

Santa Fe Recovery Center

Certified Community Behavioral Health Clinics
Community Needs Assessment



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INTRODUCTION

The Santa Fe Recovery Center (SFRC) was awarded the Certified Community Behavioral Health Clinics (CCBHC) grant by the Substance Abuse and Mental Health Services Administration (SAMHSA) in 2023 to provide comprehensive, coordinated behavioral health care in McKinley County. This requires a provider skilled in delivering high-quality, person-centered integrated services, using a care coordination model to bridge gaps in services. CCBHCs serve all individuals across the lifespan in need of behavioral health services in the geographic catchment area served by the CCBHC.

This report is fully aligned with and responsive to the White House's Make America Healthy Again (MAHA) guidance and priorities. All proposed activities, strategies, and performance measures reflect a comprehensive, prevention-focused approach that advances whole-person health, strengthens community resilience, and supports evidence-based efforts to reduce substance use and related behavioral health risks in accordance with MAHA principles.

The findings of this needs assessment support and align with the following MAHA priorities:

- Mental Health and Addiction Research
- Rural and Tribal Health
- Pediatric Mental Health
- Alcohol, Controlled Substances, Vaping and THC
- Medical Evidence

METHODOLOGY

This Needs Assessment draws on two primary data collection sources at our Gallup CCBHC Site as well as publicly available data from the federal and state government agencies.

The primary data included both standardized client-level assessment data and a broader community survey. The first source was the Center for Mental Health Services (CMHS) National Outcome Measures (NOMs) Client-Level Services Tool data. These surveys were administered to Santa Fe Recovery Center CCBHC clients from 2024 to 2025 to assess client functioning, housing stability, and other CCBHC-relevant indicators. Baseline assessment data were analyzed to identify patterns in client wellbeing and potential barriers to care. Among the fourteen clients who completed the baseline assessment, several socioeconomic and environmental barriers emerged that may impact transportation access, financial stability, and continuity of care.

As for the second primary data source, during February and March 2026, the Santa Fe Recovery Center disseminated a Community Needs Assessment Survey for behavioral health clients and service providers in McKinley County, New Mexico. The survey assessed respondents' perspectives on several aspects of McKinley behavioral health clinics, including quality of treatment, barriers to care, service accessibility, and additional resources needed to support community mental health. This survey served to collect perceptions on access and system-level needs in the county. A total of 46 community members accessed the survey. Of these, 17 identified as clients (37%) and two as providers (4%). Most respondents (85%) identified as American Indian or Alaska Native only, and nearly three-quarters (72%) were male. Respondent ages ranged from 18–24 to 65+, with the largest proportion between 35 and 44 years (39%), followed by 25–34 years (26%) and 45–54 years (13%).

The most up-to-date secondary data for the catchment area were analyzed along with primary data to contextualize findings, identify broader populations trends, and compare local insights with regional and state-level indicators. Primary and secondary data were analyzed in tandem to develop a comprehensive profile of the community, understand current strengths and challenges, and inform potential solutions.

The findings of this Needs Assessment will be reviewed with the CCBHC Community Advisory Board and action items will be prioritized by the board.



KEY FINDINGS

Strengths of CCBHC Services



High levels of respectful and understandable care:

All respondents (100%) to the SFRC Community Needs Assessment (CNA) Survey reported that providers treat them with respect and communicate in a language they understand.



Service delivery response to the whole person:

Most respondents to the SFRC CNA Survey indicated that providers take their identity and background into account when providing services, with over 85% reporting that providers consider their beliefs, how they see themselves, and where they come from.



Accessible and user-friendly written materials:

All respondents (100%) to the SFRC CNA Survey said behavioral health clinics provide materials in a language they understand, and 94% reported forms and signage are easy to read. Similarly, 94% said that information is available in alternative formats when needed, such as large print or assistance completing forms.

Areas for Improvement



Economic and housing instability impact well-being:

Results from the CMHS NOMs Client-Level Services Tool revealed that a substantial portion of CCBHC clients face financial hardship, with 43% being unemployed and 36% lacking sufficient income to meet basic needs. Additionally, 29% of clients reported experiencing homelessness in the past 30 days.



Barriers limit access to care and services:

According to the SFRC CNA Survey, the most common obstacles to attending behavioral health appointments are transportation (28%), work schedules (17%), and childcare (17%). Limited health insurance coverage may also be a barrier, as 2023 U.S. Census data shows that a smaller share of McKinley County residents are insured compared to state and national rates (81% in McKinley, 91% in state and nation).



Limited availability of behavioral health providers and services:

SFRC CNA Survey respondents reported difficulty accessing key providers, including therapists (44%), psychiatrists (40%), and substance use treatment providers (36%).

**High unmet need for mental health and substance use services:**

More than half of SFRC CNA Survey respondents said there is a need for mental health counseling (69%), substance use treatment (64%), and peer support (64%). Data from the New Mexico Public Health Department also indicate that 60% of individuals with a substance use disorder in McKinley County are not receiving treatment.

**Substance use and related mortality remain significant concerns:**

The New Mexico Legislative Committee found that, in 2023, alcohol and opioids were involved in the greatest share of substance use disorders in New Mexico. In McKinley County specifically, fentanyl was involved in 23 of 29 drug-involved deaths in 2023, based on reporting from the New Mexico Department of Health.

**Gaps in crisis response and overdose prevention capacity:**

Limited reported overdose reversals may indicate gaps in naloxone access or tracking, pointing to opportunities to strengthen community response efforts: according to the New Mexico Human Services Department, McKinley County reported only four reversals in 2020.

**Stigma and perceptions continue to affect care-seeking:**

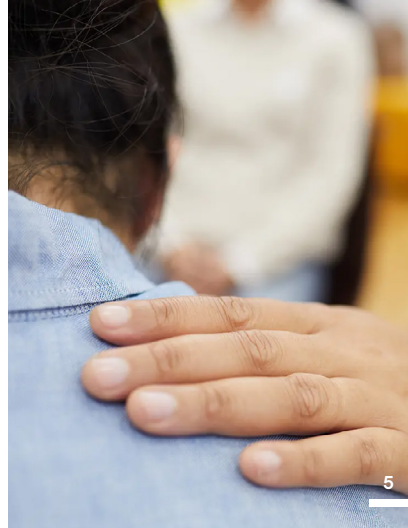
More than half of SFRC CNA Survey respondents (56%) reported that personal beliefs sometimes or often prevent individuals in their community from seeking behavioral health services.

**Complex behavioral health needs require integrated care approaches:**

According to SAMHSA's Treatment Episode Data Set, during 2024, more than half of patients in New Mexico's mental health treatment settings (55%) had co-occurring mental health and substance use disorders, compared with 28% nationwide.

**Disparities in adult mental health hospitalizations:**

The New Mexico Human Services Department found that, among adults, females across racial and ethnic groups experienced higher hospitalization rates for depression and anxiety in 2019, with White and Black/African American females showing the highest rates.



POPULATION OF FOCUS

The following section provides an overview of the population characteristics among SFRC CCBHC clients and McKinley County overall to inform service planning and delivery. Through an understanding of key indicators that influence how individuals access care and communicate with providers, the CCBHC project is structured to provide access to high-quality services for all populations, including those who may be underserved.

McKinley County, NM has a population of 71,172. The populations of focus are the individuals of all ages living in and around McKinley County with:



Serious mental illness (SMI)



Children with serious emotional disturbance (SED)



Individuals with co-occurring mental and substance use disorders (COD)



Individuals experiencing a mental health (MH) or substance use-related crisis



Substance use disorder (SUD) including opioid use disorder (OUD)

Demographics and Special Populations

McKinley County's demographic profile differs markedly from both the state and national populations. The majority of its 71,172 residents are American Indian or Alaska Native (77%), compared to 10% in New Mexico and less than 1% nationwide. White residents represent only 10% of the county population, far below the state and national proportions. The share of Hispanic or Latino residents in McKinley County (12%) is also lower than the rates in New Mexico (48%) and the United States (19%).

Relative to state (6%) and national averages (8%), McKinley County has a slightly lower proportion of veterans (5%). The county disability rate (16%) exceeds the national average (13%) while also remaining below the state average (17%). Access to health insurance is also slightly more limited in McKinley: just 81% of residents are insured, which is about ten percentage points lower than the insured rate in the state and nation (both 91%).

Demographics and Special Populations, US Census Bureau, 2018-2023 ^{1,2}			
	McKinley County	New Mexico	United States
Total population	71,172	2,114,768	332,387,540
White	9.8%	53.6%	63.4%
Black or African American	0.5%	2.1%	12.4%

¹ US Census Bureau (2023a). DP05 Demographic and Housing Estimates, American Community Survey 5-Year Estimates. Retrieved November 15, 2025 from: https://data.census.gov/table/ACSDP5Y2023.DP05?q=population&g=010XX00US_040XX00US35_050XX00US35031

² US Census Bureau (2023b). Selected Characteristics in the United States, American Community Survey 5-Year Estimates. Retrieved November 15, 2025 from: https://data.census.gov/table/ACSDP5Y2023.DP02?q=population&g=010XX00US_040XX00US35_050XX00US35031

Demographics and Special Populations, US Census Bureau, 2018-2023 ¹²			
	McKinley County	New Mexico	United States
Total population	71,172	2,114,768	332,387,540
American Indian and Alaska Native	76.8%	9.5%	0.9%
Asian	1.4%	1.7%	5.8%
Native Hawaiian and Other Pacific Islander	0.1%	0.1%	0.2%
Some other race	5.8%	12.0%	6.6%
Two or More Races	5.7%	20.9%	10.7%
Hispanic/Latino	12.2%	48.2%	19.0%
Special Populations			
Veterans	4.8%	8.2%	6.4%
Have Disability	15.9%	16.7%	13.0%
Have Health Insurance	80.6%	90.5%	91.4%

Population Language Profile

Between 2017-2021, 67% of New Mexico residents age 5 years and older spoke only English at home, while 26% spoke Spanish. Nationally, 78% spoke only English and 13% spoke Spanish. New Mexico residents reported higher rates of Indigenous language use, with 3% of residents speaking Navajo at home and 0.4% speaking Zuni, compared to national rates of 0.1% and 0.003%, respectively.

Languages Spoken at Home, Population 5 Years and Older, 2017-2021 ³		
	New Mexico	United States
English Only	67.0%	78.3%
Spanish	25.7%	13.3%
Navajo	3.2%	0.1%
Zuni	0.4%	0.003%
Other Languages	3.7%	8.3%

³ U.S. Census Bureau. (2025, June). Detailed Languages Spoken at Home and Ability to Speak English for the Population 5 Years and Over: 2017-2021. Retrieved from <https://www.census.gov/data/tables/time-series/demo/language-use/2017-2021-lang-tables.html>

CCBHC Client Social Drivers of Health

Santa Fe Recovery Center CCBHC clients completed the CMHS NOMs Client-Level Services Tool, which captures social drivers of health that influence client outcomes. Response data from 2024 through 2025 were analyzed to identify meaningful trends in socioeconomic conditions, functioning, and housing. Baseline responses reveal that while all clients (100%) reported having a safe place to live, many still faced financial and employment challenges. More than two in five clients (43%) were unemployed but actively seeking work, and over one-third (36%) lacked sufficient funds to meet their basic needs in the past 30 days. These factors can directly affect clients' ability to access transportation, prioritize healthcare, and maintain consistent engagement with services.

- 100.0% of clients indicated they have a safe place to live
- 42.9% are unemployed but looking for work
- 35.7% did not have enough money to meet their needs in the past 30 days

Recent Living Conditions

Most clients reported stable living situations. Approximately 79% indicated they primarily lived in a private residence during the past 30 days. However, a notable portion of clients were in transitional or unstable environments: 14% lived in a residential treatment center, and 7% were staying in a homeless shelter.

Clients in treatment facilities may face structured schedules that limit availability for outpatient appointments, while those in shelters may experience inconsistent transportation access, limited privacy, and challenges maintaining regular engagement in care. Although the majority of clients are stably housed, the presence of shelter use and residential placements indicates that a subset of the CCBHC population navigates significant housing insecurity.

Client Primary Residence in the Past 30 Days, CMHS NOMs 2024-2025 (n=14)	
Item	%
Private Residence	78.6%
Residential Treatment Center	14.3%
Homeless/Shelter	7.1%

Housing Stability

Additional housing stability indicators further highlight the complexity of clients' recent housing experiences. While 92% of clients reported satisfaction with the conditions of their living space, nearly one-third (29%) had been homeless within the past 30 days, which is an indicator of housing instability. Furthermore, 43% had recently spent time in a detox or inpatient substance use treatment facility, suggesting active recovery journeys that may include frequent transitions between residential settings.

Housing Stability Statements, CMHS NOMs 2024-2025 (n=14)	
Item	%
Been satisfied with the conditions of your living space	92.3%
Spent time in a facility for detox/inpatient treatment for a substance abuse disorder	42.9%
Been homeless	28.6%
Spent time in a hospital for mental health care	0.0%
Spent time in a correctional facility	0.0%

AVAILABILITY AND ACCESSIBILITY OF SERVICES

Available Local Service Agencies

McKinley County offers many services for its residents. Here is a [Service Map](#) that shows various resources available in McKinley County as a method of assessing what currently exists in our community.

McKinley County has 11 fitness organizations, primarily in Gallup (9), with one each in Zuni and Thoreau. There are 19 food resource locations, most (14) in Gallup, suggesting a need for expanded access across the county.

The county includes 38 medical services or substance use treatment agencies, as well as 5 pharmacies. There are 43 social service agencies, largely concentrated in Gallup, indicating limited access in surrounding areas.

Safety services include 45 agencies, but gaps exist east of Route 371, where there are no police or medical transport services and only two fire departments. The county has 49 K-12 schools and 4 post-secondary institutions, including an accredited location of Navajo Technical University in Zuni. Finally, there are 69 Christian churches, with only one located east of Route 371.

Mental Health Agencies and Warmlines

The catchment area contains 27 mental health agencies. There are 17 mental health facilities that provide behavioral health services. Additionally, New Mexico offers 3 phone lines and 1 mobile app to help residents access mental health services.

The NM Connect App is a free and private way for New Mexicans to access mental health support, crisis services, and self-care tool by phone. Available in the Apple and Google Play Stores.

Line	Number	Hours
New Mexico Crisis and Access Line	1-855-NMCRISIS (662-7474)	24/7 support
Peer to Peer Warmline (NM Residents)	1-855-4NM-7100 (466-7100)	Phone Support: 7:00am-11:30pm Text Support: 6:00pm-11:00pm
988 Suicide & Crisis Lifeline	988	24/7 support

Media Organizations

McKinley County has 5 newspapers that cover daily and weekly news and is home to 4 radio stations/broadcasting companies.

- KFMQ 106.1 FM Gallup's Rock Station
- 99.9 FM XTC Gallup's Hit Music Station
- Millennium Media Inc
- 98.3 FM
- 93.7 FM
- 103.7 FM
- 94.5 FM
- KGAK Live Navajo News & Music AM 1330

Drive Time to Santa Fe Recovery Center's Gallup Sites

Gallup, New Mexico is a hub for community members living in McKinley County and rural areas beyond the county and state. In Gallup, community members access care as well as purchase necessities, and visit banks, laundry, and showering facilities. Gallup is also often the closest location where surrounding communities, including the Navajo Nation, can access detox and other SUD services. As in many rural areas across the country, it is sometimes difficult to access services because of the time it takes to travel to these locations. One way we have assessed the accessibility of our services is by showing the length of time it might take for community members to access us from common starting points in our surrounding service area.

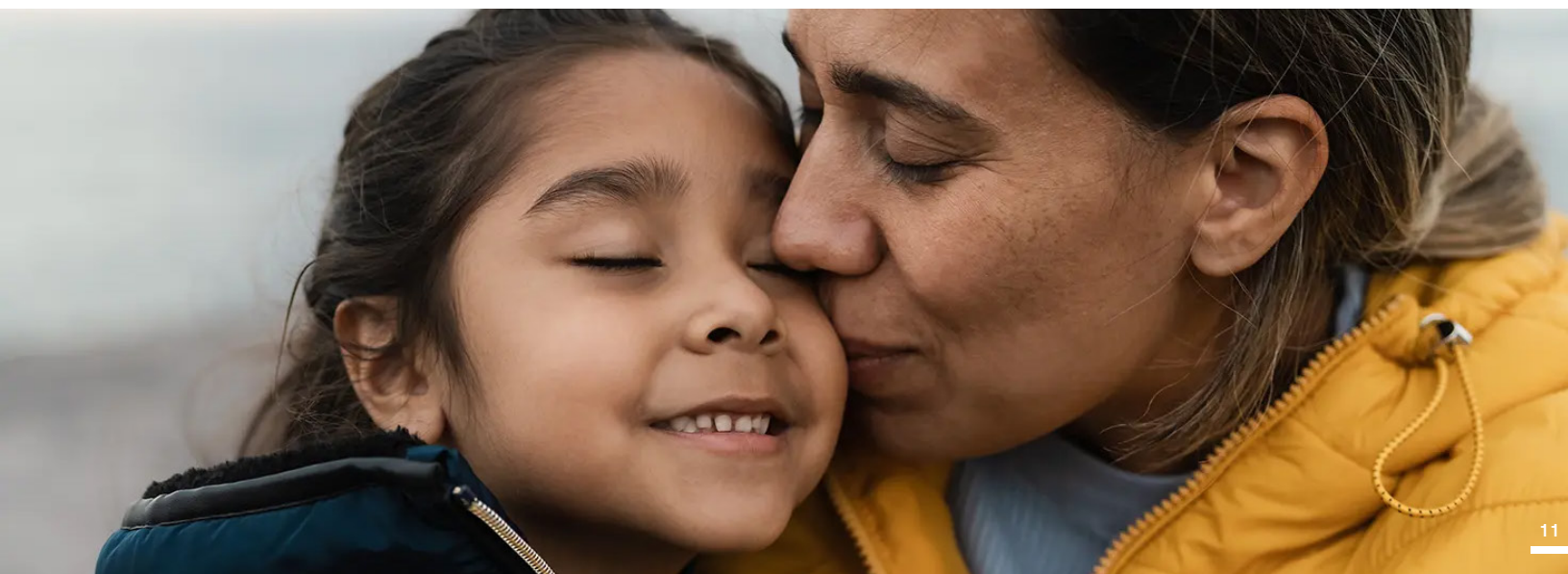
Based on this, travel times for locals may be as little as 11 minutes, but clients traveling from the Navajo Nation may drive up to an hour to receive services at our CCBHC location. The chart below estimates these travel times. An important factor when interpreting these distances is that travel times are especially difficult for those without a personal vehicle. Starting point locations that reside on or bordering the Navajo Nation include: Tohatchi, NM; Thoreau, NM; Prewitt, NM; and Ramah, NM.



Care Coordination Partnerships

The SFRC Behavioral Health CCBHC program partners with local primary care organizations, courts, and peer support and recovery housing service providers to ensure CCBHC clients receive responsive, coordinated care based on their needs.

SFRC Behavioral Health Care Coordination Partnerships			
Referral Type	Site	Address	Days and Times
Outbound primary care Inbound behavioral health referrals	Gallup Indian Medical Center	516 E Nizhoni Blvd, Gallup, NM 87301	M-Sun, 7 am - 5:30 pm Emergency Room 24/7
Outbound primary care referrals Inbound behavioral health referrals	Gallup Community Health	2111 College Dr. Gallup, NM	M-Th, 8 am - 8pm F-Sat, 8am - 8pm
Outbound primary care referrals Inbound behavioral health referrals	Zuni Comprehensive Community Health Center	12 B Ave, Zuni, NM 87327	M-Sun, 7 am - 5:30 pm Emergency Room 24/7
Outbound peer support and recovery housing referrals Inbound behavioral health referrals	Hozho Center for Personal Enhancement	216 W Maloney Ave Gallup, McKinley County 87301	M-F, 8am - 5pm
Inbound behavioral health referrals	McKinley County Magistrate DWI Treatment Court Programs	285 Boardman Dr, Gallup, NM 87301	M-F, 8am - 5pm
Inbound behavioral health referrals	Gallup Municipal Court	451 Boardman Dr, Gallup, NM 87301	M-F, 8am - 5pm
Inbound behavioral health referrals	McKinley County DWI Program	101 D Ave, Zuni, NM 87327	M-F, 8am - 5pm
Inbound behavioral health referrals	McKinley Teen Court	2105 East Aztec Ave Gallup, NM 87301	M-F, 8am - 5pm



INPUT FROM PROVIDERS AND PEOPLE WITH LIVED EXPERIENCE ON SERVICE ACCESS AND AVAILABILITY

Barriers to Care

The SFRC Community Needs Assessment Survey examined practical barriers clients face when seeking care. Most respondents (85%) reported they can access care at times that fit their schedules, while a small proportion disagreed (8%) or were neutral (8%). Similarly, nearly all respondents (92%) said they can receive services at a convenient location close to where they live or work. More than 94% reported satisfaction with wait times and with payment options, such as insurance or payment plans.

Respondents were asked to select barriers to care from a predefined list. Sixteen clients who had received care in McKinley responded, along with two providers reporting on barriers they have heard from their clients. The most commonly reported barriers to attending appointments were transportation challenges (28%), work hours (17%), and childcare responsibilities (17%).

Beyond logistical barriers, the survey also explored attitudes toward receiving care. Stigma emerged as a notable concern: more than half of respondents (56%) said personal beliefs sometimes or often prevent people from seeking behavioral health care.

What makes it hard for you/your clients to get to care appointments? (n=18), SFRC Needs Assessment Survey, 2026

Item	%
Trouble getting a ride	27.8%
Work hours	16.7%
Childcare	16.7%
Health problem or disability	11.1%
Fear or feeling judged	11.1%
Language problems	5.6%
Religious reasons	5.6%
Cost or fees	5.6%
No insurance	5.6%
None	44.4%

Respondents had the option to select more than one item.

Service Gaps

Findings from the SFRC Community Needs Assessment Survey reveal that respondents experience gaps in access to several types of health care providers, affecting multiple areas of behavioral health care. Nearly half of respondents (44%) reported difficulty accessing therapists or counselors, followed closely by psychiatrists (40%) and drug or alcohol treatment providers (36%). Respondents also reported difficulty accessing professionals who help connect individuals to services (31%), providers for children or teens (22%), and peer support workers (22%).

What types of health care providers are hardest to get in your community? (n=45), SFRC Needs Assessment Survey, 2026

Item	%
Therapists or counselors	44.4%
Mental health doctors (psychiatrists)	40.0%
Drug or alcohol treatment providers	35.6%
People who help connect to services	31.1%
Providers for children or teens	22.2%
Peer support workers (people who understand from experience)	22.2%
Providers who understand my heritage	17.8%
Providers who speak my language	11.1%
Other (written-in response): Health	2.2%
Other (written-in response): Help with sober living and employment opportunities	2.2%

Respondents had the option to select more than one item.

Access to services during later hours may present challenges for some individuals. While two-thirds of respondents (66%) reported that it is easy to get help at night or outside of typical business hours, 13% reported difficulty, and 20% neither agreed nor disagreed it is difficult to access services at these hours. After-hours service availability may be an area for further evaluation and potential improvement among McKinley clinics.

Crisis Treatment Resources

Respondents to SFRC's Community Needs Assessment Survey shared mixed perspectives on their community's ability to respond to behavioral health crises. About half (53%) agreed that their community has the tools needed to support individuals experiencing drug-related or mental health emergencies. However, 16% disagreed, and nearly one-third (31%) neither agreed nor disagreed, suggesting that some respondents are uncertain about the adequacy of available resources.

Behavioral Health Workforce Needs and Ongoing Solutions

As evidence from primary and secondary data collection, our catchment area, as well as New Mexico overall, continues to experience a significant shortage of healthcare and behavioral health professionals. This shortage is especially noticeable in substance use disorder treatment, where the demand for services continues to grow while the workforce struggles to keep pace. Several factors contribute to this challenge, including an aging workforce, fewer individuals entering healthcare professions, and the out-migration of workers from the state. At the same time, many communities face higher rates of poverty, disability, and complex health needs, which increases the demand for behavioral health and recovery services. Together, these factors create ongoing workforce pressures for treatment providers across New Mexico.

In response, behavioral health organizations and state partners are working to strengthen the workforce pipeline and create new pathways into the field. Efforts include expanding peer support roles that allow individuals with lived experience in recovery to enter the workforce, increasing opportunities for clinical supervision to support licensure for emerging clinicians, and building partnerships with local colleges and training programs to encourage more individuals to pursue careers in behavioral health. Additional statewide initiatives aimed at reducing licensing barriers and supporting workforce development are also helping to improve recruitment and retention across the healthcare system.⁵ Together, these strategies are helping to build a stronger behavioral health workforce capable of meeting the growing needs of New Mexico communities.

Access to CCBHC Services and Materials

The SFRC Community Needs Assessment Survey also assessed the accessibility of written materials at respondents' primary behavioral health clinics. Overall, clinics appear to meet respondents' needs in terms of written communication. Among those who had received behavioral health services, all respondents (100%) said written materials are provided in a language they understand, and nearly all (94%) reported that forms and signage are easy to read and understand. Additionally, 94% indicated that information is available in alternative formats when needed, such as large print or assistance with completing forms.

⁴ New Mexico Department of Workforce Solutions. (2025). New Mexico 2025 State of the Workforce Report. <https://www.dws.state.nm.us>

⁵ Think New Mexico. (2024). Health Care Worker Shortage in New Mexico. <https://www.thinknewmexico.org/health-care-worker-shortage/>

INPUT FROM CCBHC CONSUMERS ABOUT PERCEPTION OF CARE

Client Perception of Care

Questions related to client perception of care were administered as part of the CMHS NOMs Reassessment Tool, and four clients provided responses. Most indicators received full agreement, including statements that staff supported client recovery, and provided clear information about treatment and rights. Only half (50%, n=2) of the respondents reported feeling free to complain.

Overall, these results suggest that clients experience the SFRC CCBHC program as respectful and supportive. The consistency of positive responses points to strong therapeutic relationships and confidence in the quality of services. The lower rating on comfort with filing complaints highlights an area for improvement as the program continues to enhance client engagement and transparency.

% Who Agreed with Statements about their Perception of Care at the CCBHC Clinic, CMHS NOMS 2024-2025 (n=4)	
Item	% Answering "Yes"
Staff here believe that I can grow, change, and recover.	100.0%
I was given information about my rights.	100.0%
Staff encouraged me to take responsibility for how I live my life.	100.0%
Staff told me what side effects to watch out for.	100.0%
Staff respected my wishes about who is and who is not to be given information about my treatment.	100.0%
Staff helped me obtain the information I needed so that I could take charge of managing my illness.	100.0%
I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	100.0%
I felt comfortable asking questions about my treatment and medication.	100.0%
I, not staff, decided my treatment goals.	100.0%
I like the services received here.	100.0%
I would still get services from this agency if there were other choices.	100.0%
I would recommend this agency to a friend or family member.	100.0%
I felt free to complain.	50.0%

Quality of Service Provided

When asked about their interactions with service providers in the SFRC Community Needs Assessment Survey, respondents (n=17) expressed largely positive sentiments. All respondents (100%) reported that providers treat them with respect and deliver services in a language they understand.

Respondents also indicated that providers are attentive to their personal identities and backgrounds. Most said providers consider their identity, beliefs, and background when delivering care: 94% reported that providers consider their beliefs, 93% said providers consider how they see themselves, and 85% said providers consider where they come from. Additionally, respondents noted strong communication from providers regarding their care. All respondents (100%) said providers made sure they understood the terms used about their health and their care plans. About 94% also reported that providers ensured they understood available services, as well as other resources or options.

TREATMENT NEEDS

Unmet Treatment Needs

In McKinley County, the estimated substance use disorder (SUD) treatment gap affected 3,506 individuals, or 60% of those living with an SUD. This rate was lower than the statewide gap of 66% yet still reflects a substantial number of residents not accessing care. Harding County had the highest proportion of untreated individuals (93%), while Rio Arriba County had the lowest (21%).

Estimate of the SUD Treatment Gap, New Mexico Public Health Department, 2018 ⁶				
	People Living with SUD	People Who Received Treatment	People Needing treatment	% of Persons with SUD Needing Treatment, but are not receiving Treatment
McKinley County	5883	2377	3,506	60%
Rio Arriba	4145	3282	863	21%
Harding County	73	5	68	93%
New Mexico	204681	70303	134,378	66%

Young adults with mental illness face notable gaps in access to behavioral health care. In 2021, slightly more females (52%) than males (49%) reported receiving mental health services. However, many young adults perceive their needs are not being met: 33% of females and 35% of males also reported a perceived unmet need for mental health services that same year.

Received Mental Health Services and Perceived Unmet Need for Mental Health Services Among Young Adults 18-25 Years with Any Mental Illness in the United States, NSDUH Data Brief, 2021 ⁷		
	Female	Male
Received Mental Health Services	51.6%	49.4%
Perceived Unmet Need for Mental Health Services	32.9%	34.8%

⁶ New Mexico Department of Health. (2020, January). New Mexico Substance Use Disorder Treatment Gap Analysis. Documents. <https://www.nmhealth.org/publication/view/marketing/5596/>

⁷ Substance Abuse and Mental Health Services Administration. (2024, January). Gender Differences in Past Year Mental Health among Young Adults Aged 18 to 25. NSDUH Data Brief. <https://www.samhsa.gov/data/sites/default/files/reports/rpt44475/2021-nsduh-data-brief-1.pdf>



Behavioral Health Issues Experienced by Populations of Focus

The subsequent indicators provide insight into the prevalence of behavioral health conditions within the community and reflect the associated need for treatment and other interventions.

- serious mental illness (SMI)

According to the Substance Abuse and Mental Health Services Administration, an estimated 89,079 adults in New Mexico were living with a serious mental illness (SMI) in 2023, corresponding to a prevalence rate of 54.0 per 1,000 residents. This rate aligns with the national prevalence, which also stood at 54.0 per 1,000 adults.

Adults with Serious Mental Illness (SMI) Prevalence, Substance Abuse and Mental Health Services Administration, 2023 ⁸		
	Population 18+ Years with SMI	Rate per 1,000 Residents
New Mexico	89,079	54.0
United States	14,241,191	54.0

- substance use disorder (SUD) including opioid use disorder (OUD)

An estimated 5,883 residents of McKinley County were living with a substance use disorder in 2018, corresponding to a rate of 84.3 per 1,000 people. Although the number of affected individuals was smaller than the statewide estimate of 204,681, McKinley County's rate remained slightly lower than the New Mexico average of 96.9 per 1,000.

Estimate of Number of Persons with A Substance Use Disorder, New Mexico Public Health Department, 2018 ⁹			
	People Living with SUD	Population	Rate per 1,000
McKinley County	5,883	69,830	84.25
New Mexico	204,681	2,113,344	96.85

Population from US Census Bureau, 2017-2022.

In 2023, alcohol and opioids were involved in the greatest share of substance use disorders in New Mexico, with roughly 101,000 and 39,000 people affected by each substance, respectively. Disorders linked to stimulants, benzodiazepines, and cannabis were also present, each accounting for over 15,000 cases.

New Mexicans Living with Substance Use Disorders, New Mexico Legislative Finance Committee, 2023 ¹⁰				
Alcohol	Opioids	Stimulants	Benzodiazepines	Cannabis
101,012	38,989	21,694	15,987	17,776

⁸ Substance Abuse and Mental Health Services Administration. (2025, February 13). Adults with SMI and Children with SED prevalence in 2022. State-By-State Estimates Of Adults With Serious Mental Illness (SMI) And Children With Serious Emotional Disturbance (SED), 2023. <https://www.samhsa.gov/data/sites/default/files/reports/rpt53158/adults-with-smi-and-children-with-sed-prevalence-in-2023.pdf>

⁹ New Mexico Department of Health. (2020, January). New Mexico Substance Use Disorder Treatment Gap Analysis. Documents. <https://www.nmhealth.org/publication/view/marketing/5596/>

¹⁰ New Mexico Legislative Finance Committee. (2023, August 24). Addressing Substance Use Disorders. Documents. https://www.nmlegis.gov/Entity/LFC/Documents/Program_Evaluation_Reports/Progress%20Report%20Addressing%20Substance%20Use%20Disorders,%20August%202023.pdf

McKinley County and New Mexico experienced similar overall drug-related death rates in 2023, with McKinley County reporting a rate of 44 per 100,000 compared with the state rate of 46 per 100,000. Opioids, particularly fentanyl, were the primary contributors to drug-related mortality in both jurisdictions. In McKinley County, 23 of the 29 drug-related deaths involved fentanyl. Methamphetamine and alcohol also contributed to drug-related deaths in the county, though at lower levels. Statewide, opioids remained the most prevalent substances involved in fatalities, followed by methamphetamine.

Total Drug-Related Death Counts & Age-Adjusted Rates* by Drug Type, McKinley County & New Mexico, NMDOH, 2023 ¹¹												
	Total Drug		Any Opioid		Fentanyl		Rx Opioid		Alcohol		Methamphetamine	
	Count	Rate*	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate
McKinley County	29	44	23	35.2	23	35.2	3	4.6	16	24.6	14	21.2
New Mexico	948	46	688	34.4	613	30.9	146	7.0	196	10.0	485	23.9

*Rates are per 100,000 and age adjusted to the US 2000 standard population.

From 2021 to 2023, McKinley County experienced substantially higher alcohol-related death rates than the state overall, driven largely by chronic alcohol-related conditions. In McKinley County, total alcohol-related deaths declined from 227 in 2021 to 139 in 2023, and the corresponding age-adjusted rate decreased from 326.7 to 202.3 per 100,000. Despite this reduction, the county's rates remained several times higher than New Mexico's, where total alcohol-related deaths fell from 2,274 to 1,896 and the rate declined from 102.4 to 84.5 per 100,000 over the same period. Chronic alcohol-related deaths consistently accounted for the majority of cases in both the county and the state.

Total Alcohol-Related Death Counts & Age-Adjusted Rates* by Type of Alcohol-Related Death, McKinley County and New Mexico, NMDOH, 2021-2023 ¹²							
		2021		2022		2023	
		Count	Rate*	Count	Rate*	Count	Rate*
McKinley County	Acute Alcohol-Related Death	55	77.4	59	87.7	40	59.6
	Chronic Alcohol-Related Death	172	249.3	120	168.4	99	142.7
	Total Alcohol-Related Death	227	326.7	179	256.1	139	202.3
New Mexico	Acute Alcohol-Related Death	873	41.9	841	40.6	778	37.4
	Chronic Alcohol-Related Death	1,401	60.5	1,226	52.3	1,118	47.2
	Total Alcohol-Related Death	2,274	102.4	2,067	93.3	1,896	84.5

*Rates are per 100,000 and age adjusted to the US 2000 standard population.

¹¹ NMDOH Substance Use Epidemiology Section. (2023). Total Drug-Related Death Counts & Age-Adjusted Rates by Drug Type, 2020-2023, McKinley County & New Mexico. [Data request].

¹² NMDOH Substance Use Epidemiology Section. (2021-2023). Total Alcohol-Related Death Counts & Age-Adjusted Rates* by Type of Alcohol-Related Death, 2021-2023, McKinley County and New Mexico. [Data request].

In 2020, Bernalillo County accounted for the largest share of opiate overdose reversals using Naloxone in New Mexico, representing 39% of the state's total. McKinley County reported only four reversals during the same period, while Union County recorded none. The limited number of reversals observed in McKinley County may indicate gaps in Naloxone availability or in the tracking of overdose reversal events.

Opiate Overdose Reversals Using Naloxone, New Mexico Human Services Department, 2020¹³

	Number of Reversals
McKinley County	4
Bernalillo County	1,163
Union County*	0
New Mexico	2,979

*Sierra, Otero, Hidalgo, Harding, Guadalupe, Cibola, and Catron also had 0.

- Individuals with co-occurring mental and substance use disorders (COD)

During both 2023 and 2024, the proportion of individuals in treatment facilities diagnosed with co-occurring mental and substance use disorders was higher in New Mexico than in the United States. The gap widened in 2024, when more than half of patients in New Mexico's mental health treatment settings (55%) had co-occurring disorders, compared with 28% nationwide.

Individuals with Co-occurring Mental and Substance Use Disorders (COD), SAMHSA Treatment Episode Data Set, 2021-2022¹⁴

	2023	2024
New Mexico	40.1%	54.6%
United States	28.5%	28.0%

- Children with serious emotional disturbance (SED)

In 2023, there were 246,591 children ages 9–17 in New Mexico who experienced serious emotional distress (SED). SED involves both a diagnosable mental health condition and moderate to severe limitations in areas such as self-care, family relationships, social interactions, self-control, or learning.¹⁵ Estimates based on level of functioning showed a slightly higher upper limit, with 32,057 children, compared with 27,125 at the lower limit.

Children (Ages 9 to 17 years) with Serious Emotional Disturbances (SED) Prevalence, Substance Abuse and Mental Health Services Administration, 2023¹⁶

	Population 9-17 Years with SED	Level of Functioning = 60 (Lower Limit)	Level of Functioning = 60 (Upper Limit)
New Mexico	246,591	27,125	32,057
United States	38,264,686	3,940,221	4,705,515

¹³ New Mexico Human Services Department. (2022, May). U.S. and NM Health and Wellness. 2022 Data Book. <https://www.hsd.state.nm.us/wp-content/uploads/HW.pdf>

¹⁴ Substance Abuse and Mental Health Services Administration. (2023a). Individuals with Co-occurring Mental and Substance Use Disorders. Quick Statistics National Substance Use and Mental Health Services Survey. <https://www.samhsa.gov/data/data-we-collect/n-sumhss-national-substance-use-and-mental-health-services-survey/annual-releases>

¹⁵ New Mexico Children, Youth and Families Department. (2021, January). Appendix 2: Severe Emotional Disturbance (SED) determination criteria (revised Jan. 12, 2021). https://www.cyfd.nm.gov/wp-content/uploads/2024/01/45_...Appendix_2_SED-revised-011221-1.pdf

¹⁶ Substance Abuse and Mental Health Services Administration. (2025, February 13). Adults with SMI and Children with SED prevalence in 2022. State-By-State Estimates Of Adults With Serious Mental Illness (SMI) And Children With Serious Emotional Disturbance (SED), 2023. <https://www.samhsa.gov/data/sites/default/files/reports/rpt53158/adults-with-smi-and-children-with-sed-prevalence-in-2023.pdf>

- Individuals experiencing a mental health (MH) or substance use-related crisis

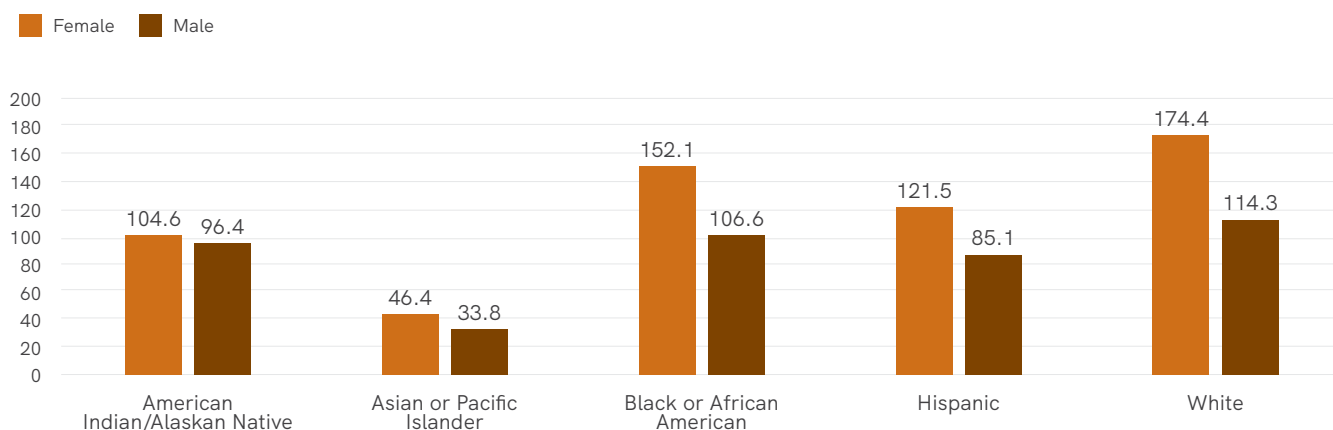
Depressive disorders were the primary reason for mental health-related hospitalizations among New Mexico youth ages 5-17 in 2019, with females experiencing more than twice the hospitalization rate of males (97.0 vs. 47.0 per 100,000). Females were also hospitalized at higher rates for trauma and stressor-related disorders, as well as anxiety disorders. In contrast, males had higher hospitalization rates for disruptive behavior and impulsive disorders, as well as attention deficit/hyperactivity disorder, compared with females.

New Mexico Youth Aged 5-17 Years with Mental Health Hospitalizations by Diagnosis Per 100,000 Residents, New Mexico Human Services Department, 2019¹⁷

	Female	Male
Disruptive Behavior and Impulsive Disorders	12.0	18.8
Attention Deficit/Hyperactivity Disorder	23.5	39.7
Trauma and Stressor-related Disorders	49.5	28.5
Depressive Disorders	97.0	47.0
Anxiety Disorders	53.2	29.2

2019 adult hospitalization rates for depression in New Mexico show variation across population groups. Among each racial/ethnic group, females exhibited higher hospitalization rates than males, with White females experiencing the highest rate of adult hospitalizations (174.4 per 100,000). Black or African American females had the second highest hospitalization rate for depression (152.1 per 100,000), despite comprising less than 3 percent of the state population. Underlying challenges, such as lack of access to providers and social drivers of health, may contribute to disproportionate hospitalization rates among certain groups.

New Mexico Adult Hospitalizations per 100,000 Resident for Depression, New Mexico Human Services Department, 2019¹⁸

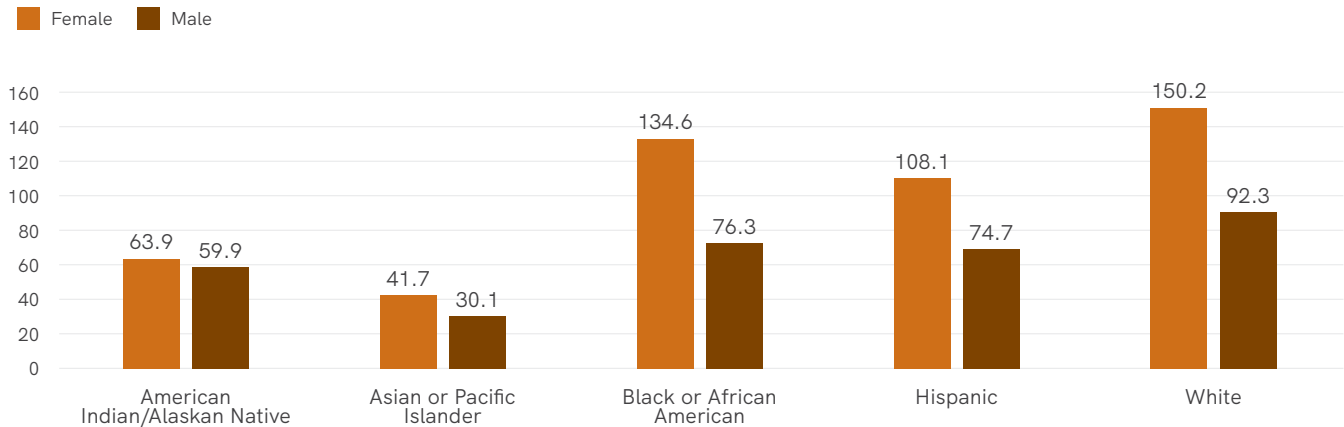


¹⁷ New Mexico Human Services Department. (2022, May). U.S. and NM Health and Wellness. 2022 Data Book. <https://www.hsd.state.nm.us/wp-content/uploads/HW.pdf>

¹⁸ New Mexico Human Services Department. (2022, May). U.S. and NM Health and Wellness. 2022 Data Book. <https://www.hsd.state.nm.us/wp-content/uploads/HW.pdf>

In 2019, adult hospitalization rates for anxiety in New Mexico were also highest among White females, at 150.2 per 100,000, followed by Black or African American females (134.6 per 100,000), and Hispanic females (108.1 per 100,000). Across all racial and ethnic groups, females experienced higher hospitalization rates for anxiety than males.

New Mexico Adult Hospitalizations per 100,000 Resident for Anxiety, New Mexico Human Services Department, 2019¹⁹



In 2023, McKinley County had 688 calls to the 988 or National Suicide Hotline that were directed to the New Mexico Crisis and Access Line. In McKinley, the rate emergent calls (11%) which require immediate 911 intervention was double the rate in the state. Additionally, urgent calls in McKinley (36%) which require an ER stabilization recommendation were also elevated when compared to the state rates (29%).

988 Calls, New Mexico Crisis Line, 2023 ²⁰					
	Total Calls*	Level of Care			
		Routine	Urgent	Emergent	Unknown
	N	%	%	%	%
McKinley County	688	31%	36%	11%	22%
County Unknown/Declined	10,375	19%	8%	0%	72%
New Mexico	63,172	30%	29%	5%	36%

*Hang up calls were dropped from totals, calls from National Suicide Line without location were also dropped.

¹⁹ New Mexico Human Services Department. (2022, May). U.S. and NM Health and Wellness. 2022 Data Book. <https://www.hsd.state.nm.us/wp-content/uploads/HW.pdf>

²⁰ ProtoCall Services, Inc. New Mexico 988. (2024, March 7). 988 Calls to the New Mexico Crisis and Access Line. New Mexico; Santa Fe.



INPUT FROM PEOPLE WITH LIVED EXPERIENCE ABOUT TREATMENT NEEDS

Respondent Insights: How to Improve Behavioral Health Services

Respondents to the SFRC Community Needs Assessment Survey provided comments about specific changes that could make emotional, mental health, and drug treatment services better in their community. The most common theme was the need for increased access and availability of care. Some suggestions included making services more affordable, expanding the number of facilities, and offering more options for care, including 24-hour access. Respondents also discussed the importance of strengthening infrastructure and workforce capacity, including expanding case management and outreach and improving communication. One respondent emphasized the importance of culturally competent care, noting the importance of “professional staff who understand what a person is going through emotionally, mentally, psychologically, and [have] a better understanding about the individual.”

In addition to system-level improvements, respondents highlighted demand for expanded counseling and treatment services. Responses reflected both general treatment gaps and more specific demand for mental health and substance use services, such as counseling, grief support, drug treatment, and greater access to information about substance use.

Several respondents discussed the importance of social supports, such as housing and employment opportunities, as part of recovery. One respondent wrote about the value of wraparound support, stating the need for “sober lifestyle living, helping people with job experience, and education training trades.”

Respondents further noted opportunities to expand awareness and outreach as well as to strengthen community engagement. Others described gaps in general support systems, particularly those that reflect community-specific needs. For example, one respondent shared, “In my [nearby] community [outside of Gallup], I feel if there were more support systems down there, and that aren’t so focused on just alcohol use, then that would be better.” A smaller number of responses reflected personal perspectives on health and well-being or general aspirations for improvement, such as individual responsibility and overall community wellness.

Additional Comments

In another part of the SFRC Community Needs Assessment Survey, a few respondents provided additional commentary on ways to strengthen behavioral health services in their community. Many of these responses reinforced the need for expanded resources. Specific services mentioned were peer support, housing and sober living programs, comprehensive alcohol and drug treatment services, and holistic approaches like yoga and acupuncture.

Three respondents pointed to the value of targeted outreach and advocacy for youth populations, those who are lacking support, and individuals from specific cultural backgrounds. Of these, one respondent noted the need for more advocates and funding to better serve Native American community members.



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