Behavioral Health Workforce in Rural New Mexico

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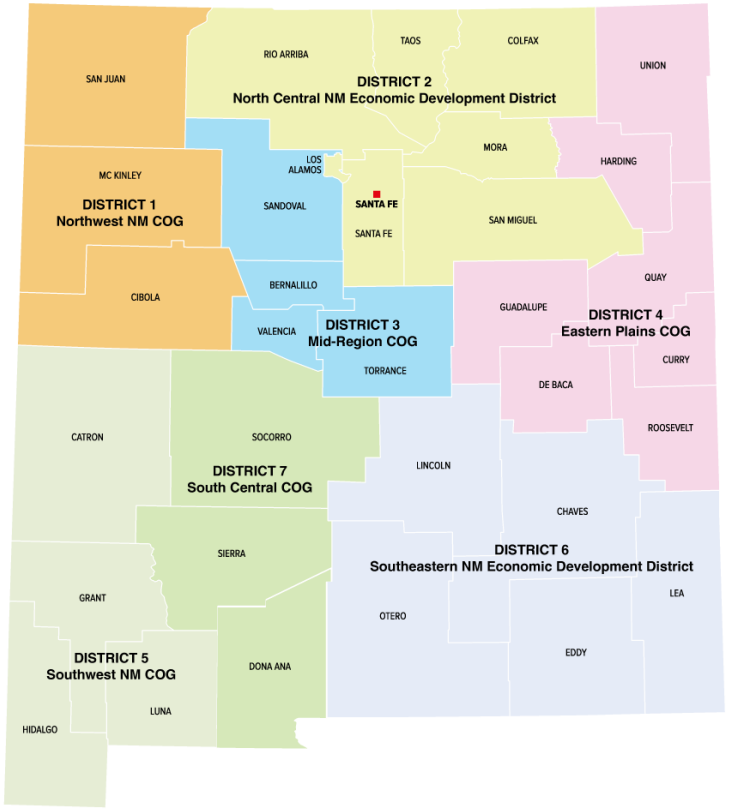
EASTERN PLAINS COUNCIL OF GOVERNMENTS

Eastern Plains Council of Governments



District 4

- The fundamental mission of EPCOG is to facilitate economic growth and provide services vital to the region's success.
- **The Eastern Plains Council of Governments (EPCOG)** is a voluntary association of local governments to establish a federally recognized economic development and planning district. The region is located within eastern New Mexico and includes:
- **Seven Counties**
- **Twenty-One Municipalities**
- **Two Unique Districts.**
- EPCOG operates with the intent to catalyze the success of its local government communities.

Federal Grant

- 4-year, two-million-dollar grant under the Health Resources and Services Administration
- Rural Community Opioid Response Program- Behavioral Healthcare Response

4-County Behavioral Health Partnership

Funded by HRSA – Serving Curry, De Baca, Quay, and Roosevelt Counties

- **Workforce Development**: Building capacity in rural behavioral health systems
- **Substance Use Prevention**: Community programs and school-based initiatives
- **Behavioral Health Support**: Crisis, treatment, and recovery resources

Behavioral Health Facility

Horizon BEHAVIORAL HEALTH CENTER

-Feasibility Study

-Engaged with community members throughout the study, including regular meetings with city and county representatives; 70+ interviews with community stakeholders, providers, and individuals with lived experience and family members with behavioral health conditions; and a community listening session which attracted 50 attendees from across the region.

-Throughout the process, we learned about residents' behavioral health concerns and priorities, service gaps and their impact on people's lives, and what an ideal regional facility would look like according to these stakeholders.

Results

The percentage of residents living on incomes below the poverty line (16.55%) in the target rural area is higher than in the US (10.20%) and similar to New Mexico overall (16.8%).

Both the per capita income ($21,823) and median household income ($42,413) are significantly lower in the target area compared to the US as a whole ($34,103 and $62,843 respectively) and lower than New Mexico overall ($27,230 and $49,754 respectively).

