2026

Social Workers of New Mexico Survey

A Report of Findings and Recommendations

Prepared for the New Mexico Interim Legislative Health and Human Services Committee and Higher Education Department

July 20, 2026

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CONTENTS

Contents

Tables 7
Figures 7
Landscape 8
Participant Snapshot 9
Method Overview 9
Improvements from 2024 to 2026 9
Summary of Key Findings 10
Implications for New Mexico's Social Work Workforce 10
Summary of Recommendations 11
The Center for Excellence in Social Work 12
From the 2024 Baseline to the 2026 Survey 12
Study Design 13
Sampling, Recruitment, and Data Cleaning 13
Data Collection 14
Data Analysis 14
Quantitative Data Analysis 14
Qualitative Data Analysis 14
Projected 2036 Workforce Shortages Among New Mexico Social Workers 18
A Compounding Risk: Proposed Federal Reclassification of MSW and DSW as a Non-Professional Degrees 19
An Intervening Complexity: The Social Work Interstate Licensure Compact 20
Equity Considerations 20
The August 2026 Examination Redesign 21
How Other States Have Addressed These Disparities 22
Interstate Compact Utilization Likelihood 23
Age 24
Race and Ethnicity 25
Gender and LGBTQIA2S+ Identity 26

Language 27
Educational Attainment 27
Social Work Degrees Held 28
Licensure 29
Examination Attempts 29
Licensure Examination Success by Age 30
Licensure Examination Success by Race/Ethnicity 30
Licensure Examination Success by Gender 31
Barriers to Licensure 31
Interstate Compact Utilization Likelihood 32
Practice Areas and Domains of Service 32
Demographic Summary 34
Income by Race and Ethnicity 35
Income by Age 35
Funding Sustainability 35
Income and Weekly Work Hours 35
Compensation, Multiple Jobs, and Student Loan Burden 36
Equitable Compensation by Race, Gender, and LGBTQIA2S+ Identity 37
Multiple Jobs by Race, Gender, and LGBTQIA2S+ Identity 37
Student Loan Burden by Race, Gender, and LGBTQIA2S+ Identity 38
Professional Wellbeing 39
Workforce Strengths and Sources of Resilience 40
Organizational Support and Workload 42
Cultural and Spiritual Resilience 42
Lived Experiences of Discrimination 42
Professional Meaning and Future Outlook 42
Professional Identity and Preparedness (Gender) 43
Mental Health and Well-Being (Gender) 43
Retention and Future Career Intentions (Gender) 43
Sociopolitical Environment 44
Workforce Capacity 46
Workforce Retention and Long-Term Stability 46
Recruitment and Hiring Involvement 46

Current and Anticipated Staffing Vacancies 46
Duration of Staffing Vacancies 46
Positions Most Difficult to Fill 46
Respondents' Specialized Practice Experience 47
County and Regional Workforce Needs 47
Capacities Most Difficult to Recruit 47
Most Significant Workforce Gaps 48
Barriers to Meeting Workforce Needs 48
Strategies to Strengthen the Workforce 48
Professional Development and Training Interests 48
Workplace Supervision 49
Access to Supervision 50
Areas of Supervisory Support 50
Overall Experience with Supervision 50
Benefits of Positive Supervision 50
Consequences of Negative Supervision 51
Supervision Toward Independent Licensure 51
Quality of Licensure Supervision 51
Improving the Quality of Licensure Supervision 51
Barriers to Obtaining Licensure Supervision 52
The Supports Needed to Improve Access to Licensure Supervision 52
Providing Supervision to Others 52
Scope of Supervisory Responsibilities 52
Practicum Supervision 52
Board Approved Supervisor Status and Interest 53
Barriers to Becoming a Board Approved Supervisor 53
Practicum Student Supervision Capacity and Interest 53
The Supports Needed to Increase Practicum Supervision 54
Trainings and Supports for Current Practicum Supervisors 54
Practicum Student Compensation 54
Forms of Practicum Compensation 54
Practicum Compensation Amounts 55
Funding Sources for Practicum Stipends 55

Sustainability of Practicum Funding 55
Methodological Approach 56
Findings Contextualized by the 2026 Social Workers of New Mexico Survey's Central Research Question 57
Emerging Trends Impacting Social Work Practice in New Mexico 57
Systemic Pressures and Challenges in Workforce Stability (46.4%, n = 199) 58
Escalating, Diversifying Need Outpacing System Capacity (27.0%, n = 116) 59
Technological Disruption as Double-Edged Innovation (16.8%, n = 72) 59
Adaptive Capacity-Building Through Integration, Collaboration, and Prevention (15.4%, n = 66) 60
An Emergent Anticipatory and Environmental Orientation (7.2%, n = 31) 60
Knowledge and Skills for the Future of Social Work Practice in New Mexico 61
Sustaining the Practitioner (26.6%, n = 112) 62
Clinically- and Culturally Grounded Practice (33.7%, n = 142) 62
Macro Practice Literacy and Advocacy Capacity (18.5%, n = 78) 62
Relational and Collaborative Engagement (12.8%, n = 54) 63
Digital and Future Ready Skill Fluency (10.9%, n = 46) 63
Policy Actions and Workforce Investments Under BHRIA 64
Compensate and Retain the Current Workforce (38.7%, n = 135) 64
Build the Workforce Pipeline (27.2%, n = 95) 65
Expand and Localize Service Capacity (21.2%, n = 74) 65
Govern and Simplify the System (8.6%, n = 30) 66
Equity-Centered and Innovative Workforce Models (8.3%, n = 29) 66
Provider and Organizational Recommendations 68
Recommendation 1. Integrate Culturally Grounded Practice Throughout Behavioral Health Education and Workforce Development 68
Recommendation 2. Expand Employer-Supported Clinical Supervision Through Evidence-Informed and Culturally Responsive Models 69
Recommendation 3. Develop a Future-Ready, Culturally Grounded Artificial Intelligence and Digital Practice Strategy for the Behavioral Health Workforce 69
Recommendation 4. Strengthen Behavioral Health Access for Immigrant and Refugee Communities Through Culturally and Linguistically Responsive Workforce Strategies 70
Policy Recommendations 71
Recommendation 5. Strengthen the Economic Stability of the Behavioral Health Workforce

Through Targeted Financial Supports 71

Recommendation 6. Pair Social Work Licensure Compact Implementation with Equity Safeguards Grounded in Evidence-Based Alternative Pathways 72

Recommendation 7. Invest in Community-Rooted Career Pathways and a Statewide Supervision Infrastructure Across the Behavioral Health Workforce Continuum 73

Recommendation 8. Formalize Anticipatory and Environmental Justice Planning by Honoring Tribal, Community, and Land-Based Knowledge 74

Behavioral Health Workforce Sector Strategies 74

Recommendation 9. Prioritize Rural, Frontier, and Tribal Workforce Infrastructure in BHRIA Regional Implementation by Building on Proven Regional Models 74

Recommendation 10. Consider Sustaining Administrative Modernization and Regional Implementation Capacity Under BHRIA 75

Recommendation 11. Establish a Unified, Cross-Sector Statewide Behavioral Health Workforce Strategy Through Shared Governance and Regional Partnership 76

TABLES AND FIGURES

Tables

Table 1. *Actively Licensed Social Workers by County of Residence and Type of Licensure, 2026*

Table 2. *Sample Composition and Response Rate, 2024 and 2026*

Table 2a. *Projected 2036 Social Worker Demand in New Mexico, Status Quo Scenario*

Table 2b. *Key Practice Areas Among 2026 Respondents (Select All That Apply)*

Table 2c. *Professional Wellbeing and Sociopolitical Environment Survey Statements, Agreement and Disagreement, 2026*

Table 2d. *Professional Development and Training Interests Among 2026 Respondents (Select All That Apply)*

Table 3. *First-Cycle Code Frequencies and Their Mapping to Second-Cycle Themes (Q46)*

Table 4. *Second-Cycle Themes (Q46)*

Table 5. *First-Cycle Code Frequencies and Their Mapping to Second-Cycle Themes (Q47)*

Table 6. *Second-Cycle Themes (Q47)*

Table 7. *First-Cycle Code Frequencies and Their Mapping to Second-Cycle Themes (Q48)*

Table 8. *Second-Cycle Themes (Q48)*

Table 9. *Summary of Emergent Recommendations and Their Alignment with the Workforce Blueprint*

Figures

Figure 1. *Licensed Social Workers and Workforce Shortage Indicators by New Mexico County, 2026*

Figure 2. *Ten New Mexico Counties with the Most Licensed Social Workers, 2026*

Figure 3. *Survey Response Rate, 2024 and 2026*

Figure 4. *Participant Age Distribution, 2024 and 2026*

Figure 5. *Participant Race and Ethnicity, 2024 and 2026*

Figure 6. *Participant Gender Identity, 2024 and 2026*

Figure 7. *Highest Level of Education, 2024 and 2026*

Figure 8. *Social Work Degrees Held (Select All That Apply), 2024 and 2026*

Figure 9. *Number of Licensure Examination Attempts Before Passing, 2026*

Figure 10. *Barriers Experienced While Pursuing Licensure (Select All That Apply), 2026*

Figure 11. *Likelihood of Utilizing the Social Work Licensure Interstate Compact, 2026*

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We envision a robust, resourced and culturally responsive social work workforce mobilized to address the emerging needs of New Mexicans and our communities stemming from a rapidly transforming climate, economy, and sociopolitical landscape.

EXECUTIVE SUMMARY

Welcome to the 2026 Social Workers of New Mexico Survey Report of Findings and Recommendations! The Center for Excellence in Social Work approaches this report the way we approach all our work, rooted in relationship, grounded in community, and committed to research that is rigorous enough for policymakers and accessible enough for the social workers whose daily practice it describes. The 2026 Social Workers of New Mexico Survey continues a body of work the Center began in 2024, and it reflects the commitments that guide everything the Center does, including centering community and relationship as the foundation of behavioral health practice, collaborating across the full range of behavioral health disciplines, approaching every finding from a position of cultural and identity-grounded humility, and translating what we learn into research that state agencies, the Legislature, employers, and social workers themselves can use. This Executive Summary presents the survey's process and findings, situates them within a sociopolitical landscape that has shifted substantively since 2024, and previews the recommendations that follow. The Center team hopes that each of you finds this information inspiring, useful and supportive of your important work.

Landscape

New Mexico's social workers remain an asset to the state's behavioral health workforce. The 2026 survey affirms what the Center's community-engaged research has consistently found. Our workforce brings deep cultural traditions, long-standing relationships within the communities it serves, and a resilience that persists even amid growing structural strain. Nearly all respondents (98.3%) reported finding meaning and purpose in their work, and the workforce continues to draw on cultural, spiritual, and relational sources of strength documented throughout this report.

Amid these strengths is a landscape shaped by three developments that did not exist when the Center administered its 2024 survey. The 2025 Behavioral Health Reform and Investment Act (BHRIA, 2025 Senate Bill 3) established a regionalized, statewide framework for behavioral health system reform, requiring New Mexico's 13 behavioral health regions to map service gaps and prioritize workforce and infrastructure investment. New Mexico's adoption of the Social Work Licensure Interstate Compact in February of 2026 opened a new multistate practice pathway whose benefits and equity implications are only beginning to unfold. Also, Anticipatory Social Work (Nissen, 2025) has emerged as a guiding framework for the profession, encouraging practitioners and researchers alike to prepare for future social, technological, environmental, and political change rather than respond only to present conditions. These three frameworks define the terrain this year's survey was designed to map, and they mark this report as a study of a workforce operating in a distinctly different sociopolitical moment than it was in 2024.

Where the 2024 survey asked what sustains social workers and what barriers they face, the 2026 survey asks those same questions against the added weight of a federal policy environment in active flux, including a proposed, and currently enjoined, federal reclassification that would have excluded the MSW and DSW from the definition of a professional degree for student loan purposes. This survey finds that 75.0% of respondents report increased work-related stress tied to the current political and economic climate and 73.7% report that federal policy or funding changes have created new barriers for the people they serve. The report sections that follow document these landscape shifts in detail.

Participant Snapshot

The 2026 Social Workers Survey captured the voices of 673 practicing social workers from across New Mexico, representing an adjusted response rate of 12.88%, an increase over the 9.52% adjusted response rate in 2024. Participants reflected the diversity of the profession across age, race and ethnicity, gender, LGBTQIA2S+ identities, educational attainment, licensure, career stage, and geographic region. Compared with the inaugural 2024 survey, the 2026 sample remained remarkably consistent across nearly every demographic characteristic examined, strengthening confidence that differences reported throughout this study represent meaningful changes in workforce conditions instead of shifts in the composition of survey respondents. Although New Mexico's licensed social work workforce continued to grow modestly between survey cycles, workforce capacity remains unevenly distributed across the state, with practitioners concentrated in a small number of urban counties while many rural, frontier, and Tribal communities continue to experience limited access to licensed social workers. Full demographic details appear in the Participant Demographics section of this report.

Method Overview

This research was guided by one central question: *How do professional wellbeing, structural workforce conditions, supervision and licensure experiences, workforce preparation, and career pathway opportunities influence the stability, capacity, and future development of New Mexico's social work workforce, and how can these findings inform statewide workforce planning, behavioral health system transformation, and public policy?*

The 2026 survey used a concurrent mixed-methods design that paired closed-ended quantitative items, analyzed using descriptive and inferential statistics, including chi-square tests of independence and analysis of variance (ANOVA), with three open-ended qualitative questions, analyzed using Saldaña's (2021) two-cycle coding framework. Response and analyzable-text rates were strong across all three qualitative questions, ranging from 88.1% to 95.7%, giving this report's qualitative findings a solid evidentiary base. Full details on sampling, data collection, and analysis appear in the Methods section.

Improvements from 2024 to 2026

While maintaining the core longitudinal measures introduced in 2024, the 2026 Survey expanded the scope of inquiry in several important ways. Between survey cycles, questions were refined in response to emerging trends and consultative feedback from New Mexico Department of Workforce Solutions (NMDWS) personnel, social work educators, behavioral health employers, professional associations, community providers, and statewide workforce leaders to determine which 2024 questions remained most salient and where new inquiry was needed. The result is an expanded 2026

instrument. New sections on financial characteristics and professional wellbeing respond directly to the compensation and burnout concerns respondents raised in 2024. Unique workforce-specific items capture differences in capacity and staffing challenges across behavioral health settings, and new supervision, licensure, and policy-priority items allow this report to speak directly to BHRIA implementation, Compact rollout, and licensure examination equity in ways the 2024 instrument could not. These additions do not replace the 2024 baseline. The additions allow the Center to track genuine change and key emerging trends over time.

Summary of Key Findings

This survey's findings elucidate a workforce that is committed and persistent, despite experiencing financial strain, uneven support, and consequential equity questions simultaneously on multiple fronts. Financially, only 56.8% of respondents felt equitably compensated, 37.7% held more than one job, and 38.0% reported that student loan repayment negatively affects their financial wellbeing; workforce capacity findings point to the same pressure from an organizational angle, with 76.3% of respondents identifying an overall shortage of providers.

Equity considerations are a throughline in nearly every section of this report. Supervision access, one of the strongest predictors of retention and successful licensure advancement, remains substantially harder to reach for social workers without employer-sponsored support, with 73.1% of respondents facing supervision barriers citing a lack of employer-sponsored access and 61.5% citing cost. New Mexico's new Social Work Licensure Interstate Compact drew strong interest, with nearly two thirds of respondents indicating they were likely to use it. However, Compact eligibility depends on successfully navigating the ASWB licensure examination, where findings from both this survey and the Center's 2024 stakeholder poll documented persistent concerns about racial, cultural, linguistic, and cost-related disparities in that examination pathway. Left unaddressed, portability without safeguards risks benefiting the social workers who have cleared the highest bar while leaving others behind. Finally, 42.4% of respondents reported depression, anxiety, or trauma symptoms related to their work, an increase of 5.4 percentage points since 2024, a trend that, combined with 37.1% who had considered leaving the profession, signals that workforce wellbeing is not improving on its own and requires deliberate investment.

Implications for New Mexico's Social Work Workforce

While the number of social workers statewide grew modestly between 2024 and 2026, this survey cycle's findings point to a more complex need, one that cannot be solved by workforce growth alone. The findings suggest that strengthening New Mexico's social work workforce requires a coordinated investment across economic stability, supervision capacity, culturally grounded training, and equitable pathways toward and through certifications, degrees, and licensure, delivered in a way that keeps pace with a rapidly transforming sociopolitical and physical environment. This complexity is also framed by ongoing BHRIA regional planning, Compact implementation, federal financial aid uncertainty, and the accelerating pace of technological and environmental change for which Anticipatory Social Work calls the profession to prepare. None of these workforce levers work in isolation, and none belong solely to a single sector. They require the Legislature, state agencies, higher education, employers, and communities to respond collectively.

Simultaneously, this study offers reason for optimism. Despite significant structural challenges, respondents consistently described a profession grounded in purpose, resilience, and an unwavering commitment to New Mexico's communities. These findings converge around a shared vision for the

future, one that prioritizes workforce wellbeing, economic stability, accessible supervision, culturally grounded practice, equitable career pathways, interdisciplinary collaboration, responsible integration of emerging technologies, and sustained investment in rural, frontier, Tribal, and historically underserved communities. These findings also suggest that strengthening the workforce requires creating the conditions in which social workers can enter the profession, thrive throughout their careers, and continue serving their communities over the long term.

Summary of Recommendations

The recommendations presented in this report provide an actionable framework for translating these findings into policy and practice. They call for strategic investments that stabilize the existing workforce while expanding future capacity, strengthen community-centered education and workforce development, modernize supervision and licensure systems, prepare practitioners for emerging challenges, and expand equitable access to high-quality behavioral health services throughout New Mexico. Implemented together, these strategies have the potential to improve workforce retention, strengthen behavioral health infrastructure, and increase access to care for communities across the state.

This report's full Recommendations section presents eleven recommendations grouped into three categories: 1) Provider and Organizational Recommendations, which behavioral health employers and training institutions can act on directly; 2) Policy Recommendations, which require legislative or state agency action; and, 3) Behavioral Health Workforce Sector Strategies, which require coordinated, cross-sector action, including a new recommendation to establish a unified, cross-sector statewide behavioral health workforce strategy in partnership with NMDWS and other state agencies, higher education, PK-12 systems, and behavioral and public health providers and employers. Each recommendation is grounded directly in this report's data-driven findings and, where relevant, is cross-referenced to the Center's *Rooted in Community, Ready for the Future: New Mexico's Strategic Blueprint for Strengthening Social Work and Behavioral Health Career Pathways* (*Blueprint*) (CESW, 2026).

The following Introduction situates the survey within New Mexico's broader behavioral health workforce landscape, followed by the Methods, quantitative and qualitative findings, and recommendations that collectively demonstrate how strategic, coordinated investments can strengthen workforce sustainability, improve access to behavioral health services, and advance the health and wellbeing of communities throughout New Mexico.

INTRODUCTION

The Center for Excellence in Social Work

One of six Centers for Excellence championed by Governor Michelle Lujan Grisham and charged with producing high-quality research for data driven policy and workforce transformation, the Center for Excellence in Social Work (Center) at New Mexico Highlands University's Facundo Valdez School of Social Work was established by the New Mexico Legislature in 2022 to strengthen the state's behavioral health workforce through applied research, workforce development, professional education, and cross-sector collaboration.

The Center for Excellence in Social Work grounds its statewide research agenda in the principles of Community-Based Participatory Action Research (CBPAR), recognizing communities, practitioners, educators, employers, and individuals with lived experience as essential partners in the co-creation of knowledge. Building upon this tradition, the Center advances what it terms community-grounded workforce science, an applied approach to workforce research that integrates community-engaged scholarship, rigorous mixed methods inquiry, longitudinal workforce monitoring, and collaborative knowledge translation. Community-grounded workforce science recognizes that the most meaningful workforce knowledge emerges through the integration of empirical data, practitioner expertise, community wisdom, cultural ways of knowing, and lived experience. Guided by its legislative charge, the Center serves as a statewide hub for generating actionable evidence that supports policymakers, social work educators, employers, professional associations, and community partners in strengthening the accessibility, sustainability, and quality of New Mexico's behavioral health workforce and advancing systems transformation through research grounded in community priorities.

This work also sits within a sobering statewide context. New Mexico continues to face a persistent and well-documented behavioral health workforce shortage. As of 2026, 32 of the state's 33 counties remain federally designated behavioral health professional shortage areas, and only 30.4% of statewide mental healthcare need is currently met, a modest improvement over prior years but still far short of what New Mexicans need. A June 2026 national analysis from Tulane University's State of the Nation Project ranked New Mexico in the bottom third of all states on key measures of mental health, life satisfaction, and social capital, including 36th in adult depression, 45th in social isolation, and 47th in suicide rates (Harris et al., 2026). Coverage of the report noted that New Mexico is now in what one behavioral health advocate called the “messy middle” of turning the state's 2025 behavioral health reform legislation into measurable improvement (O'Hara, 2026). This 2026 Survey's findings on the workforce charged with responding to that need, and the recommendations that follow, are offered in service of that transition.

From the 2024 Baseline to the 2026 Survey

The Social Workers of New Mexico Survey is the cornerstone of the Center's statewide workforce research agenda. Initiated in 2024 amid escalating behavioral health need and stark provider shortages across the state, the survey established the first comprehensive, profession specific baseline examining workforce demographics, professional wellbeing, supervision, career pathways, and perceived workforce preparation needs among New Mexico social workers. At that time, of the 5,404 social workers licensed to practice in New Mexico, only 4,347 listed a permanent in state

address, and just 69 held provisional licenses, an early signal of how thin the pipeline entering the profession had become (CESW, 2024).

The 2026 survey builds on this foundation by testing whether the *Blueprint's* strategic priorities continue to reflect what the statewide workforce is experiencing, while surfacing emerging issues that may require additional attention. The 2026 administration is the second-cycle of an ongoing, biennial, longitudinal program designed to monitor change over time and continually refine statewide workforce strategy. In this sense the *Blueprint* functions as one conceptual framework guiding interpretation of the survey findings and supporting continuous, evidence-informed workforce planning throughout New Mexico (CESW, 2026).

The Methods section that follows describes the survey design, sampling and recruitment procedures, and quantitative and qualitative analytic approach used to generate the findings presented throughout this report.

METHODS

Study Design

The Social Workers of New Mexico Survey is a biennial statewide longitudinal workforce research initiative led by the Center. The 2026 Survey represents the second administration of this ongoing study and builds upon the baseline established through the inaugural 2024 survey. The two survey cycles provide an emerging longitudinal understanding of the characteristics, wellbeing, capacity, and future needs of New Mexico's social work workforce. Building on the 2024 baseline, the 2026 survey retained core longitudinal measures while expanding the scope of inquiry to include workforce sector-specific questions designed to identify differences in workforce capacity, staffing challenges, educational preparation, and professional development needs across behavioral health and human service subsectors.

The 2026 Survey employed a concurrent mixed methods design in which quantitative and qualitative data were collected simultaneously through a single online survey instrument (Creswell & Plano Clark, 2018), allowing statistical findings to be interpreted alongside participants' narrative responses. The study design was reviewed and approved by the New Mexico Highlands University Institutional Review Board (Exemption No. 008-2026).

Sampling, Recruitment, and Data Cleaning

Participants for both survey administrations were recruited primarily through the New Mexico Board of Social Work Examiners list of licensed social workers, supplemented by professional development listservs, statewide organizational partners, and snowball sampling through professional social media platforms. To enhance survey integrity, the 2026 administration used individualized survey invitations containing unique survey links, substantially reducing opportunities for fraudulent participation.

The 2026 Survey yielded 673 eligible responses from an estimated population of 5,223 licensed social workers, providing a 95% confidence level with a margin of error of approximately ±3.5 percentage points. These findings, coupled with the remarkable demographic consistency observed between the 2024 and 2026 survey samples, provide strong confidence that the survey offers a reliable and representative portrait of New Mexico's social work workforce and that differences

observed across survey cycles reflect meaningful changes in workforce conditions beyond variation in sample composition. Also notable is that this sample's demographic composition is broadly consistent with the national profile documented in the 2024 Social Work Workforce Study (Kim, 2025), the largest national survey of the licensed social work profession to date, lending further confidence to the sample's representativeness.

Table 2

Sample Composition and Response Rate, 2024 and 2026

Survey Administration	Invitations Delivered	Total Responses	Eligible After Cleaning	Adjusted Response Rate
2024	6,494	755	618	9.52%
2026	5,223	819	673	**12.88%**

Note. Both datasets underwent systematic data cleaning; responses demonstrating excessive item nonresponse or survey abandonment were excluded from analysis. Eligible participants are those who completed the majority of the survey. At the 95% confidence level, the estimated margin of error was ±3.75% for the 2024 sample and ±3.5% for the 2026 sample (CESW, 2024, 2026a).

Data Collection

Data were collected using an online survey consisting of closed ended quantitative items and open-ended qualitative questions. Quantitative measures examined workforce demographics, employment characteristics, supervision experiences, licensure progression, workforce wellbeing, financial strain, professional development needs, and perceptions of the current workforce environment. Open ended questions invited participants to describe emerging workforce challenges, future priorities, and recommendations for strengthening the profession.

Data Analysis

Quantitative Data Analysis

Data from the quantitative inquiry were entered and analyzed using SPSS Version 31 (Statistical Package for the Social Sciences, IBM). To describe the sample, univariate analyses of the categorical data were conducted using frequency counts and percentages. For bivariate analysis, crosstabulations were used to identify patterns between two categorical variables. Chi-square tests of independence were conducted to determine whether statistically significant associations existed between variables. When significant relationships were identified, Cramer's V was examined to assess the strength of the association. Analysis of variance (ANOVA) was used to compare mean scores across multiple groups and determine whether statistically significant differences existed among groups. For significant ANOVA results, effect sizes (eta squared) were reviewed to evaluate the strength of the observed differences.

Qualitative Data Analysis

Qualitative analyses were conducted on responses to three open-ended survey questions examining emerging trends anticipated to influence social work practice in New Mexico over the next three to five years, the knowledge and skills social workers will need to practice effectively in a changing environment, and policy actions and workforce investments that may be prioritized under BHRIA. Across these three questions, between 349 and 429 respondents provided analyzable narrative

responses. Analysis followed a reflexive, iterative qualitative descriptive approach informed by Saldáña's (2021) two cycle coding framework and principles of constant comparison (Miles et al., 2020), proceeding through first-cycle descriptive coding and second-cycle pattern coding to identify overarching themes for each question. The full qualitative methodology, findings, and recommendations are reported in the Qualitative Findings section of this report.

The following section, the Landscape of Social Work Practice in New Mexico, situates findings within the broader context of projected workforce shortages, the proposed federal reclassification of the MSW and DSW, and the state's new Social Work Licensure Interstate Compact.

THE LANDSCAPE OF SOCIAL WORK PRACTICE IN NEW MEXICO

New Mexico high desert landscape.

Understanding where New Mexico's social workers live and practice is essential context for the Survey's demographic and workforce findings. With all but one of the state's 33 counties designated behavioral health professional shortage areas, geographic distribution is one of the central drivers of unmet need statewide (HRSA, 2026a).

As of the 2026 survey administration, New Mexico maintained 6,233 licensed social workers, including 347 Licensed Baccalaureate Social Workers (LBSW), 1,919 Licensed Master Social Workers (LMSW), 3,516 Licensed Clinical Social Workers (LCSW), 100 Licensed Independent Social Workers (LISW), and 351 provisional licensees (New Mexico Regulation and Licensing Department, 2026). Of these, 4,850 listed a New Mexico residential ZIP code, an increase from the 4,347 New Mexico resident social workers identified in 2024, reflecting modest growth in the state's social work workforce.

Figure 1 below depicts the counties in which actively licensed social workers reside, shaded by the number of licensed social workers in each county. These data are presented alongside workforce shortage indicators drawn from the U.S. Department of Health and Human Services Health Resources and Services Administration's (HRSA) behavioral health and primary care shortage designations. As in 2024, licensed social workers remain heavily concentrated in New Mexico's most populous counties. Bernalillo County alone is home to 1,945 licensed social workers, 40.1% of the statewide total, followed by Doña Ana (622), Santa Fe (496), Sandoval (383), and San Juan (194) Counties. Harding County, by contrast, has no licensed social workers residing within it.

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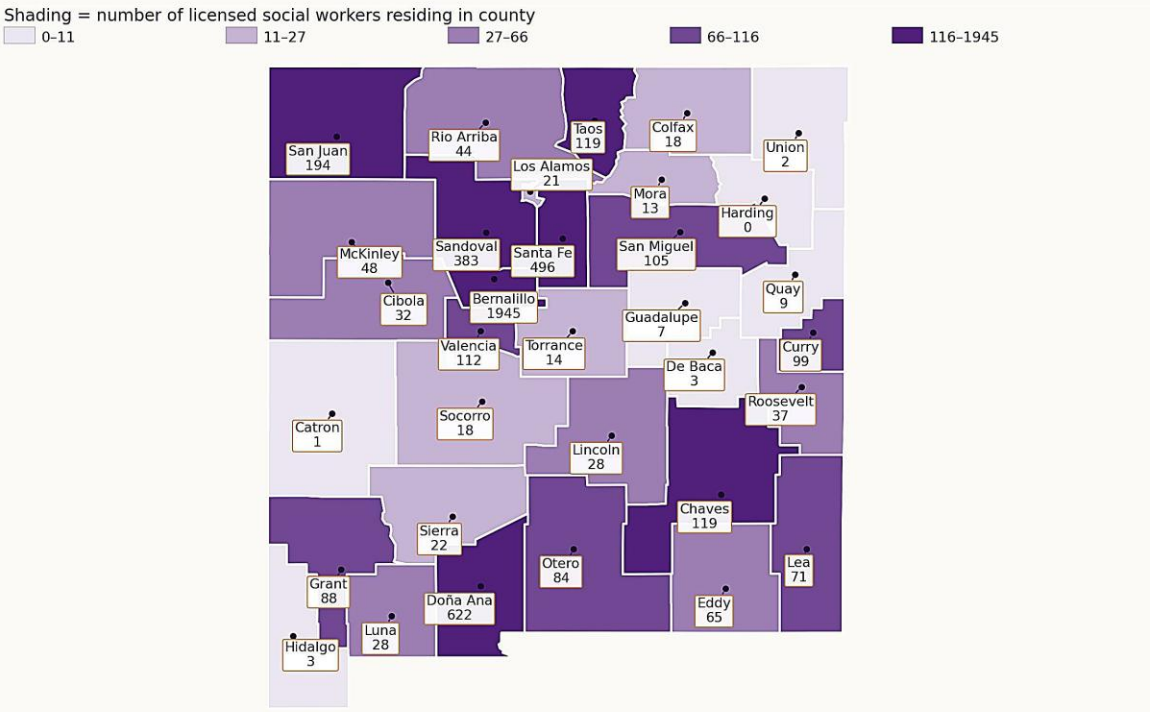
2026 Licensed Social Workers & Workforce Shortage Indicators by New Mexico County



County	# SW	% Tot	Survey Part. Serving	Rural	BH Shortage	PC Shortage	BH Score	PC Score
Bernalillo	1945	40.1%	256	Partial	Partial	Partial	20	22
Doña Ana	622	12.8%	72	Partial	Full	Partial	22	21
Santa Fe	496	10.2%	99	Partial	Partial	Partial	22	24
Sandoval	383	7.9%	75	Partial	Full	Full	21	22
San Juan	194	4%	34	Partial	Full	Full	21	22
Taos	119	2.5%	27	Rural	Full	Partial	22	24
Chaves	119	2.5%	13	Rural	Full	Full	23	21
Valencia	112	2.3%	39	Partial	Partial	Partial	19	21
San Miguel	105	2.2%	19	Rural	Partial	Partial	21	24
Curry	99	2%	12	Rural	Full	Partial	23	21
Grant	88	1.8%	18	Rural	Full	Partial	19	21
Otero	84	1.7%	22	Rural	Full	Partial	22	22
Lea	71	1.5%	14	Rural	Full	Full	21	22
Eddy	65	1.3%	13	Rural	Full	Partial	21	22
McKinley	48	1%	17	Rural	Full	Full	22	22
Rio Arriba	44	0.9%	28	Rural	Full	Full	22	24
Roosevelt	37	0.8%	7	Rural	Full	Full	23	21
Cibola	32	0.7%	9	Rural	Full	Partial	21	22
Luna	28	0.6%	8	Rural	Full	Partial	22	22
Lincoln	28	0.6%	12	Rural	Full	Full	21	22
Sierra	22	0.5%	8	Rural	Full	Full	22	21
Los Alamos	21	0.4%	14	N/A	None	None	N/A	N/A
Socorro	18	0.4%	12	Rural	Full	Full	21	22
Colfax	18	0.4%	12	Rural	Full	Full	21	24
Torrance	14	0.3%	13	Rural	Full	Full	21	22
Mora	13	0.3%	9	Rural	Full	Full	21	24
Quay	9	0.2%	6	Rural	Full	Full	21	22
Guadalupe	7	0.1%	9	Rural	Full	Full	21	24
De Baca	3	0.1%	8	Rural	Full	Partial	14	19
Hidalgo	3	0.1%	4	Rural	Full	Full	19	21
Union	2	0%	7	Rural	Full	Full	13	12
Catron	1	0%	8	Rural	Full	Full	19	17
Harding	0	0%	1	Rural	Partial	Full	21	24

Source: Licensed_SW_Zipcodes.xlsx joined to NM HPSA export. County boundaries: U.S. Census Bureau cartographic boundary files. BH/PC = behavioral health / primary care shortage designation extent.

Figure 1. Licensed Social Workers and Workforce Shortage Indicators by New Mexico County, 2026.

Table 1 provides county-level detail on licensure type, county population, and the number of licensed social workers per 1,000 residents. Figure 2 summarizes the ten counties with the greatest concentration of licensed social workers.

Table 1

Actively Licensed Social Workers by County of Residence and Type of Licensure, 2026 (n = 4,850)

New Mexico County	Provisional All Levels	LBSW	LMSW	LCSW	LISW	Total Licensed SW	County Pop.	SW per 1,000 People
Bernalillo County	101	51	648	1113	32	1945	665,021	2.9
Catron County	0	0	0	1	0	1	3,831	0.3
Chaves County	12	22	37	46	2	119	62,982	1.9
Cibola County	1	3	17	11	0	32	26,859	1.2
Colfax County	1	0	9	8	0	18	12,057	1.5
Curry County	9	14	35	40	1	99	45,933	2.2
De Baca County	0	0	1	2	0	3	1,644	1.8
Doña Ana County	43	63	211	300	5	622	230,078	2.7
Eddy County	7	12	22	24	0	65	63,219	1.0
Grant County	7	19	25	37	0	88	27,013	3.3
Guadalupe County	0	0	5	2	0	7	4,324	1.6
Harding County	0	0	0	0	0	0	613	0.0
Hidalgo County	0	1	0	2	0	3	3,907	0.8
Lea County	10	20	17	24	0	71	75,052	0.9
Lincoln County	0	4	10	14	0	28	19,652	1.4
Los Alamos County	3	0	6	11	1	21	19,387	1.1
Luna County	3	12	8	5	0	28	25,191	1.1
McKinley County	4	6	16	22	0	48	67,607	0.7
Mora County	0	1	4	7	1	13	4,010	3.2
Otero County	8	9	33	32	2	84	70,112	1.2
Quay County	0	2	2	5	0	9	8,366	1.1
Rio Arriba County	4	1	12	27	0	44	39,716	1.1
Roosevelt County	3	6	13	15	0	37	18,445	2.0
San Juan County	24	20	58	92	0	194	120,155	1.6
San Miguel County	3	18	47	33	4	105	26,086	4.0
Sandoval County	22	19	129	201	12	383	161,519	2.4
Santa Fe County	17	7	151	306	15	496	156,494	3.2
Sierra County	4	3	9	6	0	22	11,377	1.9
Socorro County	1	2	8	7	0	18	15,746	1.1
Taos County	8	4	38	64	5	119	34,687	3.4
Torrance County	1	1	4	7	1	14	16,258	0.9
Union County	0	0	1	1	0	2	3,749	0.5
Valencia County	7	3	42	59	1	112	83,132	1.3
Total by Licensure Type	**303**	**323**	**1618**	**2524**	**82**	**4850**	**2,124,222**	**2.3**

Note. County populations are drawn from U.S. Census Bureau Population Estimates Program, 2026. SW = social workers; LBSW = Licensed Baccalaureate Social Worker; LMSW = Licensed Master Social Worker; LCSW = Licensed Clinical Social Worker; LISW = Licensed Independent Social Worker.

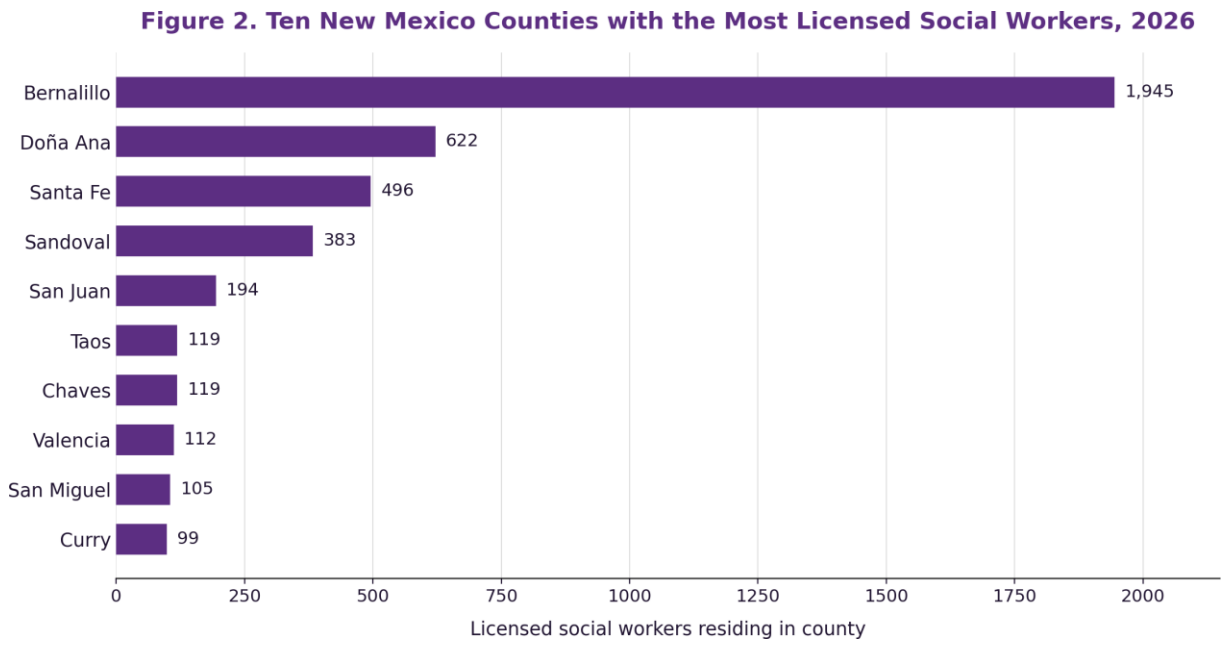


Figure 2. Ten New Mexico Counties with the Most Licensed Social Workers, 2026.

Projected 2036 Workforce Shortages Among New Mexico Social Workers

Beyond current licensure counts, the U.S. Department of Health and Human Services Health Resources and Services Administration's (HRSA) National Center for Health Workforce Analysis projects the future adequacy of the health and behavioral health workforce using its Health Workforce Simulation Model (HWSM), an integrated compilation of data that estimates the current and future supply of and demand for health care workers by occupation, geography, and year. Within HWSM, workforce demand is defined as the number of health care workers required to provide a level of services that will be utilized given patient health-seeking behavior and the ability and willingness to pay for services (HRSA, 2025). Since 2022, the HWSM has modeled social workers in three distinct occupational categories: 1) Child, family, and school social workers; 2) Health care social workers; and, 3) Mental health and substance abuse social workers. These categories reflect some of the differing practice settings, client populations and licensure pathways social workers engage in (HRSA, 2025).

Table 2a presents HRSA's Status Quo scenario projections of 2036 workforce demand for these three social work categories in New Mexico. Under this scenario, New Mexico is projected to need 590 FTE healthcare social workers, 1,000 FTE child, family, and school social workers, and 590 FTE mental health and substance abuse social workers by 2036, a combined demand of 2,180 FTEs across the three categories (HRSA, 2025). Nationally, HRSA's most recent projections show these three categories following markedly different trajectories, where child, family, and school social workers are projected to be in modest surplus (103% adequacy), while healthcare social workers (91% adequacy) and mental health and substance abuse social workers (85% adequacy) are both projected to fall short of demand even under current utilization patterns, with the shortfall widening substantially once unmet need and improved access to care are factored in (HRSA, 2025). Given that 69.6% of statewide mental healthcare remains unmet, New Mexico's documented workforce

conditions indicate that the state's need for social workers is more acute than the national picture alone would suggest.

Table 2a

Projected 2036 Social Worker Demand in New Mexico, Status Quo Scenario

Social Work Profession	Projected 2036 NM Demand (FTEs)
Healthcare social workers	590
Child, family, and school social workers	1,000
Mental health and substance abuse social workers	590
Total, all three categories	**2,180**

Note. Data are expressed in full-time equivalents (FTEs), defined as working 40 hours a week, under HRSA's Status Quo demand scenario, which models the continuation of current provider-to-visits ratios during the projection period (HRSA, 2025).

A Compounding Risk: Proposed Federal Reclassification of MSW and DSW as a Non-Professional Degrees

A parallel threat to closing these projected workforce gaps in New Mexico extends beyond workforce supply and into the evolving landscape of federal financial aid policy. In late January 2026, the U.S. Department of Education released a proposed rule interpreting a new statutory three-part test for what qualifies as a "professional degree" for federal student loan purposes. In April 2026, the Department finalized regulations implementing the Regulatory Information for Student Eligibility (RISE) rule, which interpreted statutory changes enacted through the *One Big Beautiful Bill Act* and established the narrow definition of "professional degree." The final rule recognized only 11 professional degree programs, such as medicine, dentistry, and law, excluding several historically recognized professional disciplines, including the Master of Social Work (MSW) and Doctor of Social Work (DSW), as well as nursing, education, and physical therapy.

Because professional degree classification determines federal borrowing limits, this policy would subject social work students to substantially lower annual and lifetime federal loan caps while coinciding with the elimination of Graduate PLUS loans for new borrowers under the new federal lending framework. The Council on Social Work Education (CSWE) warns these changes would affect a substantial share of MSW borrowers, estimating that approximately 24% of MSW students currently borrow more than the standard annual federal loan limit of $20,500, while nearly one-third (31%) exceed this borrowing threshold during their graduate education (CSWE, 2026a). However, just days before the rule was scheduled to take effect on July 1, 2026, a federal district court issued a preliminary injunction blocking enforcement of the Department's restrictive definition of "professional degree," concluding that the agency likely exceeded its statutory authority. As a result, the Department has temporarily revised implementation guidance while litigation proceeds. Although the immediate impact on social work students has been delayed, the ongoing legal uncertainty surrounding graduate financial aid policy continues to create instability for students pursuing behavioral health careers and may influence future workforce recruitment, educational access, and long-term workforce capacity if professional degree protections are ultimately narrowed (CSWE, 2026b).

In its formal comment, CSWE argued that the MSW and DSW meet all three of the Department's own tests for a professional degree, signifying completion of the academic requirements to begin practice, requiring skills beyond a bachelor's degree, and leading to a profession that generally

requires licensure. The Department's rationale for excluding social work mischaracterizes clinical social work as a mere "specialization or concentration" rather than the independently licensed, separately regulated scope of practice it is in all 50 states (CSWE, 2026b). The Social Work Leadership Roundtable, a coalition that includes CSWE, the National Association of Social Workers (NASW), the Association of Social Work Boards, and eight other national social work organizations, has warned that if fewer students can afford an MSW, the workforce shortages projected by HRSA will deepen further: agencies will face higher recruitment and turnover costs, greater reliance on costly contract labor, and longer wait times for therapy, crisis intervention, school-based services, and substance use treatment, with the heaviest impact falling on rural, low-income, and underserved communities such as much of New Mexico (NASW, 2026). For a state projecting a combined 2036 demand of 2,180 FTEs across just three social work categories, a federal policy change that narrows access to the primary graduate credential for the profession represents a direct and near-term risk to the pipeline this report's other sections document as strained.

An Intervening Complexity: The Social Work Interstate Licensure Compact

In February 2026, New Mexico joined a growing number of states in adopting the Social Work Licensure Interstate Compact. House Bill 50, signed into law on February 5, 2026, enacts the compact in New Mexico after a similar measure, Senate Bill 105, failed to advance out of the House Judiciary Committee during the 2025 legislative session (2026 House Bill 50). The compact, developed through a partnership among the Council of State Governments, the U.S. Department of Defense, and the Association of Social Work Boards, allows social workers who hold an active license in another participating state to obtain a multistate license and practice in New Mexico without completing the state's full individual licensure process, provided they meet the compact's education, examination, and background check requirements. Advocates for the legislation, including the National Association of Social Workers' New Mexico chapter, framed the compact as a direct response to the workforce shortages.

Multistate licenses are not expected to be issued for another 12 to 24 months following enactment, consistent with the compact's national implementation timeline, so the extent to which the compact eases New Mexico's documented shortages, particularly in the state's most underserved rural and frontier counties, will depend on how many out-of-state social workers take up this new licensure pathway once it becomes operational.

Equity Considerations

The 2026 licensure findings may be interpreted alongside stakeholder input gathered by the Center in October 2024, before New Mexico enacted the Social Work Licensure Interstate Compact. In that poll, support for the Compact was substantial, where 78.6% of respondents supported adoption, 4.1% opposed it, and 17.3% needed more information. At the same time, only 14.1% reported having had a prior opportunity to provide feedback, suggesting that support for portability existed alongside a need for broader stakeholder education and engagement. Qualitative comments most often framed the Compact as a workforce and access solution, particularly for rural and underserved communities, while also raising concerns about reimbursement disparities, workforce drain, cultural responsiveness, cross-state accountability, and the relationship between Compact eligibility and the ASWB licensure examination.

These findings align with the 2026 Social Workers of New Mexico Survey, in which nearly two thirds of respondents indicated they were either very likely or somewhat likely to use the Compact to

practice in another participating state. This suggests that many New Mexico social workers see value in multistate portability, including for professional mobility, telehealth, relocation, and cross-border practice. However, because the Compact requires eligible social workers to hold or qualify for licensure in their home state and to meet Compact requirements, including examination-related requirements established through state licensure systems, its benefits may not be equally accessible to all members of the workforce. The official Compact framework requires a social worker to hold or be eligible for licensure in a primary state of residence that is a Compact member state and to meet multistate license eligibility requirements before practicing in other member states (Social Work Licensure Compact, 2026).

This creates a central equity tension. The Compact may expand access to services and reduce duplicative licensure burdens for social workers who have successfully navigated licensure, but it may be less accessible or beneficial for emerging professionals, provisionally licensed social workers, older test takers, multilingual practitioners, and social workers from racial and ethnic groups who experience disproportionate barriers in examination-based licensure pathways. The 2026 survey found that while most respondents who had taken the licensure examination passed on the first attempt, many still reported licensure barriers, including anxiety and stress related to the exam process, concerns that the exam did not accurately reflect practice readiness, need for preparation or mentoring support, cost barriers, prior unsuccessful attempts, concerns about racial, cultural, or linguistic bias, and difficulty accessing qualified or culturally responsive supervision.

The Center's 2024 poll further demonstrates that social workers themselves recognize this complexity. Nearly two thirds of respondents were aware of linguistic, racial, gender, and age-related ASWB pass-rate disparities, and 64.7% supported considering an alternative pathway to licensure, such as extended supervision. Yet 19.0% opposed an alternative pathway, the highest level of opposition across the policy issues examined, often citing concerns about maintaining professional standards, public protection, and professional credibility. This pattern suggests that the New Mexico workforce is questioning whether current standards are equitable, valid, culturally responsive, and appropriately aligned with culturally competent social work skills vital to quality services for New Mexicans.

National evidence reinforces the need for careful implementation. The Association of Social Work Boards' own pass-rate analyses documented disparities by race, ethnicity, age, and language (Association of Social Work Boards, 2022, 2024), and subsequent analyses have continued to examine how individual, institutional, and community-level factors shape exam outcomes (Kim & Joo, 2025). Emerging scholarship similarly frames licensure examination disparities as a workforce equity issue instead of an individual test-preparation issue, with implications for who can enter, remain, and advance in the profession (Davis, 2025; Ricciardelli, 2024).

The August 2026 Examination Redesign

This equity discussion arrives at a pivotal moment for the examination itself. Beginning August 3, 2026, ASWB is launching a substantially redesigned social work licensing exam, developed from a 2024 practice analysis that surveyed more than 25,000 social workers. The new exam consolidates content from four domains into three, shifts from testing recall toward applied, scenario-based reasoning, and gives Values and Ethics the highest weighting of any content area. The overall exam is shorter, moving to 170 total questions, with 150 scored and 20 unscored, and more three-option versus four-option items. ASWB also convened an expanded, more diverse 75-member panel to help set the new passing standard (Association of Social Work Boards, 2026).

Whether this redesign narrows or simply reshapes existing disparities is an open question since the new exam had not been administered as of the release of this Report. What can be said now is that a shorter exam weighted more heavily toward three-option items changes the probability structure of guessing, and a shift toward applied reasoning changes what test preparation needs to teach. Kim's (2025) companion analysis of the licensed social work workforce found that the profession's racial and ethnic diversity has grown even as pass-rate disparities persisted across recent exam administrations (Kim, 2025; Kim & Joo, 2025), which may mean that the exam is being redesigned at exactly the moment the candidate pool it serves is becoming more heterogeneous.

Preparing New Mexico's emerging social workers for the new exam will likely require more than familiarity with a new format. It may require practicum placements and coursework that build applied clinical reasoning. Schools of Social Work may also need to grapple with how to integrate more exam-preparation skills, resources and structured study time into the core curricula. It is also recommended that continued monitoring, disaggregated by race, ethnicity, language, and age, of how New Mexico's own pass rates shift once the new examination takes effect, occurs to determine if any improvement, or persistence, in disparities emerges.

How Other States Have Addressed These Disparities

New Mexico is not the first state to confront this tension, where other states' responses may act as *Blueprint*s upon which to build. As of 2026, at least three states have implemented alternative pathways to the ASWB exam and four have eliminated the exam requirement entirely at one or more licensure levels, with several more states considering similar legislation (NASW Maine Chapter, 2025). Illinois removed the ASWB exam requirement altogether for bachelor's-level (LSW) licensure effective January 1, 2022, and separately created a clinical-level alternative, where candidates who have attempted the ASWB Clinical exam at least once may complete an additional 3,000 hours of supervised professional experience in place of retesting (NASW-Illinois Chapter, 2026). Maine's alternative-pathway legislation, LD 1298, was modeled directly on Illinois's approach and was developed through town halls with social workers affected by the exam in partnership with NASW chapters, licensing boards, and behavioral health organizations, a community-engaged design process consistent with how the Center approaches its own research (NASW Maine Chapter, 2025). Advocates in both Illinois and Rhode Island report that annual licenses issued more than doubled in the two years following implementation of their alternative pathways, suggesting these approaches expand the workforce. No data currently exists that suggests alternative pathways lower practice quality or standards (NASW Maine Chapter, 2025).

Critically, this flexibility is compatible with Compact membership. The Compact model allows member states to set their own licensure requirements, while still permitting a social worker whose home state did not require the ASWB exam to take it separately in order to shore up eligibility for multistate portability if needed (NASW Maine Chapter, 2025). With 30 states now having adopted Compact legislation (Telehealth.org, 2026), New Mexico has a growing set of peer states to draw on, and the equity safeguards recommended throughout this section, transparent eligibility education, disaggregated monitoring, supervision investment, and a feasibility study of an alternative pathway, would place New Mexico's implementation within an emerging multistate practice.

For New Mexico, the policy question is therefore not whether portability matters. Findings indicate that many social workers believe it does. The question at hand is how Compact implementation can be paired with safeguards and complementary investments so that portability does not unintentionally reproduce existing inequities. Equity-centered implementation may include

transparent, accessible education for the public about Compact eligibility, monitoring of who obtains multistate licenses by geography and license level, continued investment in culturally responsive supervision and licensure preparation, attention to reimbursement policies that could draw New Mexico providers into higher-paying out-of-state markets, and ongoing evaluation of whether rural, Tribal, Spanish-speaking, immigrant, and frontier communities experience improved access as a result of the Compact. The Licensure subsection included in the Participant Demographics section of this Report turns from this policy-level discussion to the workforce's own examination experiences. This subsection also presents the first direct look at examination attempts and licensure barriers across New Mexico's social workers, evidence that grounds the equity considerations raised here in the workforce's lived experience of the licensure pathway itself.

Interstate Compact Utilization Likelihood

Respondents were also asked how likely they would be to use the Compact once multistate licenses become available. Among the 607 respondents who answered this item, 40.0% (n = 243) indicated they were very likely to utilize the Compact and an additional 22.9% (n = 139) reported being somewhat likely, suggesting that nearly two thirds of the workforce see potential value in multistate portability. Smaller proportions were unsure (19.1%, n = 116), somewhat unlikely (6.1%, n = 37), or very unlikely (11.9%, n = 72) to use the Compact.

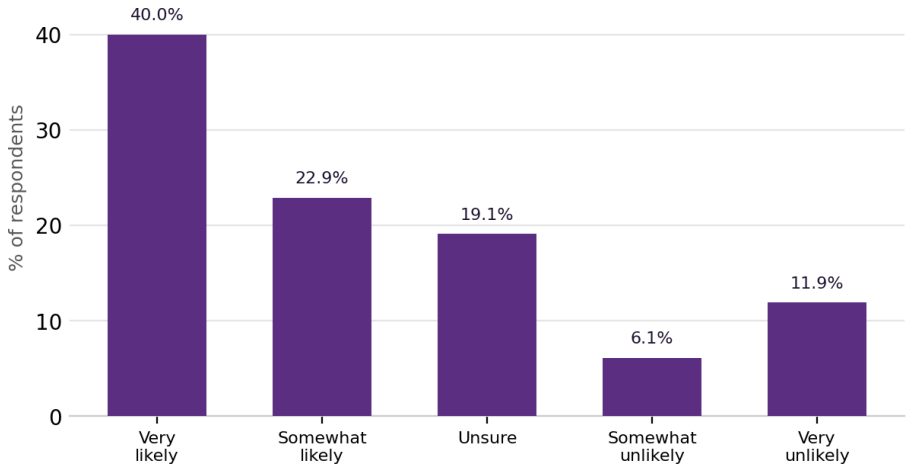


Figure 2a. Likelihood of Utilizing the Social Work Licensure Interstate Compact, 2026 (CESW, 2026).

This utilization pattern underscores the equity tension discussed above. Strong workforce interest in portability exists alongside documented disparities in the examination pathway that determines Compact eligibility, reinforcing the need for the safeguards outlined earlier in this section.

PARTICIPANT DEMOGRAPHICS

Of 819 survey responses, a total of 673 social workers met eligibility criteria and completed a majority of the 2026 Social Workers of New Mexico Survey, compared with 618 eligible participants in 2024. The demographic characteristics of respondents reflect a mature, highly educated workforce

serving communities across New Mexico. Chi square analyses comparing the 2024 and 2026 samples demonstrated that the two samples were largely comparable across demographic characteristics, supporting the interpretation of observed longitudinal differences in workforce experience as reflecting genuine workforce trends.

Figure 3a below offers a visual snapshot of these respondent characteristics before turning to the detailed demographic breakdowns that follow.

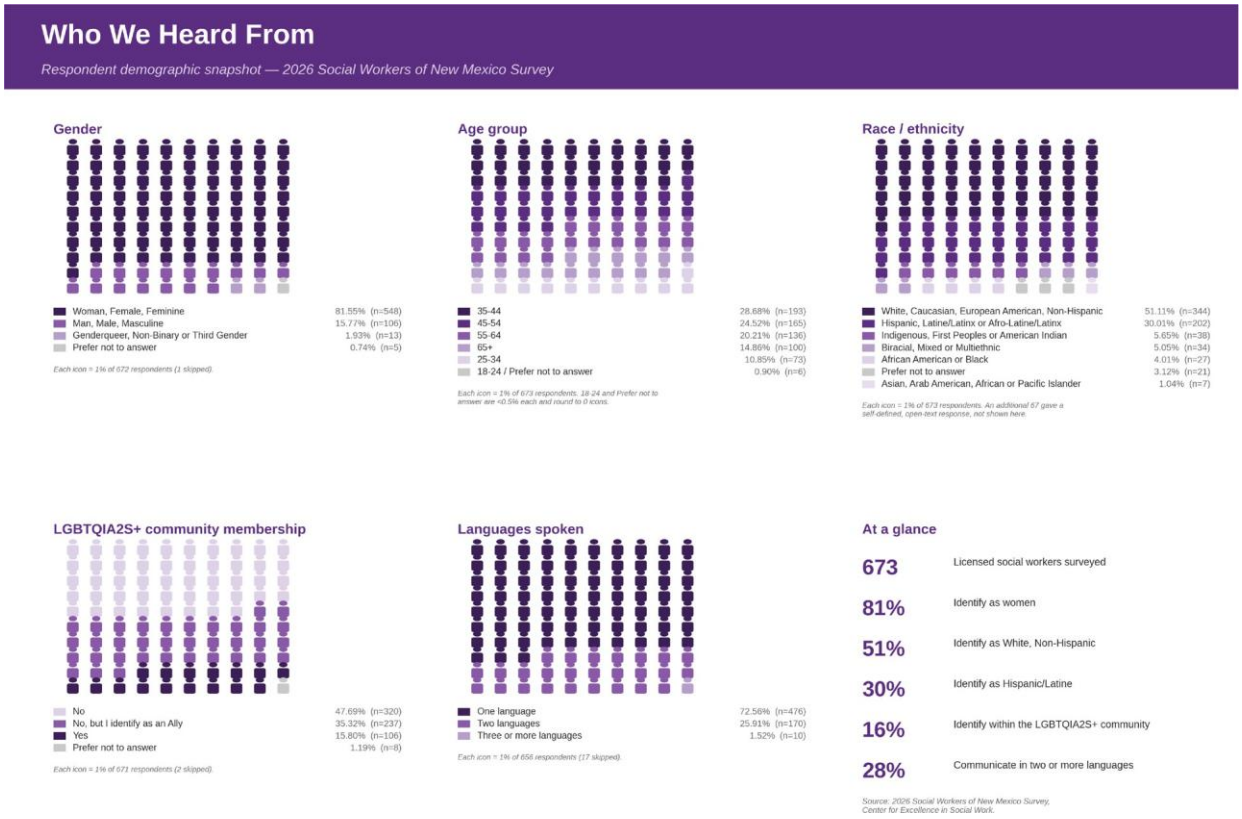


Figure 3a. Respondent Demographic Snapshot, 2026 (CESW, 2026).

Age

The age distribution demonstrates representation across the professional lifespan, although the largest proportion of respondents were mid-career practitioners. Nearly one third of 2026 participants were between 35 and 44 years of age (n = 193, 28.7%), followed by those 45 to 54 years (n = 165, 24.5%), 55 to 64 years (n = 136, 20.2%), and 65 years and older (n = 100, 14.9%). Early career professionals represented a smaller proportion of the sample, with 10.8% (n = 73) between 25 and 34 years of age and fewer than 1% (n = 3) between 18 and 24 years, an age distribution comparable to that observed in 2024 (CESW, 2024, 2026a).

New Mexico's age profile skews somewhat older than the national licensed social work workforce. The 2024 Social Work Workforce Study (Kim, 2025) found a mean age of 37.28 years among Masters-level social workers and 42.57 years among Clinical social workers, with median ages of 34 and 40 years, respectively. New Mexico's concentration of respondents in the 35 to 44 age range, combined with a relatively small early-career segment, suggests a workforce that, like the national one, is heavily weighted toward mid to late-career practitioners.

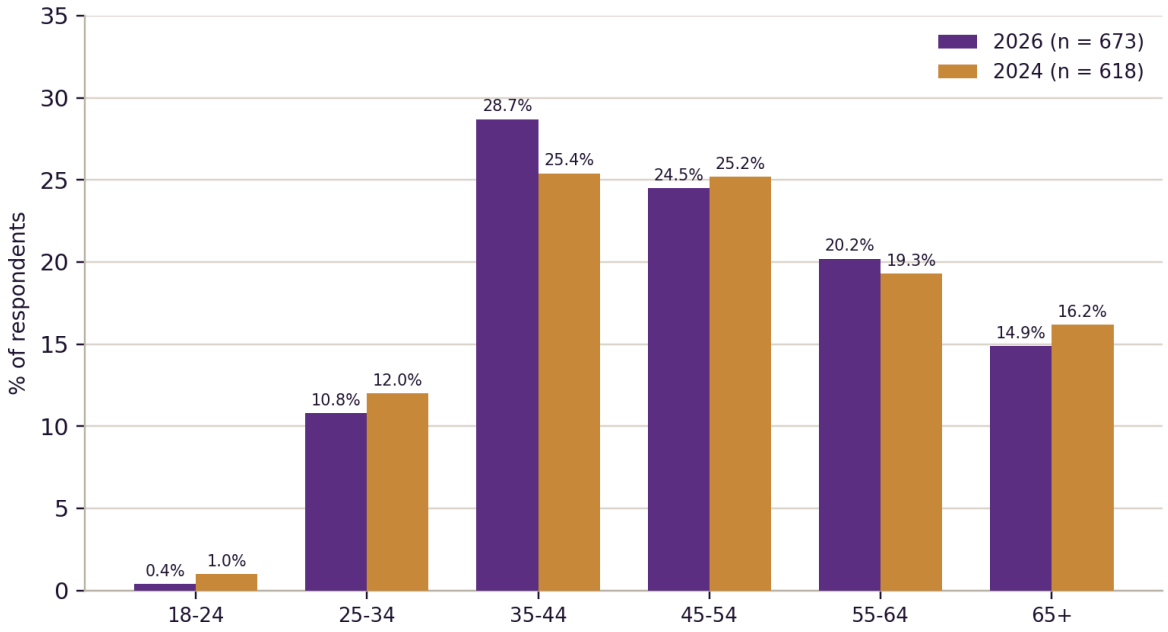


Figure 4. Participant Age Distribution, 2024 and 2026 (CESW, 2024, 2026a).

Race and Ethnicity

The racial and ethnic composition of the sample reflects both the diversity of New Mexico and the continued predominance of White social workers within the profession. Slightly more than one half of 2026 respondents identified as White, Caucasian, or European American, Non-Hispanic (n = 344, 51.1%), while nearly one third identified as Hispanic/Latine (n = 202, 30.0%). Additional respondents identified as Indigenous, First Peoples, First Nations, Alaska Native, American Indian, or a specific Nation, Tribe, or Pueblo (n = 38, 5.6%), Biracial, Mixed, Multiethnic, or More than One Ethnicity (n = 34, 5.1%), African American or Black (n = 27, 4.0%), Asian or Asian American (n = 6, 1.0%), and Arab American or Middle Eastern (n = 1, 0.1%). The racial and ethnic composition of the sample held steady between survey cycles, $\chi^2(6) = 8.07$, $p = .233$.

New Mexico's workforce is markedly more racially and ethnically diverse than the national licensed social work workforce. The 2024 Social Work Workforce Study (Kim, 2025) found that between 70.59% (Masters) and 81.43% (Bachelors) of licensed social workers nationally identified as White, with Hispanic/Latino social workers comprising only 7.06% to 10.85% of the licensed workforce across practice categories. By comparison, just over half of New Mexico's 2026 respondents identified as White (51.1%), while nearly a third identified as Hispanic/Latine (30.0%), and 5.6% identified as Indigenous, First Peoples, or a specific Nation, Tribe, or Pueblo, a group not separately captured in the national practice category breakdowns. This gap reflects New Mexico's distinct demographic composition and suggests the state's social work workforce may be better positioned than the national workforce to reflect the racial and ethnic makeup of the communities it serves.

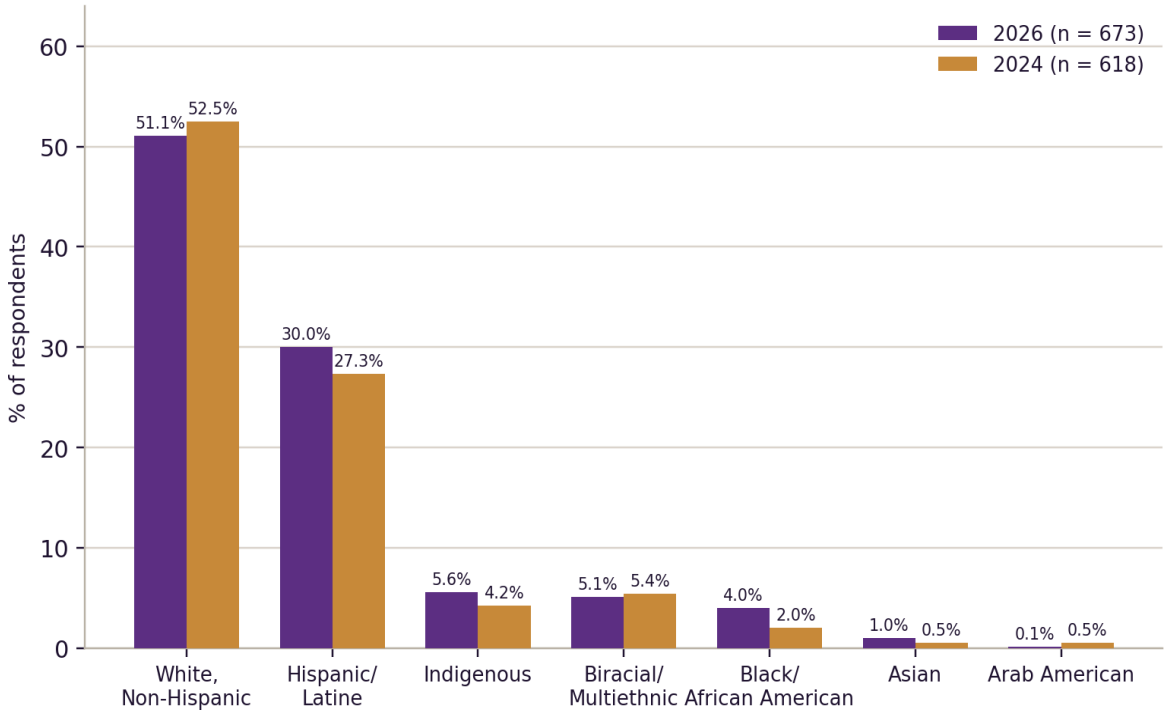


Figure 5. Participant Race and Ethnicity, 2024 and 2026 (CESW, 2024, 2026a).

Gender and LGBTQIA2S+ Identity

Consistent with national workforce trends in social work, the profession remained predominantly female. Most 2026 respondents identified as women (n = 548, 81.5%), while 15.8% (n = 106) identified as men and 1.9% (n = 13) identified as genderqueer, nonbinary, or a third gender. Approximately one in six respondents (15.8%, n = 106) identified as members of the Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, Intersex, Asexual, or Two Spirit (LGBTQIA2S+) communities, while 35.3% (n = 237) identified as allies. Neither gender identity, $\chi^2(2) = 1.54$, $p = .464$, nor LGBTQIA2S+ identity and allyship, $\chi^2(2) = 0.83$, $p = .661$, shifted meaningfully between the two survey cycles.

New Mexico's gender composition is broadly consistent with, though slightly less female-dominated than, the national licensed workforce. The 2024 Social Work Workforce Study (Kim, 2025) found that the share of women ranged from 87.97% among Clinical social workers to 91.94% among Bachelors social workers nationally. New Mexico's 2026 sample was 81.5% women, several percentage points lower than any national practice category, while the share identifying as genderqueer, nonbinary, or a third gender (1.9%) was roughly comparable to national figures, which ranged from 0.93% to 1.69% depending on practice category.

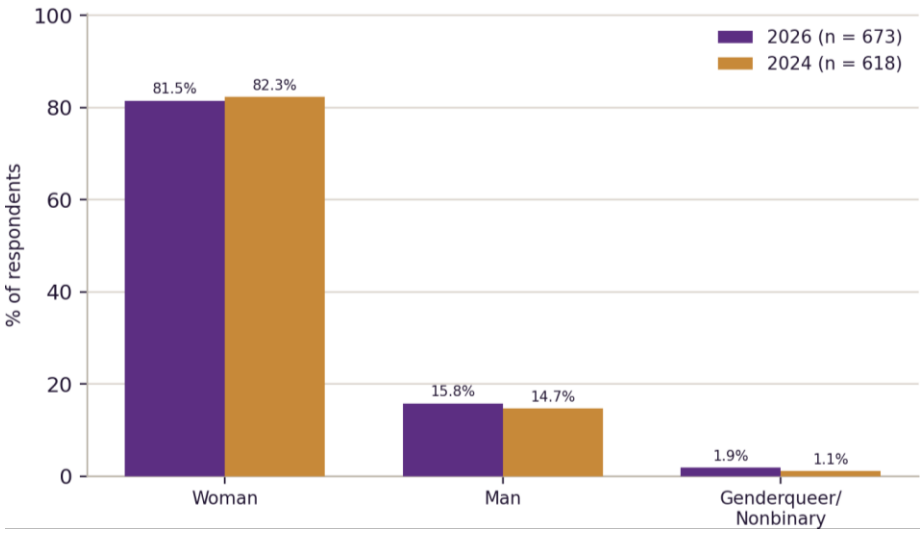


Figure 6. Participant Gender Identity, 2024 and 2026 (CESW, 2024, 2026a).

Language

Respondents demonstrated important linguistic capacity for serving New Mexico's diverse communities. Nearly three quarters of 2026 participants (72.6%, n = 476) reported speaking one language, while approximately one quarter (25.9%, n = 170) reported speaking two languages and 1.5% (n = 10) reported speaking three or more languages. English was the language most frequently used when providing social work services (n = 644), followed by Spanish (n = 97), Diné Bizaad or Navajo (n = 12), and American Sign Language (n = 5). Overall multilingual capacity was comparable across survey years, $\chi^2(2) = 3.94$, $p = .139$, as was the use of English, Spanish, and American Sign Language while providing services. The one notable shift was a statistically significant increase in reported use of Diné Bizaad or Navajo while providing services, $\chi^2(1) = 6.40$, $p = .011$.

New Mexico's Spanish-language capacity notably exceeds national statistics. Nationally, the 2024 Social Work Workforce (Kim, 2025) found that 5.93% to 8.62% of licensed social workers reported speaking Spanish at home, depending on practice category. In New Mexico, 97 of 673 respondents (14.4%) reported using Spanish when providing social work services, roughly double the highest national home-language figure, underscoring the state's comparatively greater linguistic capacity to serve its sizable Spanish-speaking population.

Educational Attainment

The sample represented a highly educated workforce. Nearly nine in ten 2026 respondents (87.8%, n = 588) reported a master's degree as their highest educational attainment, while 5.2% (n = 35) held a bachelor's degree, 3.9% (n = 26) held a Doctor of Philosophy (PhD), 2.5% (n = 17) held a professional doctorate (DSW or EdD), and fewer than 1% (n = 4) reported an associate degree as their highest level of education. As with race, ethnicity, gender, and language, educational attainment overall did not differ significantly between the 2024 and 2026 samples, $\chi^2(4) = 7.06$, $p = .133$.

New Mexico's educational profile is somewhat less concentrated at the master's level than the national licensed workforce, though it includes a wider spread of terminal degrees. Nationally, the 2024 Social Work Workforce Study found that a master's degree was the highest credential for

96.24% of Clinical and 98.23% of Masters social workers, with 3.76% of Clinical and 1.76% of Masters social workers holding a PhD or doctorate (Kim, 2025). In New Mexico, 87.8% of 2026 respondents reported a master's degree as their highest attainment, while a combined 6.4% held a PhD or professional doctorate (DSW or EdD) and 5.2% held a bachelor's degree as their highest degree. The larger bachelor's-level share in New Mexico is consistent with the state's regulation of licensure at the bachelor's-level, a category represented in the national study but comprising a comparatively small share (6.45%) of the national licensed workforce.

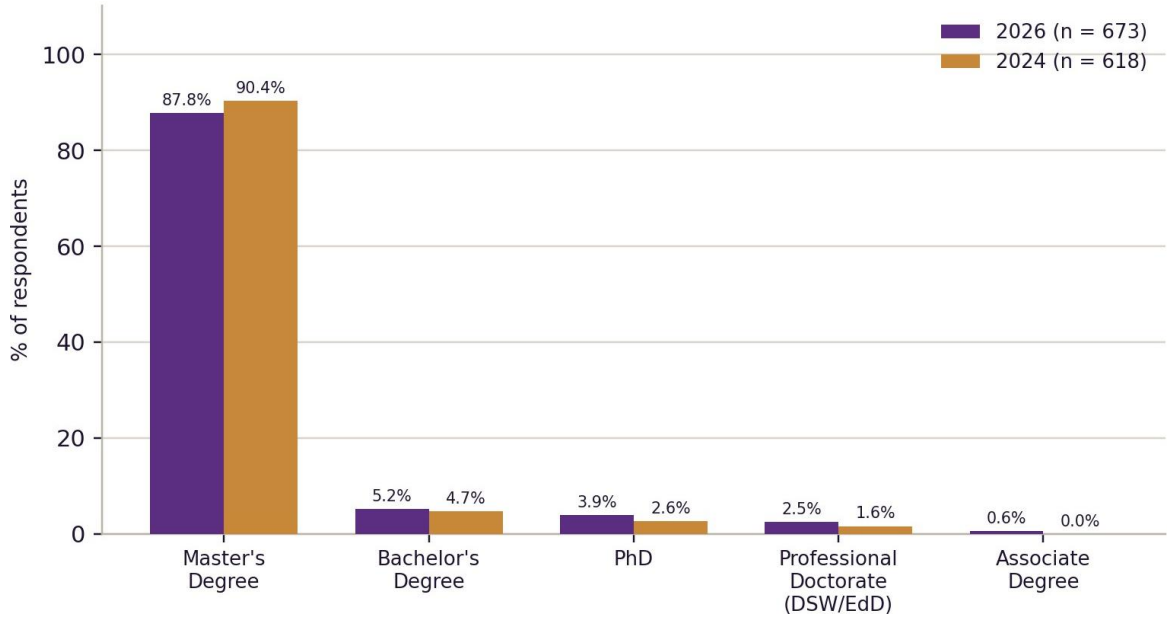


Figure 7. Highest Level of Education, 2024 and 2026 (CESW, 2024, 2026a).

Social Work Degrees Held

Consistent with licensure requirements, the overwhelming majority of respondents reported holding a Master of Social Work (MSW) degree (92.6%, n = 623, out of the total 2026 sample). More than one third also reported earning a Bachelor of Social Work (BSW) degree (39.1%, n = 263), while 15.8% (n = 106) reported holding an Associate Degree in Human Services. Smaller proportions reported earning a Doctor of Social Work (DSW) (2.7%, n = 18) or a Doctor of Philosophy in Social Work (1.8%, n = 12). The prevalence of MSW, BSW, and PhD preparation was stable across survey administrations, but the 2026 sample included significantly larger proportions of respondents holding an Associate Degree in Human Services, $\chi^2(1) = 9.89$, $p = .002$, and a Doctor of Social Work degree, $\chi^2(1) = 5.13$, $p = .024$, a modest but real increase in educational diversity within the workforce. An additional 58.5% (n = 390) of 2026 respondents reported holding another professional certification or academic degree beyond those captured within the survey, most commonly a bachelor's degree in psychology or a related profession.

New Mexico's degree-holding patterns broadly mirror the credential stacking documented nationally, in which many social workers hold more than one social work degree. The 2024 Social Work Workforce Study found that MSW holders comprised more than 94% of the national licensed workforce with at least a bachelor's degree, and that a meaningful share of Masters, Advanced

Generalist, and Clinical social workers also held a BSW as an undergraduate credential (Kim, 2025). New Mexico's 2026 sample showed a similar pattern, with 92.6% reporting an MSW and 39.1% also reporting a BSW, alongside a notably larger Associate Degree in Human Services holding population (15.8%) than typically captured in national workforce categories, reflecting the presence of Associate-level social work regulation in a small number of states nationally and New Mexico's own workforce composition.

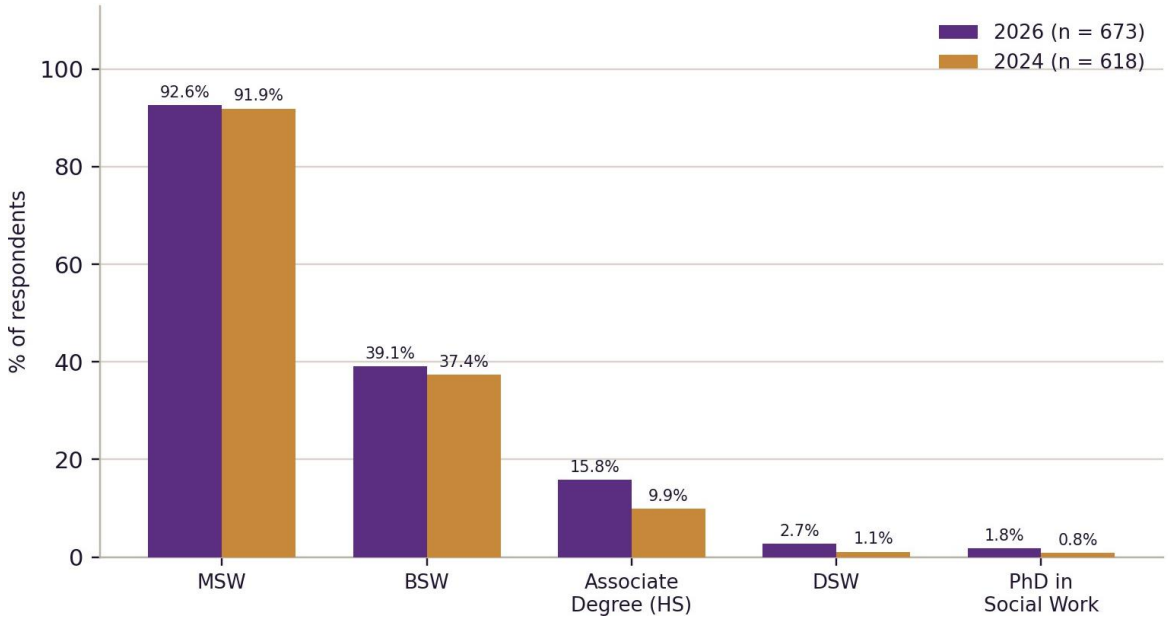


Figure 8. Social Work Degrees Held (Select All That Apply), 2024 and 2026 (CESW, 2024, 2026a).

Licensure

The 2026 survey introduced a new set of items examining respondents' licensure examination experiences and their anticipated use of New Mexico's newly enacted Social Work Licensure Interstate Compact. These items were not included in the 2024 administration, so the findings below reflect the 2026 sample only. They extend the equity considerations raised earlier in this report's discussion of the Compact, in the Landscape of Social Work Practice section, by turning from policy design to the workforce's own examination experiences.

Examination Attempts

Among the 606 respondents who reported taking the social work licensure examination, the substantial majority passed on their first attempt (83.8%, n = 508). An additional 9.7% (n = 59) passed on their second attempt, while smaller proportions required three (2.5%, n = 15), four (1.3%, n = 8), or five or more attempts (1.0%, n = 6). A small number of respondents (1.7%, n = 10) held a provisional license and had not yet taken the examination. Figure 9 displays the full distribution.

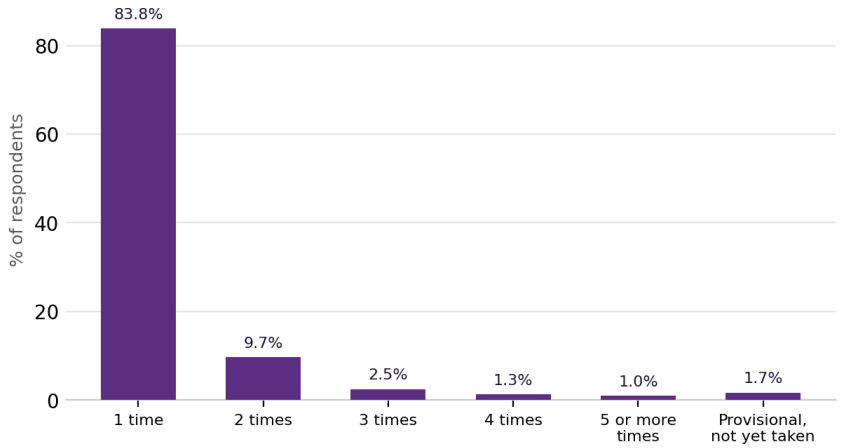


Figure 9. Number of Licensure Examination Attempts Before Passing, 2026 (CESW, 2026).

Licensure Examination Success by Age

First-time pass rates were consistently high across age groups, ranging from 82.6% (n = 119 of 144) among respondents ages 45–54 to 88.1% (n = 59 of 67) among respondents ages 25–34. Respondents ages 35–44 (82.8%), 55–64 (83.3%), and 65 and older (86.7%) reported similarly high first attempt pass rates. The proportion requiring multiple attempts remained relatively small across all age groups, suggesting few age-related differences in licensure examination outcomes.

Licensure Examination Success by Race/Ethnicity

Licensure examination success was generally high across racial and ethnic groups. Among White respondents, 89.6% (n = 285 of 318) reported passing the licensure examination on their first attempt. Similarly, 93.9% (n = 31 of 33) of Biracial/Multiracial respondents, 76.0% (n = 136 of 179) of Hispanic/Latine respondents, and 73.1% (n = 19 of 26) of Indigenous respondents reported passing on their first attempt. Among African American/Black respondents, 66.7% (n = 18 of 27) passed the examination on their first attempt, while 25.9% (n = 7) reported passing after two attempts. Although some respondents required multiple attempts, these numbers were relatively small across all groups. For example, among Hispanic/Latine respondents, 15.1% (n = 27) passed after two attempts and 6.7% (n = 12) required three or more attempts. Among Indigenous respondents, 11.5% (n = 3) passed after two attempts and 11.5% (n = 3) required three or more attempts.

These findings suggest that most social workers across racial and ethnic groups were able to successfully obtain licensure after one or two examination attempts. An important noted limitation of this study is the underrepresentation of several racial and ethnic populations beyond White and Hispanic/Latine respondents. Although the survey provides valuable insight into statewide workforce experiences, the limited sample sizes for these groups constrain the ability to interrogate licensure examination outcomes with sufficient precision. Future cycles of this Survey will prioritize recruitment strategies that increase participation among historically underrepresented communities to better understand and address potential disparities in licensure pathways.

Licensure Examination Success by Gender

Licensure examination success was consistently high across gender groups. First-time pass rates were 84.0% (n = 414) among women and 81.4% (n = 79) among men. Most respondents identifying as Gender Queer/Non-Binary also reported passing on their first attempt (91.7%, n = 11), although the number of respondents in this group was small. Overall, most respondents passed the licensing examination on their first attempt, with relatively few requiring multiple attempts before passing.

Barriers to Licensure

When asked about barriers experienced while pursuing licensure (select all that apply), 616 respondents provided at least one response. Just under half (44.6%, n = 275) reported experiencing no barriers to licensure. Among those who did report barriers, feeling anxious, stressed, or overwhelmed by the examination process was most common (42.7%, n = 263), followed by concerns that the examination did not accurately reflect respondents' skills, knowledge, or readiness for practice (19.5%, n = 120). Additional preparation, mentoring, or financial support was identified as a need by 14.9% (n = 92) of respondents, and 13.6% (n = 84) reported inadequate workplace support for licensure preparation or supervision. A smaller but notable proportion of participants cited the cost of examination preparation, testing, supervision, or application fees (10.4%, n = 64); interest in alternative pathways or examination reform (9.6%, n = 59); prior unsuccessful examination attempts affecting confidence (9.1%, n = 56); concerns about racial, cultural, linguistic, or other bias in the examination process (8.9%, n = 55); difficulty accessing qualified or culturally responsive supervision (6.8%, n = 42); uncertainty about whether licensure would meaningfully improve career opportunities, compensation, or workplace conditions (6.2%, n = 38); and insufficient time to meet licensure requirements (5.4%, n = 33). Figure 10 presents the full distribution of reported barriers.

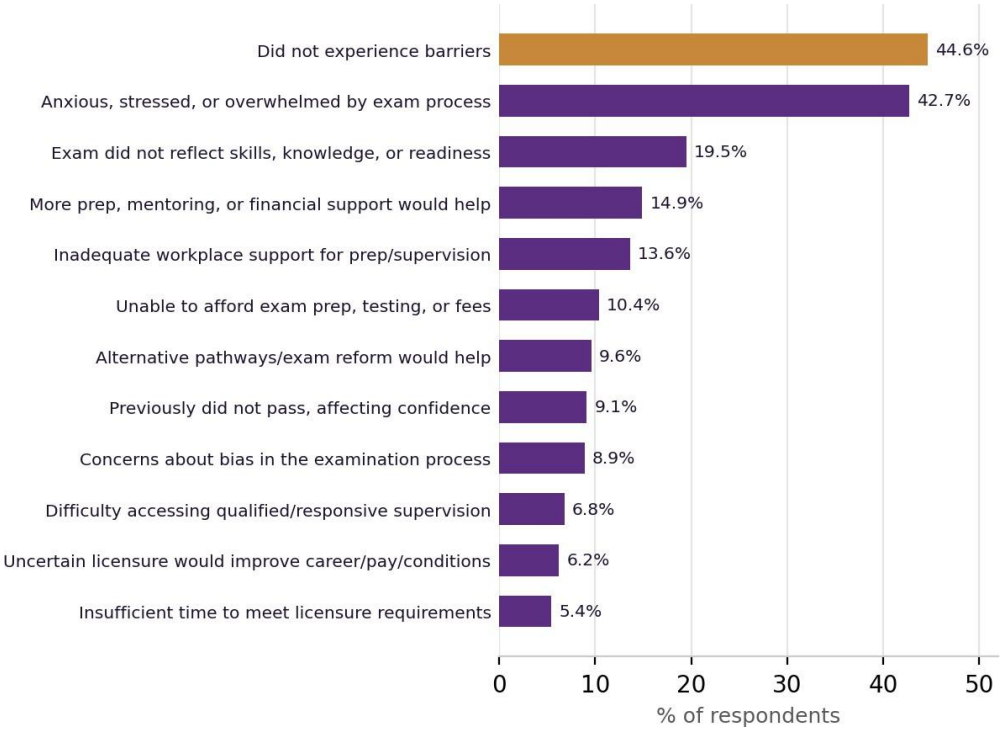


Figure 10. Barriers Experienced While Pursuing Licensure (Select All That Apply), 2026 (CESW, 2026).

Interstate Compact Utilization Likelihood

Respondents were also asked how likely they would be to use New Mexico's newly enacted Social Work Licensure Interstate Compact, described earlier in the Landscape section of this report, to practice in another participating state. Among the 607 respondents who answered this item, 40.0% (n = 243) indicated they were very likely to utilize the compact and an additional 22.9% (n = 139) reported being somewhat likely, suggesting that nearly two thirds of the workforce see potential value in multistate portability. Smaller proportions were unsure (19.1%, n = 116), somewhat unlikely (6.1%, n = 37), or very unlikely (11.9%, n = 72) to use the compact. Figure 11 displays the full distribution.

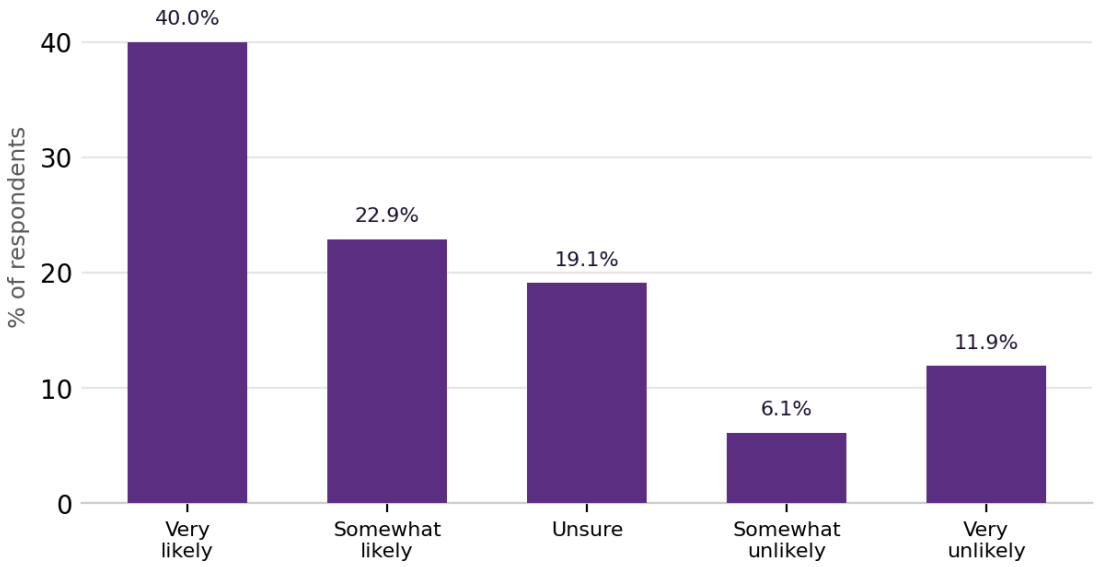


Figure 11. Likelihood of Utilizing the Social Work Licensure Interstate Compact, 2026 (CESW, 2026).

Practice Areas and Domains of Service

Beyond licensure and educational background, the survey asked respondents how frequently they practice at the micro, mezzo, and macro levels of social work, and in which specific practice areas they most often work. These findings provide additional context for interpreting the workforce capacity and recommendation sections later in this report.

Consistent with the broader profession, respondents reported practicing far more frequently at the micro level, direct work with individuals, couples, families, and therapeutic groups, than at the mezzo or macro levels. Among the 659 respondents who answered this item, 82.8% (n = 546) reported often practicing at the micro level, compared with 39.8% (n = 257) who often practice at the mezzo level of community planning and development, and just 20.8% (n = 133) who often engage in macro-level work such as social movement building, lobbying, and leadership. Nearly half of respondents (46.8%, n = 300) reported never practicing at the macro level. The figure below depicts the frequency with which respondents practice each level of social work.

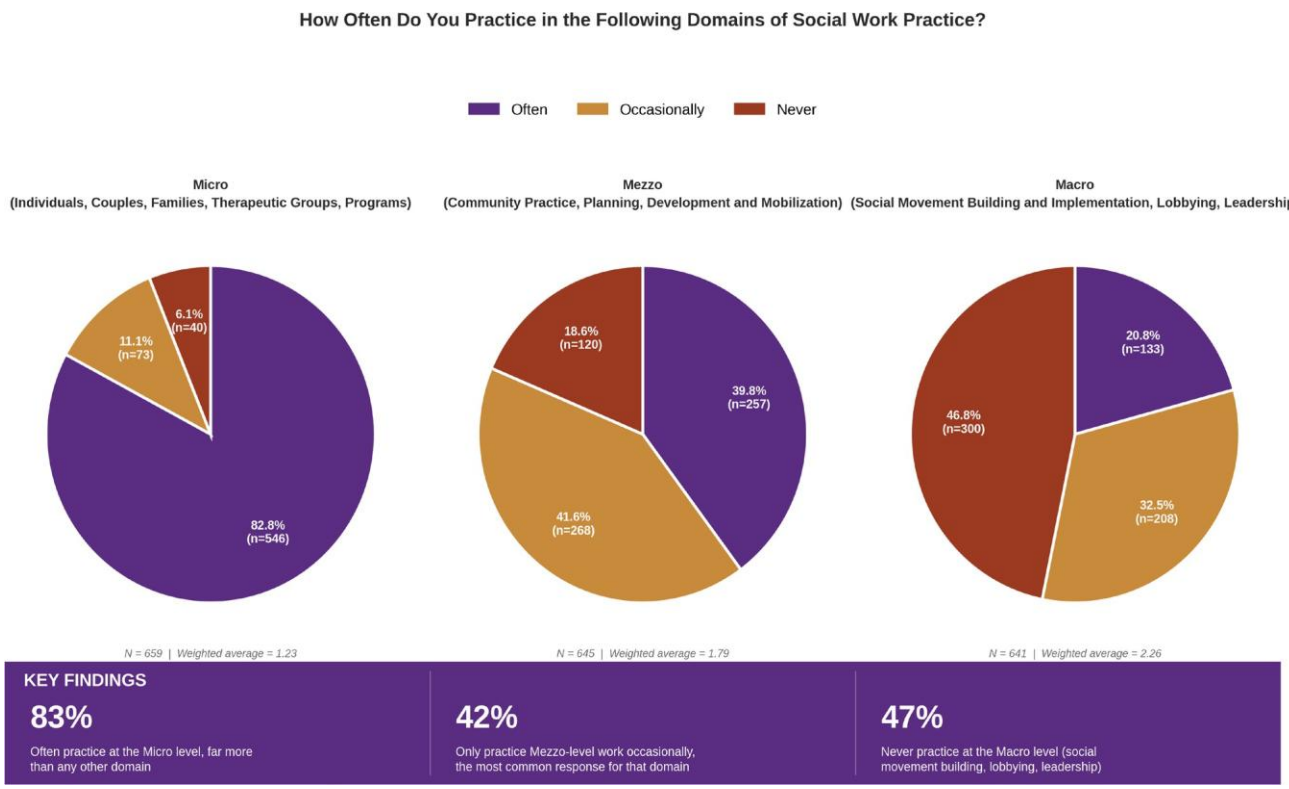
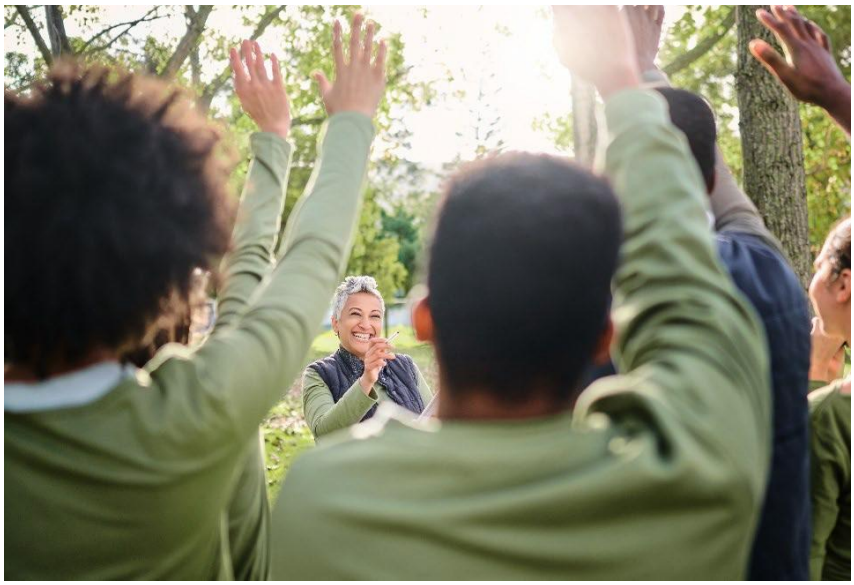


Figure 11a. Frequency of Practice by Micro, Mezzo, and Macro Domains, 2026 (CESW, 2026).



Social worker polling community members.

When asked to identify their specific areas of practice, respondents most frequently selected mental health (77.9%, n = 512), followed by advocacy (35.8%, n = 235), case management (34.9%, n = 229), and substance misuse prevention and intervention (27.9%, n = 183). The full distribution across all practice areas surveyed is presented below.

Practice Area	%	n
Administration and Management	25.27%	166
Advocacy	35.77%	235
Aging	19.03%	125
Antiracism, Diversity, Equity and Inclusion	23.29%	153
Case Management	34.86%	229
Child Welfare	22.07%	145
Community Development	10.35%	68
Community Organizing	8.83%	58
Community Planning	6.85%	45
Community Safety	11.72%	77
Corrections	8.37%	55
Development and Disabilities	23.44%	154
Domestic Violence	23.74%	156
Environmental	6.54%	43
Health Promotion	21.31%	140
Housing	19.33%	127
Immigration	10.50%	69
Interdisciplinary	20.09%	132
International	1.52%	10

Practice Area	%	n
Law Enforcement and Corrections	8.07%	53
LGBTQIA2S+ (Lesbian, Gay, Bisexual, Transgender, Queer+)	22.98%	151
Medical	25.42%	167
Mental Health	77.93%	512
Occupational and Employee Assistance Program (EAP)	3.65%	24
Peer Support	12.63%	83
Policy	8.98%	59
Politics	4.41%	29
Public Health Social Work	8.52%	56
Research	7.31%	48
School, School Based, School Linked	22.53%	148
Social Justice	16.89%	111
Social Work Education	16.59%	109
Substance Misuse Prevention and Intervention	27.85%	183
Sexual Assault	15.68%	103
Social Change and Action	11.42%	75
Tribal	8.22%	54
Violence Prevention	14.61%	96

Note. Respondents could select all areas that apply (N = 657); percentages do not sum to 100%.

Table 2b. Key Practice Areas Among 2026 Respondents (Select All That Apply) (CESW, 2026).

These findings indicate a workforce concentrated heavily in direct clinical and case-based practice, with comparatively fewer social workers engaged in community organizing, policy, or macro-level systems change work, a pattern with direct implications for the workforce capacity and recommendation findings discussed later in this report.

Demographic Summary

These demographic analyses indicate that the 2024 and 2026 survey samples were highly comparable across nearly every characteristic measured. The absence of statistically significant differences in race and ethnicity, gender, LGBTQIA2S+ identity, multilingual capacity, and the prevalence of MSW, BSW, and PhD preparation supports treating the two survey administrations as

longitudinally comparable. The two exceptions, increased Diné Bizaad or Navajo language use and modest growth in Associate Degree and DSW holders, represent real but small shifts within an otherwise stable demographic profile. These results also strengthen confidence that differences reported elsewhere in this report between 2024 and 2026 reflect genuine changes in workforce experiences and conditions.

The next section explores the workforce's financial circumstances, examining income, weekly work hours, funding sustainability, compensation equity, multiple job holding, and student loan burden across the demographic groups profiled above.

FINANCIAL CHARACTERISTICS

This section examines how respondents' annual income varied by race and ethnicity, age, weekly work hours, and perceived funding sustainability, providing financial context for the demographic and workforce patterns described earlier in this report.

Income by Race and Ethnicity

Although respondents across racial and ethnic groups were primarily concentrated in the $50,000-$99,999 income range, the highest income category ($150,000 or more) was disproportionately held by White respondents. White respondents represented 51.4% of the sample but 80.0% (20 of 25) of those earning $150,000 or more. Hispanic/Latine respondents comprised 30.0% of the sample but only 16.0% (4 of 25) of the highest income group, and Biracial/multiracial respondents accounted for 5.0% of the sample and 4.0% (1 of 25) of top earners. No African American/Black or Indigenous respondents reported incomes above $150,000.

Income by Age

Annual income also varied noticeably by age. Respondents aged 45-64 accounted for 80.0% of those earning $150,000 or more, with 44.0% of top earners aged 55-64 and 36.0% aged 45-54. No respondents aged 18-24 or 25-34 reported incomes above $150,000. Income generally rose with age through late career, peaking among respondents aged 55-64, of whom 31.6% reported annual incomes of $100,000 or more, before declining somewhat among respondents 65 and older.

Funding Sustainability

Perceived funding sustainability was significantly associated with income, $\chi^2(12, N = 658) = 66.33$, $p < .001$, though the relationship was small to moderate in magnitude (Cramer's $V = .224$). Funding sustainability increased steadily with income, where 80.0% of respondents earning $150,000 or more reported that their position was sustainably funded, compared with 64.8% of those earning $75,000-$149,999 and just 15.4% of those earning less than $10,000. Funding insecurity was concentrated among the lowest earners, with 46.2% of respondents earning less than $10,000 reporting that their position was not sustainably funded, compared with none of the respondents earning $150,000 or more.

Income and Weekly Work Hours

Income also tracked closely with weekly work hours. Nearly two thirds (65.7%) of respondents working 10 or fewer hours per week earned less than $50,000 annually, whereas 82.1% of those

working 51-60 hours per week earned $75,000 or more. Respondents working 61 or more hours per week were exclusively represented in income categories above $75,000, indicating that New Mexico's highest earners were considerably more likely to work well beyond a standard 40-hour week.

Compensation, Multiple Jobs, and Student Loan Burden

Financial concerns emerged as an important issue alongside the income patterns described above. About half of respondents (56.8%) reported being equitably compensated for their skills and expertise, while more than one third (37.7%) reported holding more than one job to meet their financial needs. Student loan repayment was also a significant factor in workforce financial wellbeing, with 38.0% of respondents reporting that it negatively affects their financial wellbeing. Although most respondents felt fairly compensated, a substantial share of the workforce nonetheless experiences financial strain, including the need for additional employment and the burden of student loan repayment.

Figure 8a summarizes these compensation, workload, and financial strain indicators together, where each reflects a meaningful share of the workforce carrying financial or workload-related strain.

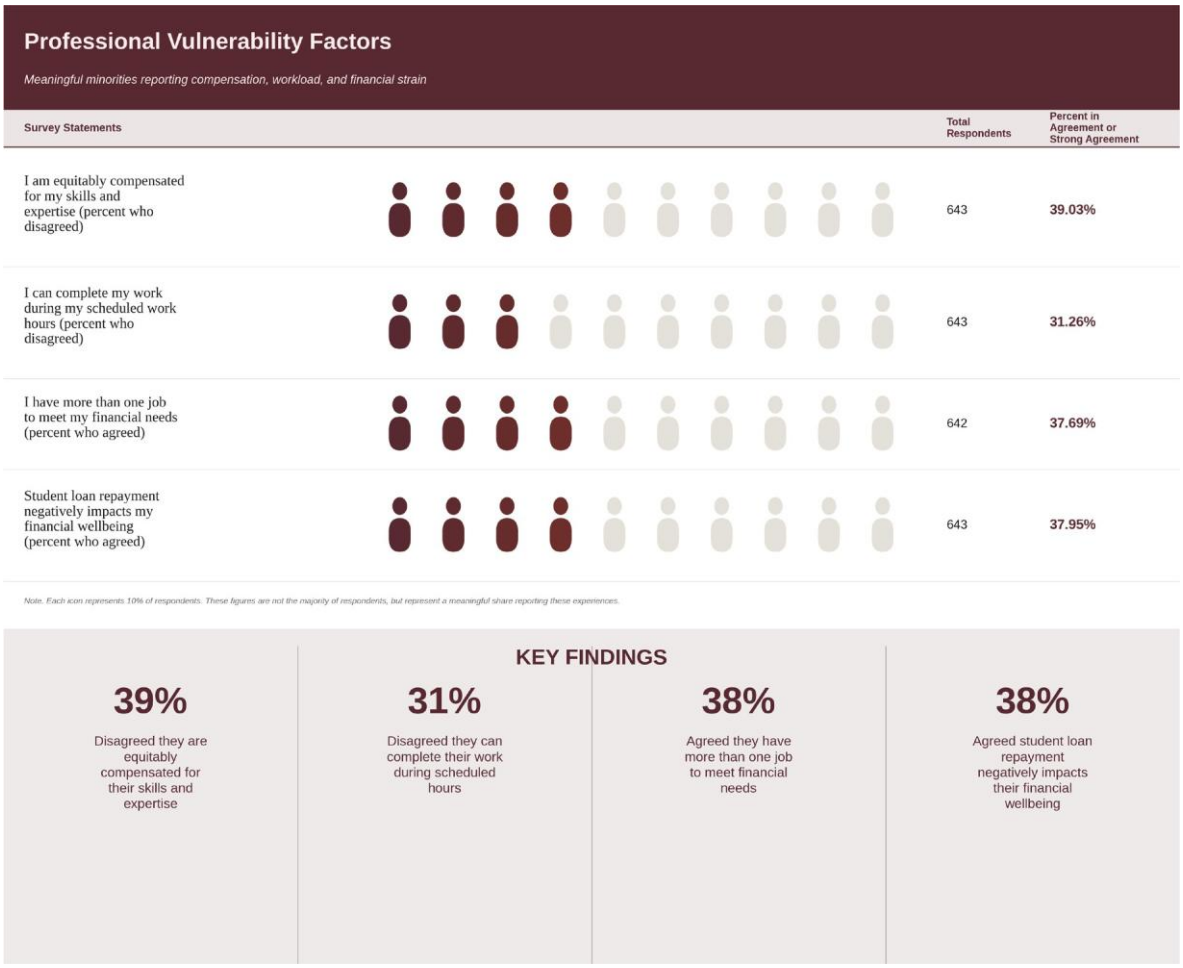


Figure 8a. Professional Vulnerability Factors, 2026 (CESW, 2026).

Equitable Compensation by Race, Gender, and LGBTQIA2S+ Identity

Perceptions of equitable compensation varied across racial and ethnic groups, although responses were generally mixed across all groups. Among respondents who identified as White/Caucasian (n = 331), 58.6% (n = 194) agreed or strongly agreed that they are equitably compensated for their skills and expertise, compared with 53.4% (n = 103) of respondents identifying as Hispanic/Latine (n = 193). No single pattern clearly emerged across racial and ethnic groups.

Perceptions of equitable compensation differed somewhat by gender. Among respondents who identified as men (n = 103), 67.0% (n = 69) agreed or strongly agreed that they are equitably compensated for their skills and expertise, compared with 54.9% (n = 287) of respondents who identified as women (n = 522). At the same time, 30.0% (n = 156) of women disagreed or strongly disagreed that they are equitably compensated, compared with 26.2% (n = 27) of men, suggesting that women were somewhat less likely than men to report feeling equitably compensated for their work.

Perceptions of equitable compensation were relatively similar across LGBTQIA2S+ identity groups. Among respondents who identified as members of the LGBTQIA2S+ community (n = 102), 52.0% (n = 53) agreed or strongly agreed that they are equitably compensated, compared with 58.5% (n = 176) of respondents who did not identify as LGBTQIA2S+ (n = 301). Respondents who identified as allies (n = 230) reported similar perceptions, with 56.1% (n = 129) agreeing or strongly agreeing that they are equitably compensated.

Overall, slightly more than half of respondents (56.8%, n = 365) agreed or strongly agreed that they are equitably compensated for their skills and expertise, while 39.0% (n = 251) disagreed or strongly disagreed. Perceptions of equitable compensation were generally more favorable among men than women and were somewhat lower among LGBTQIA2S+ respondents compared with non-LGBTQIA2S+ respondents, while differences by race and ethnicity were less pronounced. These findings suggest that although many respondents feel fairly compensated, a substantial share of the workforce continues to have concerns about compensation equity.

Multiple Jobs by Race, Gender, and LGBTQIA2S+ Identity

Perceptions of needing more than one job to meet financial needs varied somewhat across racial and ethnic groups. Among respondents identifying as Hispanic/Latine (n = 194), 42.8% (n = 83) agreed or strongly agreed that they have more than one job to meet their financial needs, compared with 32.8% (n = 108) of respondents identifying as White/Caucasian (n = 329). Smaller racial and ethnic groups showed additional variation, though several had relatively small sample sizes and may be considered exploratory.

Women were somewhat more likely than men to report holding multiple jobs to meet their financial needs. Among respondents identifying as women (n = 520), 38.7% (n = 201) agreed or strongly agreed that they have more than one job to meet their financial needs, compared with 29.8% (n = 31) of respondents identifying as men (n = 104). Because several groups had small sample sizes, these findings may be considered exploratory.

Among respondents who identified as members of the LGBTQIA2S+ community (n = 103), 38.8% (n = 40) agreed or strongly agreed that they have more than one job to meet their financial needs, compared with 34.3% (n = 103) of respondents who did not identify as LGBTQIA2S+ (n = 300).

Respondents identifying as allies reported a similar level of agreement (41.1%, n = 94 of 229). Overall, differences across groups were relatively modest.

More than one third of respondents overall (37.7%, n = 242) agreed or strongly agreed that they have more than one job to meet their financial needs. The need for multiple jobs appeared somewhat more common among Hispanic/Latine respondents, women, and LGBTQIA2S+ respondents, although because several demographic groups had relatively small sample sizes, these findings may be considered exploratory. Stronger and more consistent patterns were observed by years of practice and financial wellbeing, suggesting that career stage and financial strain may be more influential factors in understanding why social workers hold multiple jobs.

Student Loan Burden by Race, Gender, and LGBTQIA2S+ Identity

Perceptions of student loan burden varied somewhat across racial and ethnic groups. Among respondents identifying as Hispanic/Latine (n = 193), 41.0% (n = 79) agreed or strongly agreed that student loan repayment negatively affects their financial wellbeing, compared with 33.3% (n = 110) of respondents identifying as White/Caucasian (n = 331). Because several racial and ethnic groups had small sample sizes, findings for those groups may be considered exploratory.

Women were somewhat more likely than men to report that student loan repayment negatively affects their financial wellbeing. Among respondents identifying as women (n = 521), 38.8% (n = 202) agreed or strongly agreed, compared with 32.7% (n = 34) of respondents identifying as men (n = 104). Findings for smaller gender identity groups may be considered as exploratory.

Student loan burden appeared somewhat higher among respondents who identified as members of the LGBTQIA2S+ community. Among LGBTQIA2S+ respondents (n = 103), 45.2% (n = 47) agreed or strongly agreed that student loan repayment negatively affects their financial wellbeing, compared with 32.5% (n = 98 of 302) of respondents who did not identify as LGBTQIA2S+. Respondents identifying as allies reported a comparable level of student loan burden (42.1%, n = 96 of 228).

Student loan repayment was identified as a significant financial concern for many respondents overall. More than one third (38.0%, n = 244) agreed or strongly agreed that student loan repayment negatively affects their financial wellbeing, while 23.0% (n = 148) disagreed or strongly disagreed. Student loan burden appeared somewhat more common among Hispanic/Latine respondents, women, and LGBTQIA2S+ respondents, although because several demographic groups had small sample sizes, these findings may be considered exploratory. Stronger patterns were observed by years of practice, with early- and mid-career social workers reporting substantially greater student loan burden than those later in their careers. These findings suggest that educational debt remains an important workforce issue that may influence financial wellbeing and workforce retention.

Building on these financial characteristics, the Quantitative Findings section that follows turns to the workforce's broader professional wellbeing, examining sources of resilience and strain, the sociopolitical environment, workforce capacity and staffing vacancies, access to supervision, and the state's capacity to grow its own supervision and practicum training infrastructure.

QUANTITATIVE FINDINGS

Professional Wellbeing

The survey also examined the workforce's overall wellbeing, discrimination experiences, and professional outlook, along with how these patterns varied by race, ethnicity, and gender. Overall findings are presented first, followed by the racial and ethnic patterns, and then the gender patterns that emerged as most pronounced.

Table 2c below summarizes respondents' agreement, disagreement, and not applicable responses across all professional wellbeing, workplace experience, and sociopolitical statements included in the survey, along with the weighted average for each statement on a 4-point scale. The subsections that follow unpack these patterns in greater detail by race, ethnicity, and gender.

Hand holding a Wellbeing Circle against a green natural background.

Statement	Agreement		Disagreement		N/A		Weighted average
	%	n	%	n	%	n	
I find meaning and purpose in my work as a social worker	98.30%	635	0.77%	5	0.93%	6	**3.71**
My cultural practices sustain me during difficult times	85.12%	549	5.59%	36	9.30%	60	**3.04**
My spiritual beliefs sustain me during difficult times	85.10%	548	4.35%	28	10.56%	68	**3.11**
I have a network of support I can access during difficult times	90.98%	585	8.24%	53	0.78%	5	**3.36**
I am confident in my ability to practice social work competently	98.30%	634	1.25%	8	0.47%	3	**3.65**
My social work education prepared me to practice effectively with New Mexico's diverse communities	85.89%	554	12.41%	80	1.71%	11	**3.17**
I receive adequate social work supervision	63.82%	411	16.77%	108	19.41%	125	**2.55**
I am equitably compensated for my skills and expertise	56.76%	365	39.03%	251	4.20%	27	**2.54**
I can complete my work during my scheduled work hours	64.69%	416	31.26%	201	4.04%	26	**2.74**
I have more than one job to meet my financial needs	37.69%	242	39.25%	252	23.05%	148	**1.98**
Student loan repayment negatively impacts my financial wellbeing	37.95%	244	23.02%	148	39.04%	251	**1.77**
I feel overwhelmed by my caseload or workload	38.88%	250	48.52%	312	12.60%	81	**2.13**
My workload has increased as a result of recent federal policy or funding changes	34.78%	224	40.53%	261	24.69%	159	**1.89**
I am concerned about the long-term stability of my organization	44.61%	286	41.66%	267	13.73%	88	**2.20**
I experience the same discrimination the people I serve experience	31.16%	201	51.78%	334	17.05%	110	**1.87**
I experience depression, anxiety or trauma symptoms because of my work	43.64%	281	50.16%	323	6.21%	40	**2.25**
I experience discrimination at my organization	13.40%	86	72.12%	463	14.49%	93	**1.55**
I have health problems because of my work	29.33%	188	60.37%	387	10.30%	66	**1.89**
I have considered leaving the profession of social work	37.11%	239	57.76%	372	5.12%	33	**2.08**
I have plans to leave the profession of social work	10.89%	70	80.56%	518	8.55%	55	**1.60**
My organization encourages employee self-care	62.42%	402	26.56%	171	11.02%	71	**2.58**
My organization supports my continuing education needs	67.92%	436	19.94%	128	12.15%	78	**2.67**
My organization is adequately resourced to meet the needs of the people it serves	52.34%	336	36.76%	236	10.90%	70	**2.36**
The current political and economic climate has increased my work-related stress	75.00%	483	21.12%	136	3.88%	25	**2.99**
The current political and economic climate has made me question my future in the profession	46.25%	296	48.44%	310	5.31%	34	**2.40**
Recent federal policy or funding changes have made it more difficult to practice in alignment with my professional ethics	45.18%	290	42.83%	275	11.99%	77	**2.27**
Recent federal policy changes or funding cuts have created barriers for the people I serve to receive needed support	73.76%	475	18.95%	122	7.30%	47	**2.95**

Note. The outlined cell in each row marks the response category (agreement, disagreement, or N/A) with the highest number of respondents, except for "Student loan repayment negatively impacts my financial wellbeing," where agreement is outlined for its relevance despite N/A being highest.

Table 2c. Professional Wellbeing and Sociopolitical Environment Survey Statements, Agreement and Disagreement, 2026 (CESW, 2026).

Workforce Strengths and Sources of Resilience

Respondents reported high levels of professional commitment, competence, and personal resilience. Nearly all respondents agreed or strongly agreed that they find meaning and purpose in their work as social workers (98.3%) and that they are confident in their ability to practice social work competently (98.3%). Most respondents also reported drawing on

personal supports and cultural traditions during difficult times, including a broader support network (84.8%), cultural practices (85.1%), and spiritual beliefs (85.1%). A similar proportion (85.9%) agreed that their social work education prepared them to work effectively with New Mexico's diverse communities. Together, these findings indicate a workforce that remains strongly committed to the profession and well supported by personal, cultural, and spiritual resources, even amid the workforce pressures described below.

Figure 11b presents the full set of professional resilience indicators, illustrating the consistently high levels of meaning, confidence, and support reported across the workforce.

Figure 11b. Professional Resilience Factors, 2026 (CESW, 2026).

Organizational Support and Workload

Respondents generally reported positive organizational support, although workload and resourcing concerns remained common. About two thirds reported that their organization encourages employee self-care (62.4%) and supports continuing education (67.9%), and just over half (52.3%) agreed that their organization is adequately resourced to meet the needs of the people it serves, while more than one third (36.8%) disagreed. Workload and mental health concerns were also common, where 38.9% of respondents felt overwhelmed by their workload or caseload, 42.4% reported experiencing depression, anxiety, or trauma symptoms because of their work, 29.4% reported health problems related to their work, and 43.8% expressed concern about the long-term stability of their organization. These findings suggest that although many respondents experience supportive workplace cultures, a substantial share of the workforce is nonetheless carrying meaningful workload, mental health, and organizational stability concerns.

Cultural and Spiritual Resilience

The largest racial and ethnic differences in the study involved culturally grounded sources of resilience. Cultural practices showed the strongest effect ($\eta^2 = .065$), followed by spiritual beliefs ($\eta^2 = .040$). Indigenous respondents reported the highest levels of support from cultural practices ($M = 3.72$ of 4), followed by African American/Black ($M = 3.33$) and Hispanic/Latine respondents ($M = 3.32$), compared with White respondents ($M = 2.82$). A similar pattern held for spiritual beliefs, where African American/Black respondents reported the highest levels of support ($M = 3.63$), followed by Indigenous ($M = 3.53$) and Hispanic/Latine respondents ($M = 3.33$), compared with White respondents ($M = 2.93$). Post hoc analyses confirmed significant differences between White respondents and both Indigenous and Hispanic/Latine respondents. These findings suggest that cultural identity, spirituality, and community-based traditions may serve as particularly important sources of strength and resilience for many social workers from historically marginalized communities.

Lived Experiences of Discrimination

Overall, 31.2% of respondents agreed or strongly agreed that they experience the same forms of discrimination faced by the people they serve, while a smaller share, 13.4%, reported experiencing discrimination within their own organization. The second largest effect involved social workers' own experiences of discrimination ($\eta^2 = .059$). African American/Black respondents reported the highest levels of agreement that they experienced the same discrimination as the people they serve ($M = 2.67$), compared with White respondents, who reported the lowest levels ($M = 1.64$). Indigenous ($M = 2.13$), Hispanic/Latine ($M = 2.10$), and Biracial/Multiracial respondents ($M = 2.12$) also reported higher levels than White respondents. This pattern suggests that many social workers from racial and ethnic minority groups bring personal experience with discrimination and systemic inequities into their professional roles.

Professional Meaning and Future Outlook

Meaning and purpose in social work remained high across all racial and ethnic groups ($\eta^2 = .038$), with average scores exceeding 3.5 of 4 for most groups. White ($M = 3.77$) and Hispanic/Latine respondents ($M = 3.73$) reported the highest levels of meaning and purpose,

while Asian respondents reported the lowest mean score (M = 3.00). At the same time, Biracial/Multiracial respondents reported the greatest concern that the current political and economic climate had caused them to question their future in the profession (M = 3.00), followed by Hispanic/Latine (M = 2.59) and Indigenous respondents (M = 2.56), compared with White respondents (M = 2.24). These findings suggest that although commitment to social work remains strong across groups, concerns about the profession's future may be greater among some racial and ethnic minority respondents.

The survey also examined whether these same indicators of professional wellbeing varied by gender. No meaningful gender differences emerged for discrimination experiences or views of the current political climate; the most pronounced differences instead involved professional identity, mental health, and retention.

Professional Identity and Preparedness (Gender)

Respondents differed significantly in their sense of meaning and purpose in social work, $F(3, 641) = 7.42$, $p < .001$, $\eta^2 = .034$, and in their perceptions that their social work education prepared them to work effectively with New Mexico's diverse communities, $F(3, 640) = 7.60$, $p < .001$, $\eta^2 = .034$. Women (M = 3.72) and men (M = 3.75) reported similarly high levels of meaning and purpose, while Gender Queer/Non-Binary respondents reported somewhat lower levels (M = 3.42) and respondents who preferred not to answer reported substantially lower levels (M = 2.60). Similarly, women (M = 3.19) and men (M = 3.22) reported feeling better prepared by their social work education than Gender Queer/Non-Binary respondents (M = 2.50) and those who preferred not to answer (M = 1.80). Most respondents reported a strong sense of purpose in social work regardless of gender, although Gender Queer/Non-Binary respondents and those who preferred not to disclose their gender were less likely to report that their work provided meaning and purpose or that their education adequately prepared them to work with New Mexico's diverse communities.

Mental Health and Well-Being (Gender)

Gender differences were also evident in indicators of well-being. Women (M = 2.29) and Gender Queer/Non-Binary respondents (M = 2.75) reported higher levels of depression, anxiety, and trauma symptoms related to their work than men (M = 1.93), $F(3, 639) = 4.89$, $p = .002$, $\eta^2 = .022$, with women and Gender Queer/Non-Binary respondents each significantly higher than men in post hoc analyses. Respondents also differed in work-related health concerns, $F(3, 636) = 4.80$, $p = .003$, $\eta^2 = .022$, with Gender Queer/Non-Binary respondents (M = 2.25) and women (M = 1.91) reporting more health concerns than men (M = 1.66). These findings suggest that women and Gender Queer/Non-Binary social workers carry a greater burden of work-related emotional labor and physical strain than men.

Retention and Future Career Intentions (Gender)

Overall, 37.1% of respondents had considered leaving the social work profession, while a smaller share, 10.9%, reported having active plans to leave. Respondents also differed by gender in whether they had considered leaving, $F(3, 639) = 4.37$, $p = .005$, $\eta^2 = .020$, and in whether they planned to leave the profession, $F(3, 638) = 5.86$, $p < .001$, $\eta^2 = .027$. Respondents who preferred not to disclose their gender reported the highest levels of considering leaving (M = 3.40) and of plans to leave (M = 3.00), while Gender Queer/Non-

Binary respondents also reported elevated levels of considering leaving (M = 2.75). Women (M = 2.06) and men (M = 2.00) reported substantially lower and similar levels of considering leaving the profession. Although most respondents were not actively planning to leave social work, Gender Queer/Non-Binary respondents and those who preferred not to disclose their gender reported greater uncertainty about remaining in the profession.

Sociopolitical Environment

The current political and economic climate emerged as one of the most significant sources of stress identified anywhere in the survey. Three out of four respondents (75.0%) agreed or strongly agreed that the current political and economic climate has increased their work-related stress, and nearly half (46.2%) reported that this climate has caused them to question their future in the social work profession. Federal policy changes were also strongly felt in practice, where 45.1% of respondents agreed that recent federal policy or funding changes have made it more difficult to practice in alignment with their professional ethics, and nearly three quarters (73.7%) reported that these changes have created barriers for the people they serve in accessing needed support. These findings indicate that the sociopolitical environment is affecting not only social workers' own sense of professional security, but also their capacity to serve New Mexico communities in accordance with their professional values.

Woman engaging in a healing-centered practice.

Figure 11c below presents the full set of wellbeing and equity indicators discussed above, alongside related measures of discrimination, mental health, and professional retention.

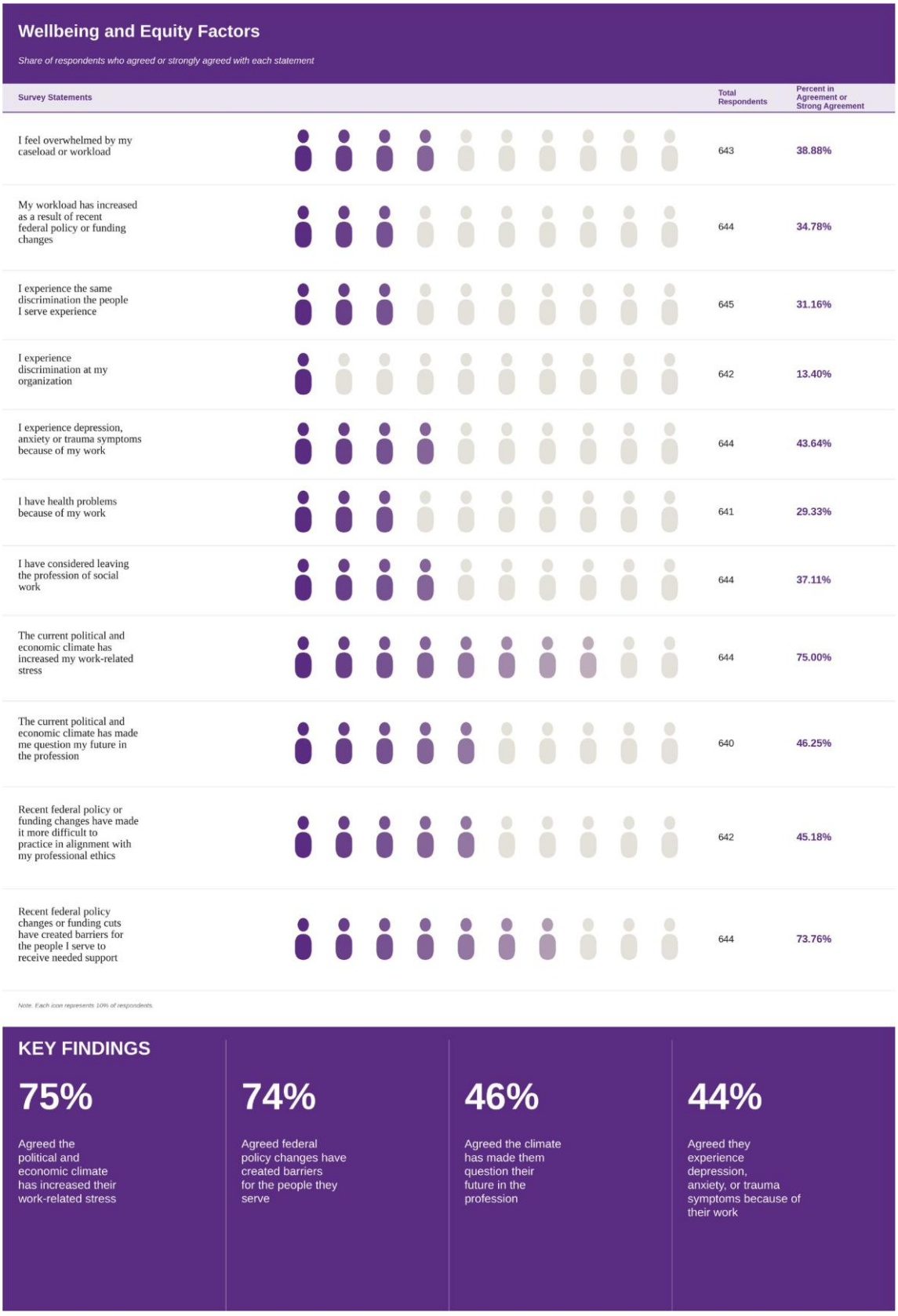


Figure 11c. Wellbeing and Equity Factors, 2026 (CESW, 2026).

Workforce Capacity

This section summarizes workforce capacity findings related to retention, recruitment, staffing vacancies, workforce demand, and the strategies respondents identified for strengthening the workforce.

Workforce Retention and Long-Term Stability

The workforce appeared relatively stable overall. Most survey respondents reported no plans to relocate out of state (66.9%), and many expected to continue practicing social work for at least the next ten years. Retirement plans were more varied, with about one quarter of respondents indicating that retirement was more than 20 years away, while nearly one fifth anticipated retiring within the next five years. These findings suggest both long-term workforce stability and a need for succession planning as a portion of the workforce approaches retirement.

Recruitment and Hiring Involvement

For the 642 respondents who answered this question, about one third (33.0%, n = 212) reported being involved in recruitment or hiring decisions, while the remaining two thirds (67.0%, n = 430) were not. Because the vacancy items that follow were directed primarily at respondents with hiring responsibilities, the findings below reflect the perspective of this subset of the sample.

Current and Anticipated Staffing Vacancies

A total of 211 respondents were involved in hiring and responded to this item, with 59.7% (n = 126) reporting having current staffing vacancies and an additional 15.6% (n = 33) anticipated openings within the next three months, while 24.6% (n = 52) reporting no current or anticipated openings. Most organizations represented by respondents with hiring responsibilities were therefore experiencing workforce shortages, with nearly six in ten reporting at least one current vacancy.

Duration of Staffing Vacancies

Of the 206 respondents who answered this item, 11.7% reported vacancies open for less than one month, 22.8% for one to three months, 18.9% for four to six months, 10.7% for seven to twelve months, and 11.2% for more than twelve months, while 24.8% reported no current vacancies. Combining these categories, 40.8% of organizations with vacancies reported that positions had remained open for four months or longer. Vacancies were not only common but often difficult to fill, with more than one in ten respondents reporting positions that had remained vacant for over a year.

Positions Most Difficult to Fill

There were 193 respondents who answered this item. Responses showed that social workers were identified as among the most in-demand positions by two thirds of respondents (67.4%, n = 130), followed by behavioral health clinicians (42.0%, n = 81), case managers (24.4%, n = 47), psychiatric providers (17.6%, n = 34), peer support workers and psychologists (15.5% each, n = 30), and marriage and family therapists (14.0%, n = 27). Administrative support, community health workers, administrators, faculty and instructors, researchers, policy

practitioners, and lobbyists were identified far less frequently (1.0% to 11.4%). These findings suggest that workforce shortages are concentrated in direct service and behavioral health positions rather than in policy, research, or administrative roles.

Respondents' Specialized Practice Experience

A total of 172 respondents answered this item, where the most frequently identified capacity was providing bilingual or multilingual services (41.3%, n = 71), followed by experience serving rural or frontier communities (33.1%, n = 57) and experience serving Tribal communities, Pueblos, or Nations (31.4%, n = 54). About one quarter of respondents identified experience serving individuals with serious mental illness (26.7%, n = 46) and experience serving children, youth, and families (26.2%, n = 45), while a smaller portion identified experience serving individuals with substance use disorders (22.7%). By contrast, relatively few respondents identified policy experience (8.7%, n = 15), research experience (8.7%, n = 15), or legislative advocacy experience (6.4%, n = 11). These findings point to a continued need for social workers with strong linguistic, cultural, rural, and Tribal practice skills and competence, alongside behavioral health and community-based expertise, relative to policy and research capacities.

County and Regional Workforce Needs

Among the 589 respondents who answered this item regarding workforce needs across counties, social workers were identified as the most needed role by 86.9% of respondents (n = 512), followed by mental health counselors (71.6%, n = 422), behavioral health clinicians (68.1%, n = 401), and psychiatric providers (62.6%, n = 369). About half of respondents also identified a need for integrated care or medical workforce professionals (48.2%), case managers (47.9%), and psychologists (45.7%), while more than 40% identified community health workers (43.1%), school-based behavioral health providers (42.6%), peer support workers (41.9%), and school social workers (41.3%). Three of the four most frequently identified roles were behavioral health positions, underscoring persistent county-level shortages in behavioral health services, and the breadth of roles identified suggests that addressing these shortages will require coordinated, multidisciplinary teams.

Capacities Most Difficult to Recruit

For the 538 respondents who answered this item, the capacities reported as most difficult to recruit were experience serving rural or frontier communities (55.4%), bilingual or multilingual providers (52.2%), experience serving individuals with serious mental illness (49.1%), experience serving Tribal communities, Pueblos, or Nations (44.8%), and licensed professionals able to provide clinical supervision (44.1%). Respondents also reported difficulty recruiting providers experienced in serving undocumented or mixed-status families (40.7%), children, youth, and families (37.5%), homelessness or housing instability (37.0%), substance use disorders (36.2%), crisis response or community safety (35.5%), and LGBTQ+ communities (34.4%). Policy practice (24.0%) and entry-level positions (22.5%) were the least difficult capacities to recruit. These findings suggest that workforce shortages extend beyond simply filling positions to include difficulty finding professionals with the cultural, clinical, and community-specific expertise New Mexico's diverse communities require.

Most Significant Workforce Gaps

Among the 586 respondents who answered this item, the most commonly identified workforce gap was an overall shortage of providers (76.3%), followed by insufficient community resources (59.6%), high turnover across organizations (51.9%), limited access to providers serving serious mental illness (49.1%), limited access to providers serving Tribal communities (44.8%), limited access to licensed providers (42.7%), and workforce shortages in rural or frontier areas (40.4%). Additional gaps included a lack of culturally or linguistically responsive providers (35.3%), workforce wellbeing challenges (33.4%), limited access to certified or credentialed providers (30.9%), workforce shortages in Tribes and Pueblos (29.9%), limited access to case management (29.5%), and limited supervision for licensure (28.7%) or practice (23.5%). These findings suggest that workforce concerns involve both the overall number of providers available and the availability of providers with specialized, culturally responsive expertise.

Barriers to Meeting Workforce Needs

Among the 554 respondents who answered this item, the most significant barriers to meeting behavioral health workforce needs were non-competitive wages and benefits (71.3%) and insufficient funding to sustain services (68.4%). Respondents also identified a lack of community resources (59.6%), organizational cutbacks, layoffs, or downsizing (40.3%), geographic isolation (37.4%), education and training gaps (37.0%), workforce pipeline limitations (26.5%), and limitations to attaining licensure (23.1%). These findings suggest that workforce challenges are driven not only by recruitment challenges, but also by broader financial and infrastructure constraints, with compensation and funding identified as the primary barriers.

Strategies to Strengthen the Workforce

Among the 587 respondents who answered this item, the most frequently recommended strategy was increasing compensation and benefits (78.9%), followed by increasing paid practicum or internship opportunities (72.1%), offering student loan forgiveness (66.8%), supporting workforce wellbeing and retention (58.1%), strengthening supervision and licensure pathways (56.4%), expanding education and training programs (51.6%), and investing in culturally and community-rooted workforce models (45.3%). Strengthening cross-sector partnerships (37.5%) and expanding peer and lived expert workforce pathways (32.2%) were identified less frequently. These findings suggest that respondents view workforce shortages as more than a training issue, emphasizing the importance of attracting, supporting, and retaining workers through competitive compensation, financial support, and opportunities for professional development.

Professional Development and Training Interests

In addition to identifying workforce capacity gaps, the survey asked respondents which professional development and training topics interested them most. Among the 650 respondents who answered this item, trauma and healing informed practice was the most widely selected topic (55.2%, n = 359), followed by clinical skills (47.7%, n = 310), crisis response (31.4%, n = 204), and antiracism, diversity, equity, and inclusion (27.5%, n = 179). Only 7.4% (n = 48) of respondents reported no

interest in further training or professional certification. The full distribution of training interests is presented in the table below.

Training Topic	%	n
I am not interested in receiving training or professional certification	7.38%	48
Aging	18.92%	123
Antiracism, Diversity, Equity and Inclusion	27.54%	179
Bilingual/Bicultural	14.92%	97
Borderland and Ethnic Studies	16.46%	107
Clinical Skills	47.69%	310
Community Practice	18.31%	119
Community-Based Participatory Research	13.38%	87
Community Safety	14.00%	91
Crisis Response	31.38%	204
Critical Incident Debriefing	19.08%	124
Environmental Justice/Climate Change	10.77%	70
Fundraising and Grant Writing	19.38%	126
Indigenous Research Principles	13.54%	88
International	8.77%	57
Leadership	22.00%	143
LGBTQQI2S+	19.08%	124
Medical	17.69%	115
Military	10.15%	66
Nonprofit Management	16.00%	104
Peer Support	10.15%	66
Policy	12.31%	80
Program Development	20.62%	134
Programmatic Evaluation	12.00%	78
Public Health Social Work	17.08%	111
School Social Work	20.62%	134
Serving People with Severe Mental Illness	24.46%	159
Substance Misuse Prevention and Treatment	27.54%	179
Trauma- and Healing-Informed Practice	55.23%	359
Tribal Social Services	14.31%	93
Unhoused/Homelessness Response	22.77%	148
Other (please specify)	6.46%	42

Note. Respondents could select all topics that apply (Answered = 650, Skipped = 23); percentages do not sum to 100%.

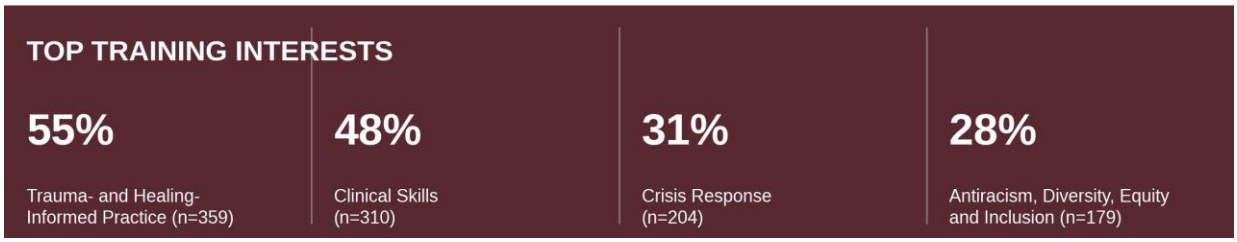


Table 2d. Professional Development and Training Interests Among 2026 Respondents (Select All That Apply) (CESW, 2026).

These training priorities align closely with the workforce capacity gaps identified earlier, particularly the need for stronger clinical, trauma-responsive, and crisis-response preparation, and point to concrete areas where continuing education investment could strengthen the workforce. The subsections below explore social work supervision specifically, a related but distinct dimension of workforce support.

Workplace Supervision

Supervision emerged as both a workplace strength and an area of ongoing need. Nearly two thirds of respondents (62.4%) agreed that they receive adequate supervision, suggesting that most of the workforce currently has access to meaningful supervisory support. At the same time, licensed professionals able to provide clinical supervision were identified among the workforce capacities most difficult to recruit, cited by 44.1% of respondents involved in hiring, and strengthening

supervision and licensure pathways was identified as a priority workforce strategy by 56.4% of respondents overall. The items below expand on these patterns using a supplemental supervision questionnaire completed by the 374 respondents who elected to continue the survey past this point.

Access to Supervision

Among the 374 respondents who answered this item, approximately one third reported receiving formal social work supervision (30.7%, n = 115), while a similar proportion reported receiving informal supervision, such as peer or colleague consultation (29.7%, n = 111). However, 31.3% (n = 117) reported receiving no social work supervision, and 8.3% (n = 31) indicated that supervision was not applicable to their role. Overall, 60.4% (n = 226) of respondents reported receiving either formal or informal supervision that supports their practice or professional development, while nearly one third reported receiving none. These findings suggest that while supervision is available to many social workers, a substantial share may lack access to ongoing professional guidance and consultation.

Areas of Supervisory Support

For the respondents who reported receiving supervision (n = 221), the most frequently reported forms of support were guidance on complex or high-acuity cases (76.5%, n = 169) and guidance on ethical decision-making (71.0%, n = 157). More than half also reported receiving support related to administrative or supervisory responsibilities (56.6%, n = 125) and stress, vicarious trauma, and burnout prevention (55.7%, n = 123). About half reported receiving support for reflective practice (52.5%, n = 116) and practice skill development (52.0%, n = 115), while fewer reported receiving support focused on culturally and linguistically responsive practice (44.3%, n = 98), career development or advancement (41.6%, n = 92), and leadership skill development (39.4%, n = 87). These findings demonstrate that supervision most commonly centers clinical practice and ethical decision-making, with comparatively less emphasis on leadership development, career advancement, and culturally responsive practice.

Overall Experience with Supervision

A total of 225 respondents rated their overall experience with social work supervision, with 89.3% (n = 201) reporting predominantly positive experiences and 10.7% (n = 24) reporting predominantly negative experiences. Supervision is therefore generally viewed as a positive and supportive aspect of social work practice and professional development, though a meaningful minority of respondents described the experience unfavorably.

Benefits of Positive Supervision

Of the 201 respondents who reported positive supervision experiences, the most common benefit was an increased sense of confidence in social work skills (40.3%, n = 81), followed by a stronger commitment to the profession (26.9%, n = 54), improved job performance (17.4%, n = 35), greater professional satisfaction (10.0%, n = 20), and improved personal wellbeing (5.5%, n = 11). These findings suggest that supervision contributes most strongly to building professional confidence and reinforcing commitment to the profession, while also supporting job performance, satisfaction, and personal wellbeing.

Consequences of Negative Supervision

Among the 22 respondents who reported negative supervision experiences, the most common consequence was that poor quality supervision caused them to consider leaving their job (54.5%, n = 12), and 22.7% (n = 5) reported that it caused them to consider leaving the social work profession altogether. A smaller number of respondents linked limited access to supervision to delayed licensure (9.1%, n = 2), to considering leaving their job (9.1%, n = 2), and the profession (4.5%, n = 1). Although relatively few respondents reported negative supervision experiences overall, those who did connected poor-quality supervision to thoughts of leaving their job or the profession, underscoring the importance of high-quality supervision for workforce satisfaction and retention.

Supervision Toward Independent Licensure

Of the 373 respondents who answered this item, nearly two thirds reported that they are independently licensed (65.7%, n = 245). An additional 16.6% (n = 62) of respondents reported currently receiving supervision toward independent licensure, while 7.0% (n = 26) reported needing supervision, but facing barriers to obtaining it, and 10.7% (n = 40) reported that they are not pursuing independent licensure. Overall, approximately one in four respondents (23.6%, n = 88) were either currently pursuing independent licensure or reported needing supervision to do so, indicating that access to licensure supervision remains an important workforce development issue for a portion of the workforce.

Quality of Licensure Supervision

Among the 63 respondents who rated the quality of supervision they received toward independent licensure, nearly half rated it as excellent (49.2%, n = 31), and 36.5% (n = 23) rated it as good, while fewer described it as fair (12.7%, n = 8) or poor (1.6%, n = 1). Overall, 85.7% (n = 54) rated their supervision experience as excellent or good, suggesting that respondents who can access supervision for independent licensure generally view its quality positively.

Improving the Quality of Licensure Supervision

A smaller group of respondents identified factors that could improve the quality of supervision they were receiving toward independent licensure (n = 9). The most frequently reported need was better use of supervision frameworks and tools to support skill development and case conceptualization (77.8%, n = 7), followed by a stronger supervisory relationship characterized by trust, communication, and support (66.7%, n = 6). More than half identified a need for additional guidance on ethical decision-making (55.6%, n = 5) and support navigating systems such as legal, policy, and interdisciplinary work (55.6%, n = 5). Respondents also emphasized greater structure and consistency (44.4%, n = 4), stronger feedback and evaluation (44.4%, n = 4), more culturally and linguistically responsive supervision (44.4%, n = 4), and organizational support for protected supervision time (44.4%, n = 4), along with space to process complex or trauma-exposed cases, expanded group supervision and peer learning, increased access to peer consultation networks, and reduced workloads while receiving supervision (each 33.3%, n = 3).

Barriers to Obtaining Licensure Supervision

Of the 26 respondents who reported barriers to obtaining supervision for independent licensure, the most frequently identified challenges were lack of employer-sponsored supervision (73.1%, n = 19), high supervision costs (61.5%, n = 16), and difficulty identifying a supervisor (53.8%, n = 14). Other common barriers included personal or family responsibilities (46.2%, n = 12), high workload or caseload demands (42.3%, n = 11), and inflexible work schedules (38.5%, n = 10). These findings indicate that financial, organizational, and logistical barriers continue to limit access to the supervision required for independent licensure.

The Supports Needed to Improve Access to Licensure Supervision

For the 25 respondents who identified supports that would improve their access to supervision for independent licensure, the most frequently reported needs were employer sponsored or fully funded supervision (84.0%, n = 21), state funded supervision stipends or subsidies (76.0%, n = 19), and greater availability of qualified supervisors (72.0%, n = 18). Respondents also emphasized clearer licensure guidance (68.0%, n = 17), flexible work schedules (52.0%, n = 13), and virtual supervision options (48.0%, n = 12), suggesting that financial assistance, supervisory capacity, and workplace supports are each critical to improving access to licensure supervision.

Providing Supervision to Others

Among the 373 respondents who answered this item, 40.8% (n = 152) reported providing supervision, consultation, or oversight to others in their current position, while 59.2% (n = 221) did not, indicating that approximately two in five respondents currently serve in supervisory or leadership roles within their organizations.

Scope of Supervisory Responsibilities

A total of 152 respondents reported providing supervision, consultation, or oversight to others, where the largest share supervised social workers pursuing independent licensure (66.4%, n = 101). More than one third supervised other licensed clinicians such as counselors and marriage and family therapists (41.4%, n = 63) and independently licensed social workers (35.5%, n = 54). About one third supervised administrative or program staff (32.2%, n = 49), while 28.9% (n = 44) supervised certified or credentialed workers such as peer support workers, community health workers, or substance use professionals, and an equal share (28.9%, n = 44) provided oversight to multidisciplinary teams. Smaller proportions supervised community safety professionals (14.5%, n = 22) and medical or healthcare providers (11.2%, n = 17), and 22.4% (n = 34) selected Other, indicating that supervisory responsibilities extended beyond the categories listed. Overall, social workers in supervisory roles support a wide range of professional disciplines and settings, most commonly guiding other social workers through the independent licensure process.

Practicum Supervision

The survey's final quantitative items examined New Mexico's capacity to grow its own supervision and practicum training infrastructure, asking respondents about their status and interest in

becoming Board Approved Supervisors, their capacity and interest in supervising practicum students, and the funding and compensation practices surrounding practicum placements.

Board Approved Supervisor Status and Interest

Among the 374 respondents who answered this item, 38.2% (n = 143) reported that they are currently recognized by the New Mexico Board of Social Work Examiners as a Board Approved Supervisor. An additional 36.6% (n = 137) reported that they are not currently board-approved but are interested in becoming a supervisor, while 25.1% (n = 94) reported no interest in becoming one. Overall, nearly three quarters of respondents (74.8%, n = 280) either currently serve as Board Approved Supervisors or are interested in becoming one, indicating strong interest and potential capacity to grow access to supervision in New Mexico.

Barriers to Becoming a Board Approved Supervisor

Of the 131 respondents who identified barriers to becoming a Board Approved Supervisor, the most frequently reported challenges were a lack of financial or professional incentives to pursue board approval (29.0%, n = 38), the cost of required supervisor training (28.2%, n = 37), and a lack of clarity about requirements or the application process (28.2%, n = 37). Additional barriers included the time required to complete training (26.0%, n = 34), workload or caseload demands (26.0%, n = 34), limited availability of required training programs (22.9%, n = 30), and the perception that supervision is not aligned with their current role (20.6%, n = 27). Smaller shares reported a lack of mentorship or guidance in becoming a supervisor (21.4%, n = 28), difficulty navigating documentation or requirements (19.8%, n = 26), lack of protected time to complete training or applications (17.6%, n = 23), delays or challenges with licensing board processes (15.3%, n = 20), feeling unprepared to supervise others (10.7%, n = 14), and limited access to culturally and linguistically grounded training programs (6.9%, n = 9). These findings suggest that barriers to becoming a Board Approved Supervisor are driven primarily by financial costs, limited incentives, time constraints, and challenges navigating the approval process, and that addressing them may help expand New Mexico's pool of qualified supervisors.

Practicum Student Supervision Capacity and Interest

For the 373 respondents who answered this item, nearly one quarter (24.1%, n = 90) reported that they currently supervise practicum students, and an additional 31.6% (n = 118) reported that they are not currently providing supervision but interested in doing so in the future. At the same time, 22.5% (n = 84) reported that they do not currently have the capacity to supervise practicum students, 7.8% (n = 29) reported that their organization lacks the capacity to support practicum supervision, and 13.9% (n = 52) reported no interest in supervising students at this time. Overall, more than half of respondents (55.7%, n = 208) either currently supervise practicum students or are interested in doing so, while approximately 30.3% (n = 113) reported individual or organizational capacity limitations that prevent them from doing so. These findings suggest substantial interest in supporting social work education through practicum supervision, tempered by workforce and organizational capacity constraints.

The Supports Needed to Increase Practicum Supervision

Among the 231 respondents who answered this item, the supports most frequently identified as having potential to increase their likelihood of becoming a practicum supervisor included state-level investment (45.0%, n = 104), stronger collaboration between universities and agencies (41.1%, n = 95), and direct placement assistance from Schools of Social Work (37.7%, n = 87). Respondents also identified a need for streamlined administrative processes (34.6%, n = 80) and better alignment between university and agency expectations (32.9%, n = 76). Only 20.8% (n = 48) reported no interest in becoming a practicum supervisor, suggesting substantial potential to expand practicum placement capacity with appropriate support.

Trainings and Supports for Current Practicum Supervisors

Ninety-five respondents were current practicum supervisors and answered this item, where the most frequently selected supports were consistent student preparation and readiness for practicum placements (60.0%, n = 57), state-level investment such as stipends, tax incentives, or funding for supervision infrastructure (58.9%, n = 56), and strong collaboration between universities, practicum coordinators, and agencies (56.8%, n = 54). More than half identified a need for clear alignment between university requirements and organizational practices (53.7%, n = 51). Additional supports included resources to support student learning (48.4%, n = 46), resources to assist students experiencing stress, trauma exposure, or financial hardship (45.3%, n = 43), direct placement assistance from Schools of Social Work (44.2%, n = 42), and streamlined administrative processes such as evaluations and documentation (43.2%, n = 41). About a third identified a need for organizational policies that formalize supervision practices (33.7%, n = 32) and organizational support that prioritizes student learning (32.6%, n = 31), while fewer respondents identified a need for training related to culturally grounded, peer-informed, or community-based supervision approaches. These findings suggest that practicum supervisors would benefit from stronger university partnerships, improved student preparation, administrative support, and greater state and organizational investment in practicum supervision infrastructure.

Practicum Student Compensation

A full 94 respondents answered this item, and 71.3% (n = 67) reported that their organizations do not provide financial compensation to social work practicum students, while an additional 28.7% (n = 27) reported offering compensation. These findings suggest that most practicum placements in New Mexico remain unpaid, which may create financial challenges for students completing required practicum education.

Forms of Practicum Compensation

Among the 28 respondents whose organizations provide financial compensation to practicum students, the most common form was a stipend or honorarium (71.4%, n = 20), followed by an hourly wage (35.7%, n = 10). Less frequently reported forms of compensation were project-based compensation (14.3%, n = 4), scholarships (14.3%, n = 4), and graduate assistantships or work-study positions (14.3%, n = 4), while a small number of respondents reported gift cards or other informal compensation (7.1%, n = 2) or tuition support (3.6%, n = 1). Stipends were therefore the most common approach to compensating practicum

students, with fewer organizations offering wages, scholarships, assistantships, or tuition-related support.

Practicum Compensation Amounts

A small number, 27 respondents, defined practicum compensation amounts, with the most common level being $1,500 to $2,999 per semester (33.3%, n = 9), followed by $500 to $1,499 per semester (25.9%, n = 7). Some respondents indicated that compensation amounts vary by student or funding source (18.5%, n = 5), 14.8% (n = 4) did not know the amount provided, and only 7.4% (n = 2) reported compensation exceeding $3,000 per semester. When financial compensation is available for practicum students, it is therefore most often provided in the range of $500 to $2,999 per semester.

Funding Sources for Practicum Stipends

Among the 25 respondents who defined a funding source, the most common source was state funding, such as legislative appropriations or state agency contracts (56.0%, n = 14), followed by the organization's operating budget or internal funds (48.0%, n = 12) and federal funding, including grants and contracts (32.0%, n = 8). Smaller proportions reported using private foundation grants (16.0%, n = 4), local or county funding (12.0%, n = 3), private donations (8.0%, n = 2), or privately funded scholarships or stipends (8.0%, n = 2), and only 4.0% (n = 1) reported university or academic program funding. Practicum student compensation is most commonly funded through a combination of state funding and organizational resources, with the relatively limited use of university and private funding suggesting opportunities to diversify funding models to expand paid practicum opportunities.

Sustainability of Practicum Funding

For the 26 respondents who assessed the sustainability of funding used to compensate practicum students, 42.3% (n = 11) described it as somewhat sustainable, 30.8% (n = 8) as moderately sustainable, 19.2% (n = 5) as not sustainable, and only 7.7% (n = 2) as highly sustainable. These findings suggest that funding for paid practicum placements often exists but may not be secure or sustainable over the long term.

This section's quantitative findings depict a workforce that is professionally committed and personally resilient, yet financially strained, politically stressed, and unevenly supported by supervision and practicum infrastructure. