#### **Spending**

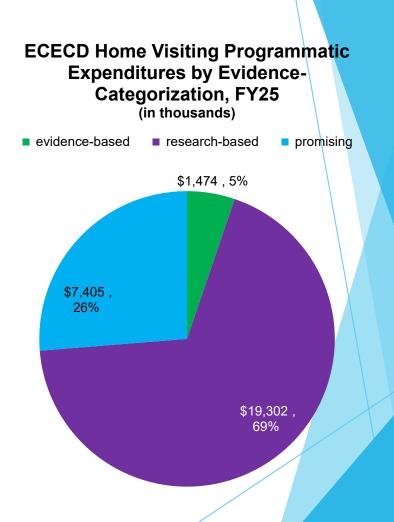
- FY25 = \$28.1M FY26 budget = \$40.1M FY27 request = NR
- > 74% of ECECD Home Visiting programmatic expenditures went toward evidence- and researched-based programming.

#### **Program Summary**

- Parents as Teachers and First Born and More accounted for 75% of programmatic expenditures.
- Parents as Teachers, a research-based home-visiting program, accounted for \$13.6M in FY25 expenditures and served 4,938 participants.
- First Born and More, a promising home visiting program developed in New Mexico, accounted for \$7.4M in FY25 expenditures and served 1,438 participants.

#### **Strengths and Challenges**

- ▶ 100% of programmatic expenditures went toward programs supported by existing research.
- Several programs struggle with low completion rates, indicating potential issues with implementing programs as intended.



#### **HCA:** Behavioral Health Services Division

#### **Spending**

- FY25 = \$46 M FY26 budget = \$46.5 M FY27 request = NR
- 25% of BHSD's programmatic spending was on evidence-based programming
- ▶ 61% of BHSD's programmatic spending was on programming that does not capture expenditure or participant data at the intervention level

#### **Program Summary**

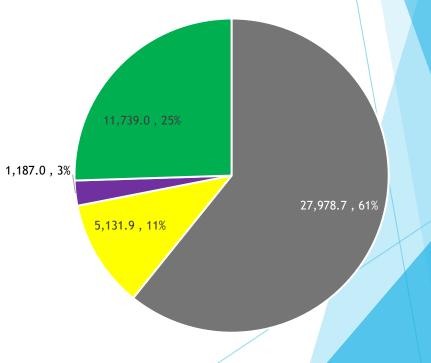
- In FY25, BHSD spent the most on its Housing First program, an evidence-based program providing permanent supportive housing to individuals who are chronically homeless and have persistent mental illness or problems with substance abuse and addiction. The program served over 700 participants with a total cost of \$6.7 million.
- In FY25, the program that served the most people was the 988 Suicide and Crisis Lifeline. Program connections totaled 39,374. Expenditures totaled \$5.1M. Existing research regarding the effectiveness of 988 is promising but limited.

#### **Strengths and Challenges**

- ► The majority of individual services/interventions provided by BHSD are evidence-based.
- ▶ BHSD made efforts to capture participant-level data, but the data could not be broken down to capture spending on individual programs.

#### BHSD Programmatic Expenditures by Evidence-Categorization, FY25 (in thousands)





### **DOH: Public Health**

#### **Spending**

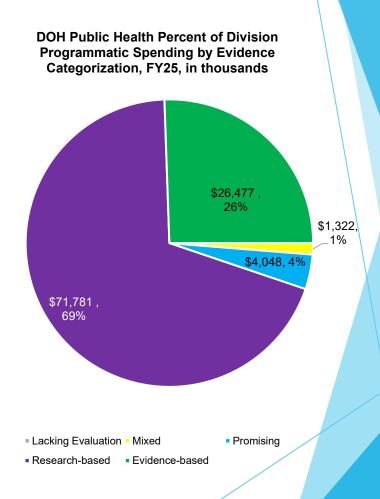
- FY25 = \$103.6 M FY26 Budget = \$111.9 M FY27 Request = \$113.9 M
- 95% of spending went towards evidence- or research-based services

#### **Program Summary**

- Program inventory reported \$103 million in service expenditures in FY25, up from \$86 M in FY24, a 20.5% increase in spending
- PH highest spending was for WIC, a supplemental nutrition program for low-income pregnant women and young children, at \$60 M.

#### **Strengths and Challenges**

- PH is using programs shown to work but it is not necessarily tracking outcomes across most programs.
- For FY27, for all the programs for which a funding request was included, only 89 percent is research or evidence-based down from 95 percent, with the biggest funding increase for programs lacking evaluation (\$5.4 million for CARA).



### **PED: Career Technical Education**

#### **Spending**

- FY25 = \$34.1 M FY26 budget = \$59 M FY27 request = \$65.5 M
- ▶ 82% of spending went towards evidence- or research-based services.

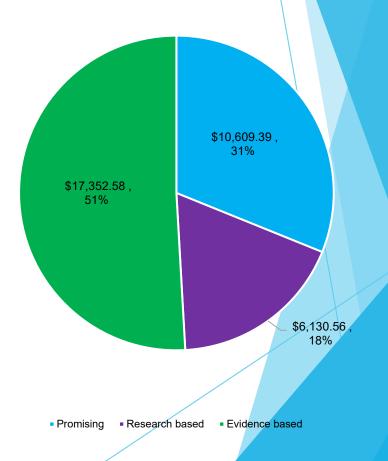
#### **Program Summary**

- ▶ PED reported spending \$34.1 million in special appropriations of the \$40 million appropriated for CTE in FY24.
- These programs, NextGen CTE, summer internships and Innovation Zones, are all related to career exploration and include internships but do not cover the full universe of CTE.

#### **Strengths and Challenges**

- PED provided all required information and is spending funding mostly on programs shown to work.
- PED did not report any outcomes for innovation zones or summer enrichment as part of their 2025 PIVOT submission, but started collecting and reporting on innovation zone outcomes internally.
- ► For FY27, PED is requesting more than double its FY26 budget for NextGen, but only 22 percent of students eligible to complete NextGen CTE did, so increased monitoring may be needed.

Select PED Appropriation Expenditures by Evidence Categorization, FY25 (in thousands)



## **Next Steps**

Agencies are making progress in categorizing and reporting programmatic data to comply with the AGA. To continue making progress...



Agencies delivering programs via contracted providers should improve contracting oversight by:



1) Ensuring other agencies follow CYFD PS and Corrections in writing into their service contracts that programs have some type of research behind them



2) Agencies should require reporting of service-level data for inputs, outputs, and outcomes



For health information, build provider capacity to track types of services provided along with outcome information.



Continue annual inventory and reporting for current PIVOT agencies. Target adding one to two more agencies/divisions each year.



Continue improving coordination with LFC analysts to use agency summaries in budget hearings

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## Introducing: The PIVOT Dashboard

- Learn more about agency spending at the granular level.
- Understand how investments in evidencebased programs have increased over time.
- Relate previous spending and outcomes to pending budget requests.
- Version 1.0 is now available for public use; LFC and DFA staff will continue to add more features and data in coming months.

## Thank you!

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



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