Suicide continues to be a pressing public health issue in our state as New Mexico ranks among the top five states in the US for suicide deaths. In Quay County, the suicide rate is much higher than the state rate. All our target area county rates are at least 1.5 times higher than the national rate of suicide deaths. (514 in 2024, 10% increase)

Children and youth living in our target rural area experience a host of risk factors for substance use disorder and mental illness. The rate of child maltreatment in New Mexico of nearly 17 children per 1,000 is almost twice the national rate

Students in grades 6-8 in our target rural counties have high rates of thoughts of suicide, ranging up to 1 in 4 students. Substance use by young children (less than 11 years old) is prevalent in our state

In New Mexico, a striking 40 percent of high school students (grades 9-12) report feelings of sadness and hopelessness. Suicidal ideation affects 9-18% of students

Social Workers by Number

Curry

County Population: 47,222
Total Licensed Social Workers: **84**

Quay

County Population: 8,510
Total Licensed Social Workers: **12**

Roosevelt

County Population:18,787
Total Licensed Social Workers: **39**

De Baca

County Population: 1657
Total Licensed Social Workers: **3**

Union

County Population: 3,964
Total Licensed Social Workers: **4**

Guadalupe

County Population: 4,292
Total Licensed Social Workers: **6**

Harding

County Population: 624
Total Licensed Social Workers: **0**

Expanding Coverage

Prior to grant funding only four of our twelve rural schools had mental health counselors

Students in Social work and counseling programs were having to relocate to other cities/states for internships

Patients leaving the state for inpatient behavioral health services, long waitlists were causing diversion to Emergency services

Three full-time grant employees

Two full-time and one part-time mental health counselors

One full-time discharge coordinator at the hospital

5-6 student behavioral health interns per semester in new locations

Expanding Workforce

1+2+2 Education Model

1 Year at Clovis High School Early College Program- Intro to BH

2 years at Clovis Community College- Behavioral Health Science

2 years at Eastern New Mexico University- Bachelor's of Social Work

2-3 Years at Eastern New Mexico University- Master's of Social Work

Barriers

- Difficulties in workforce recruitment and retention because of high housing costs, rural locations, and low wages.
- Complexity in service provision because of lack of community resources, long waitlists, and limited culturally and linguistically care.
- Increased workloads because of rising housing costs, impact of wildfires, lack of accessible, reliable public transportation, food insecurity, and lack of social services.
- Increased risk for burnout and trauma related to the acuity of student mental health needs, including escalating rates of depression, anxiety, and suicidal ideation, where burnout among behavioral health providers and school personnel was of concern pre-pandemic and became even more pressing since 2020.
- These findings punctuate the urgency for action now to prevent further erosion of an already struggling workforce.

Funding Opportunities BH

Key Federal & State Funding Sources for Behavioral Health

1. SAMHSA (Substance Abuse and Mental Health Services Administration)

- Offers NOFOs for mental health, substance use treatment, prevention, capacity building, technical assistance.
- Also provides formula block grants: Community Mental Health Services Block Grant and Substance Use Prevention/Treatment Recovery Block Grant.

2. HRSA (Health Resources & Services Administration)

- **Behavioral Health Service Expansion (BHSE):** Funds to start or expand mental health & addiction (SUD) services. **BHWET (Behavioral Health Workforce Education & Training):** Grants for training behavioral health professionals (and paraprofessionals).
- **Behavioral Health Integration / Telehealth (BHI / EB-TNP):** Supporting integration of behavioral health into primary care via telehealth, especially in underserved/rural areas.
- **Promoting Resilience & Mental Health among Health Workforce:** Grants to health care providers / FQHCs to bolster mental wellness among their staff.

3. State / Local Behavioral Health Departments

- Many states run RFPs or pass-through funds (e.g. California's BHCIP, Bridge Housing program, etc.).
- States also determine how to allocate passed-through or block grants coming from federal sources.

Opioid Settlement Funds

Opioid Settlement Funds

- **What they are:** Over the past years, states, localities, and tribes have reached national opioid litigation settlements with distributors and manufacturers. These funds are being distributed over time.

- **Rules / constraints:**
  - A large share (at least ~70%) must be used for *future* opioid "remediation" (i.e. treatment, recovery, prevention, harm reduction) rather than administrative or unrelated uses.

  Examples of uses:

  - Expanding medication for opioid use disorder (MOUD) access
  - Harm reduction (naloxone distribution, syringe services)
  - Recovery housing / supportive housing tied to addiction recovery
  - Treatment services, workforce training, integration of addiction care
  - Infrastructure, data systems, overdose prevention programs

- **State/local implementation:** How states distribute and prioritize funds varies. Some states issue RFPs (e.g. New York's recovery residences, community clinic services) using opioid settlement funds

Retention

1. Stakeholder & Consortium Buy-In

- Collaborative planning across education, healthcare, and community partners
- Shared investment in recruitment and retention initiatives

2. Loan & Education Incentives

- HRSA-supported loan repayment and scholarship programs
- Incentives for service in rural and underserved areas
- State Tuition Assistance

3. Homegrown Workforce Development

- **Access to Education:** Local training pipelines and partnerships with colleges
- **Additional Training/Resources** for Providers
- **Affordability:** Tuition support, stipends, and paid internships

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