

Santa Fe Recovery Center

Certified Community Behavioral Health Clinics

Community Needs Assessment

Project Period: 09/30/23 - 09/29/27

September 2024

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Introduction

In 2023, the Santa Fe Recovery Center (SFRC) was awarded the Certified Community Behavioral Health Clinics (CCBHC) grant by SAMHSA to deliver comprehensive and coordinated behavioral health care in Santa Fe County. This initiative requires a culturally responsive approach, enhancing targeted outreach and integrating person-centered services. Through a care coordination model, SFRC aims to address service gaps and reduce disparities. CCBHCs are committed to serving individuals of all ages within the designated geographic area who require behavioral health services.

Populations of Focus – Santa Fe County, NM has a population of 155,664. The populations of focus are the individuals of all ages living in and around Santa Fe County with:

- serious mental illness (SMI)
- substance use disorder (SUD) including opioid use disorder (OUD)
- 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

Availability and Accessibility of Services

Available Local Service Agencies:

Santa Fe County offers many services for its residents. Here is a <u>Service Map</u> that shows various resources available in Santa Fe County as a method of assessing what currently exists in our community. The linked map demonstrates that our service area has the following number of resources:

- 12 Social Service Agencies
- 29 Mental Health Agencies
- 41 Safety Service Agencies



- 13 Medical Service Agencies
- 12 Food Resource Locations
- 47 Schools
- 14 Fitness Organizations
- 7 Media Organizations

Link to Service Map: https://www.google.com/maps/d/u/0/edit?mid=1S3pArC-nbvxRZfdELbSHptjolx55gRA&usp=sharing

Geographic Accessibility to Santa Fe Recovery Center (SFRC):

Santa Fe, New Mexico, serves as a central hub for residents of both Santa Fe County and nearby rural areas. Community members access essential services such as healthcare, banking, laundry, and shower facilities in Santa Fe, which is often the nearest location for surrounding areas, including several pueblo communities, to obtain detox and substance use disorder (SUD) services. Due to the rural nature of the region, travel times can vary significantly. While local residents may reach services in as little as one minute, individuals from nearby pueblos may travel up to an hour and ten minutes. This challenge is further exacerbated for those without personal vehicles. Key service points include Pojoaque, Tesuque, Nambe, San Ildefonso, Santa Clara, Ohkay Owingeh



Pueblos, and Edgewood.





Availability of 9 Core CCBCH Services:

The Santa Fe Recovery Center provides six of the nine core CCBHC services on-site or in collaboration with local service providers.

	Santa Fe Recovery Center's CCBHC Services					
Services	Site	Address	Days and	Designated		
			Times	Collaborating		
				Organization		
				(Yes/No)		
Screening,	Santa Fe Recovery Center	2504 Camino	Mon-Fri 8	Yes		
Assessment, and		Entrada	am – 5 pm			
Diagnosis		Santa Fe, NM 87507				
Patient-Centered	Santa Fe Recovery Center	2504 Camino	Mon-Fri 8	Yes		
Treatment Planning		Entrada	am – 5 pm			
		Santa Fe, NM 87507				
Targeted Case	Santa Fe Recovery Center	2504 Camino	Mon-Fri 8	Yes		
Management		Entrada	am – 5 pm			
		Santa Fe, NM 87507				
Outpatient Mental	Santa Fe Recovery Center	2504 Camino	Mon-Fri 8	Yes		
Health/Substance		Entrada	am – 5 pm			
Use Disorder		Santa Fe, NM 87507				
Peer Support	Santa Fe Recovery Center	2504 Camino	Mon-Fri 8	Yes		
		Entrada	am – 5 pm			
		Santa Fe, NM 87507				
Psychiatric Rehab	Santa Fe Recovery Center	2111 College Dr.	Mon-Fri 8	Yes		
		Gallup, NM	am – 5 pm			

Input from people with lived experience about Availability and Accessibility of Services Input from SFRC Clients about service accessibility:

Throughout 2023, SFRC gathered client feedback during intake processes. While this data reflects the perspectives of clients who completed the survey, it may not represent the broader views of Santa Fe County residents on accessibility. Importantly, all respondents reported easy access to treatment. However, other surveys suggest that this experience may not be universal,



particularly among special populations (see 'Input from Santa Fe, NM Area About Service Accessibility').

The data was collected using a Client Feedback Survey at various SFRC locations. Clients would receive one or more services from SFRC: Detox, Four Corners Detox (FC Detox), Men's Residential Treatment (M RTC), Women's and Children's Program (W Combined), Four Corners Detox Recovery Center (FCDRC) Residential Treatment Center (RTC), Women's Extended Residential Program (W Ext).

Client Experience Questions – All questions were asked at intake:

- 98.5% of clients felt they were treated respectfully by admission/intake staff. (2,415 clients responded to this question.)
- 93.8% of clients said it was easy for them to access our treatment services. (2,418 clients responded to this question.)

Input from Santa Fe, NM Area About Service Accessibility

Through a broader community survey conducted by Presbyterian Healthcare Services, "when asked about needed resources that can help the community be healthier, survey respondents identified mental health and substance use treatment resources and social services, transportation.

. . services for rural communities, community-informed programming, intergenerational programming and culturally appropriate care and services." In addition, survey takers in the county indicated three behavioral health concerns: "access to health care, substance us, and behavioral mental health." Surveyors linked mental health to lack of stable housing, the cost of living, transportation, increased fentaryl use, and the impact of COVID-19.

In the same survey for Presbyterian Healthcare Services, Respondents to a needs assessment survey conducted by Presbyterian Healthcare Services in Santa Fe county



ranked barriers related to access to primary/preventative care for low-income residents in the community which include¹ (in rank order):

- 1. Access to healthcare
- 2. Environmental health
- 3. Substance use
- 4. COVID-19
- 5. Climate change
- 6. Behavioral/mental health healthy eating
- 7. Housing
- 8. Active Living
- 9. Access to mental healthcare

The top ten topics according the population level data include:

- 1. Adult mental health
- 2. Heart Disease Mortality
- 3. Adults as healthy weight
- 4. Suicide (adults)
- 5. Drug overdose death
- 6. Fruit and vegetable consumption (youth)
- 7. Fruits and vegetable consumption (adults)
- 8. Youth sadness
- 9. Youth tobacco use
- 10. Abohol-related deaths

¹ Rehoboth McKinley Christian Health Care Services, 2022 Community Health Needs Assessment conducted by CHC Consulting February 2,2022-March 14, 2022.



Cultural and Linguistic Needs

Race and Ethnicity Demographics

The population found in Santa Fe County is more diverse than most places in the United States. Santa Fe County boasts a high percentage of Hispanic and Latino which exceed state and/or national rates of these populations. While Hispanic and Latino may represent the second largest numerical majority after White, their potential culture and language differences pose barriers to accessing services.

Demographics and Special P	opulations, US Co	ensus Bureau, 2017	7-20222
	Santa Fe		
	County	New Mexico	United States
	Race and Ethr	nicity	l
White	45.8%	36.8%	75.3%
Black or African American	1.4%	2.8%	13.7%
American Indian and			
Alaska Native	4.4%	11.4%	1.3%
Asian	1.8%	2%	6.4%
Native Hawaiian and Other			
Pacific Islander	0.2%	<1%	<1%
Two or More Races	2.2%	2.8%	3.1%
Hispanic/Latino	47.7%	48.6%	19.5%
	Special Popula	tions	
Veterans	7.1%	9.3%	7%
Have Disability	9.5%	11.4%	8.9%
Have Health Insurance	87.4%	90%	90.5%

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² US Census Bureau (2022). DP05 Demographic and Housing Estimates, American Community Survey 5-Year Estimates. Retrieved March 18, 2024 from: https://data.census.gov/table?q=DP05&g=010XX00US 040XX00US3 050XX00US,35031

US Census Bureau (2022). Selected Characteristics in the United States, American Community Survey 5-Year Estimates. Retrieved March 18, 2024 from:

 $[\]frac{\text{https://data.census.gov/table/ACSDP5Y2022.DP02?q=DP02\%20DP03\%20DP04\%20DP05\&g=010XX00US_040XX00US35_050XX00US.3503}{1}$



Age					
Children (Under 5)	4,013	104,293	18,333,697		
Children (Under 18)	24,102	448,558	72,648,436		
Adults (18 and Over)	131,854	1,665,813	271,122,729		
Adults (65 and Older)	45,379	421,772	59,307,056		
Gender					
Female	63,999	822,216	128,493,039		
Male	67,855	843,597	133,773,421		

Language Demographics

Between 2006 and 2010, the most common languages spoken at home in Santa Fe County were English (65%) and Spanish (32%), a notable difference from the state of New Mexico's language distribution. In New Mexico, only 4% spoke Navajo at home, while 29% spoke Spanish and 64% spoke

Languages Spoken at Home, MLA Language Map Data Center, 2006-2010 ³					
	Santa Fe County New Mexico				
English	64.96%	63.96%			
Navajo	0.26%	3.5%			
Other North American Indian	0.88%	1.63%			
Language					
Spanish	31.38%	28.45%			
Other	2.52%	2.46%			

³ MLA Language Map Data Center. (2015m, October 12). *Language by State and County*. Language Map Data Center. https://apps.mla.org/map_data



Input from people with lived experience about Cultural and Linguistic Needs

Culture and Stigma Related Needs

According to Gallup Community Health, "The Latino and Native American communities historically do not seek behavioral health services due to social and cultural stigmas against mental illness and treatment. Religion can also be a factor preventing both Native Americans and Latinos from seeking behavioral health services contributing to the stigma against mental illness and treatment by attributing poor mental health to demons, lack of faith, or sinful behavior. Latinos and Native Americans, especially older generations, perceive discussing problems with mental health are embarrassing and shameful to the family which results in fewer people seeking treatment."

Gallup Community Health also says, "Lack of English proficiency (reading and writing skills) is often associated with reduced health care utilization and indicates a population who is less likely to self-identify a need for primary health services, which subsequently predicts lifetime primary health care use and results in bager duration of untreated disorders."

Summary of Demographics

In review of the demographics of Santa Fe County, it becomes evident that the community is diverse in nature. With 47.7% being Hispanic or Latino and 45.8% being white, among Native American and other races, we have a variety of cultures and linguistic needs to consider. For instance, those coming from Latino or Native American backgrounds historically do not seek help for mental or behavioral health needs due to a cultural stigma.

Treatment Needs

Unmet Treatment Needs

The estimated substance use disorder treatment gap in Santa Fe County was 8,415 people or 49% of persons with substance use disorder who are not receiving treatment. The unmet treatment gap was below the treatment gap statewide (66%), but still concerningly high. Harding County (93%)

⁴ Gallup Community Health, (October 2023), Community Health Needs Assessment, Gallup, New Mexico.

⁵ Gallup Community Health. (October 2023). *Community Health Needs Assessment*. Gallup, New Mexico.



and Rio Arriba (21%) Counties had the most and least treatment need gap in the state.

Estimate of the SUD Treatment Gap, New Mexico Public Health Department, 2018 ⁶					
	People	People	People	% of Persons with SUD	
	Living	Who	Næding	Needing Treatment, but	
	with SUD	Received	treatment	are not receiving	
		Treatment		Treatment	
Santa Fe County	17,335	8,920	8,415	49%	
Rio Arriba	4,145	3,282	863	21%	
Harding County	73	5	68	93%	
New Mexico	204,681	70,303	134,378	66%	

In 2021, among individuals with any mental illness who sought mental health services, females had a slight majority, making up 52% of those seeking assistance. Conversely, during this period, males (35%) were more likely than females (33%) to report a perceived unmet need for mental health services.

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, 2021⁷

	Female	Male
Received Mental Health Services	51.6%	49.4%
Perceived Unmet Need for Mental Health	32.9%	34.8%
Services		

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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



Level of Behavioral Health Issues Experienced by Populations of Focus

The following describes the rates at which our community is experiencing various behavioral health issues as an indicator of the level of need in our community for treatment and other interventions.

• serious mental illness (SMI)

The prevalence of adults with serious mental illness (SMI) in New Mexico was consistent with the prevalence reported in the United States in 2022 at 54.0 per 1,000 residents. There are approximately 88,591 persons living with serious mental illness in New Mexico.

Adults with Serious Mental Illness (SMI) Prevalence, Substance Abuse and					
Mental Health Services	Mental Health Services Administration, 20228				
Population 18+ Years with Rate per 1,000					
SMI Residents					
New Mexico 88,591 54.0					
United States 14,172,550 54.0					

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

According to estimates by the New Mexico Public Health Department, in a county with a population of 155,956, there are 17,335 people living with a substance use disorder (SUD) in Santa Fe County.

Estimate of Number of Persons	with A Substance Use 1	Disorder, New Mexic	o Public Health
Department, 2018 ⁹			
	People Living with		
	SUD	Population	Rate per 1,000

⁸ Substance Abuse and Mental Health Services Administration. (2023, November 21). *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), 2022. https://www.samhsa.gov/data/sites/default/files/reports/rpt42790/adults-with-smi-and-children-with-sed-prevalence-estimates-in-2022.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/



Santa Fe County	17,335	155,956	111.15
New Mexico	20,4681	2,113,344	96.85

Note: Population from US Census Bureau, 2017-2022

In 2023, alcohol and opioids were the primary substances contributing to substance use disorders in New Mexico, affecting 101,012 and 38,989 individuals, respectively. Other substance use disorders came from substances such as stimulants, benzodiazepines, and cannabis.

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

The following table breaks down the substance use disorders and the substances they came from, as provided by New Mexico Public Health Department in 2018.

New Mexico Public Health Department, 2018						
Total	Alcohol	Opioids	Stimulants	Benzodiazepines	Cannabis	Unspecified
17,335	7,491	4,561	1,713	1,563	1,349	658

Between 2016 and 2020, New Mexico saw its greatest number of single drug overdose deaths from methamphetamine at 390. Of all drug involved deaths during this period, methamphetamine and heroin were the primary contributors. When second substances were involved, the combination of methamphetamine and heroin was the most common.

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%20D

isorders,%20August%202023.pdf

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Number of Substance Involved Deaths in New Mexico, New Mexico Substance Use Epidemiology Profile, 2016-2020¹¹

	Methamphetamine	Fentanyl	Heroin	Prescription	Benzodia zepines
				Opioids	
All Drug Involved	926	562	691	467	430
Deaths					
Singe Drug	390	139	155	122	24
Overdose Deaths					
	Second	Substance	Involved		
Methamphetamine	*	52	180	11	4
Fentanyl	52	*	36	34	31
Heroin	180	36	*	9	44
Cocaine	16	51	30	8	2
Prescription	11	34	9	*	74
Opioids					
Benzodia zepines	4	31	44	74	*
Another Drug	48	7	16	12	37
Three or more	225	212	221	164	214
substance involved					
death					
Alcohol-Involved	98	136	166	93	110

In 2020, Bernalillo County accounted for 39% of opiate overdose reversals using Naloxone in New Mexico. Santa Fe County reported 680 total opiate overdose reversals using Naloxone in 2020. Bernalillo County and Union County had the most and least number of reversals in the state for this period.

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¹¹ New Mexico Department of Health. New Mexico Substance Use Epidemiology Profile, 2022



Santa Fe County was the second largest county for having overdose reversals using Naloxone, but more reversals could still happen if we made Naloxone more readily available.

Opiate Overdose Reversals Using Naloxone, New Mexico Human Services Department,					
202012					
	Number of Reversals				
Santa Fe County	680				
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)

In 2021 and 2022, the prevalence of individuals diagnosed with co-occurring mental and substance use disorders in treatment facilities was higher in New Mexico compared to the United States. In 2022, individuals receiving care in mental health treatment facilities in New Mexico were more often diagnosed with co-occurring disorders compared to the national average.

Individuals with Co-occurring Mental and Substance					
Use Disorders (COD), SAMHSA Treatment Episode					
Data Set, 2021-2022 ¹³					
2021 2022					
New Mexico	41.9%	59.7%			

¹² New Mexico Human Services Department. (2022, May). *U.S. and NM Health and Wellness*. 2022 Data Book. https://www.hsd.state.nmus/wp-content/uploads/HW.pdf

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/quick-statistics-results?qs type=nsumhss&state=United+States&year=2021



United States	27.5%	27.3%

• Children with serious emotional disturbance (SED)

In 2022, New Mexico reported 249,583 children aged 9-17 years that had serious emotional distress (SED). Regarding the level of functioning, the upper limit had the slight edge at 32,446, compared to the bwer limit at 27,454.

Children (Ages 9 to 17 years) with Serious Emotional Disturbances (SED) Prevalence,						
Substance Abuse and Mental Health Services Administration, 2022 ¹⁴						
	Population 9-17 Level of Functioning Level of Functioning					
	Years with SED	= 60 (Lower Limit)	= 60 (Upper Limit)			
New Mexico	249,583	27,454	32,446			
United States 37,919,276 3,872,115 4,630,500						

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

In 2019, depressive disorder diagnoses were the leading cause of mental health hospital hospitalizations among both male and female youth aged 5-17 years in New Mexico, although there was a higher prevalence among females compared to males which was more than double, with rates of 97.0 to 47.0 per 100,000 residents, respectively. Compared to males, females also showed a greater prevalence in hospitalizations with a diagnosis of trauma and stressor-related disorder and anxiety disorders. Males were more commonly hospitalized with a diagnosis of disruptive behavior/impulsive disorders and attention deficit/hyperactivity disorder than females.

Substance Abuse and Mental Health Services Administration. (2023, November 21). *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), 2022. https://www.samhsa.gov/data/sites/default/files/reports/rpt42790/adults-with-smi-and-children-with-sed-prevalence-estimates-in-2022.pdf



New Mexico Youth Aged 5-17 Years with Mental Health Hospitalizations by					
Diagnosis Per 100,000 Residents, New Mexico Human Services Department, 2019 ¹⁵					
Female Male					
Disruptive Behavior and Impulsive	12.0	18.8			
Disorders					
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			

In 2019, White females exhibited the highest prevalence of adult hospitalizations per 100,000 for depression in New Mexico, with a rate of 174.4. Among all race/ethnicities, females exhibited a higher prevalence than men for adult hospitalization for depression.

New Mexico Adult Hospitalizations per 100,000 Resident for Depression,					
New Mexico Human Services Department, 2019 ¹⁶					
	Female	Male			
American Indian/Alaskan Native	104.6	96.4			
Asian or Pacific Islander	46.4	33.8			
Black or African American	152.1	106.6			
Hispanic	121.5	85.1			
White	174.4	114.3			

In 2019, White females exhibited the highest prevalence of adult hospitalizations per 100,000 for

¹⁵ 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

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



anxiety in New Mexico, with a rate of 150.2. Among all race/ethnicities, females exhibited a higher prevalence than men for adult hospitalization for anxiety.

New Mexico Adult Hospitalizations per 100,000 Resident for Anxiety,					
New Mexico Human Services Department, 2019 ¹⁷					
Female Male					
American Indian/Alaskan Native	63.9	59.9			
Asian or Pacific Islander	41.7	30.1			
Black or African American	134.6	76.3			
Hispanic	108.1	74.7			
White	150.2	92.3			

In 2023, there 63,172 calls to the 988 or National Suicide Hotline which were directed to the New Mexico Crisis and Access Line. Among 988 calls from Santa Fe County, the rate emergent calls (.06%) which require immediate 911 intervention was double the rate in the state. Additionally, urgent calls in Santa Fe County (.01%) which require a ER stabilization recommendation were also elevated when compared to the state rate (29%).

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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



988 Calls, New Mexico Crisis Line, 2023 ¹⁸							
		Level of Care					
	Total						
	Calls*	Routine Urgent Emergent Unknown					
		%	%	%	%		
Santa Fe County	491	93%	.01%	.06%	34%		
County	10,375	19%	8%	0%	72%		
Unknown/De cline d							
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

Input from people with lived experience about Treatment Needs

SFRC Client Treatment Needs

Throughout 2023, SFRC clients were asked questions during their discharge process. The data was collected using a Client Feedback Survey at various SFRC locations. Clients received one or more services from SFRC: Detox, Four Corners Detox (FC Detox), Men's Residential Treatment (M RTC), Women's and Children's Program (W Combined), Four Corners Detox Recovery Center (FCDRC) Residential Treatment Center (RTC), Women's Extended Residential Program (W Ext). Client Experience Questions – All questions were asked at discharge:

- 95.7% of clients said they would recommend SFRC treatment? (559 clients responded to this question.)
- When asked "How do you evaluate the services provided be the Counseling staff?", here is how participants responded (612 clients responded to this question.):
 - \circ Excellent -67.9%
 - Good 17.8%
 - \circ Satisfactory -6.6%
 - \circ Fair -6.7%

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¹⁸ ProtoCall Services, Inc. New Mexico 988. (2024, June-August 2024). 988 Calls to the New Mexico Crisis and Access Line. New Mexico; Santa Fe.



- \circ Poor -0.8%
- When asked "Did you receive adequate counseling, education on your addictions, and therapeutic programs?", here is how participants responded (843 clients responded to this question.):
 - \circ Excellent -65.8%
 - \circ Good -20.4%
 - \circ Satisfactory -4.3%
 - \circ Fair -8.8%
 - \circ Poor -0.7%

Program Effectiveness Questions – All questions were asked at discharge:

- When asked "Did you get what you needed from treatment to maintain your recovery?", 93.6% of clients said yes. (564 clients responded to this question.):
- When asked to respond to the statement "I am making good progress on my recovery journey.", 68.1% strongly agreed. (Recovery Capital Questionnaire) (1,239 clients responded to this question.)

Summary of Findings

It can be seen that there is a large unmet need within the Santa Fe County community, primarily amongst men and those with SUD that are not receiving treatment. Women have a higher rate of mental health disorders—namely trauma disorders and depression—than men, yet many are not receiving treatment. Finally, looking at 988 calls, there is a drastically larger number of individuals not sharing their location with the operator resulting in less care being obtained.

Economic and Social Drivers of Health in Our Service Area

Taking a look at data in Santa Fe County, links between SDOH and treatment are evident. 12.4% of people are in poverty, 10% have food insecurity, and an astonishing 50% of households are paying more than 30% of their income on rent. The chart below demonstrates the findings.



HEALTH RELATED	SANTA FE	NEW MEXICO	UNITED	
SOCIAL NEEDS	COUNTY		STATES	
Poverty	12.4%	17.6%	11.5%	Of all
-				Persons
Food Insecurity	10%	15.2%	13.5%	Of all
-				Households
Households paying	50%	53.3%	51.9%	Of
<30% of income on				Occupied
rent				Units
				Paying
				Rent

Summary of SDOH Findings

With approximately 50% of people paying over 30% of their income on rent, it could be suggested that this is directly impacting people's ability to receive help with mental and behavioral health. It can be hard to pay for visits to providers when your income is quickly spent up. In addition, a large portion of the community is in poverty and experiencing food insecurity, resulting in prioritizing needs differently.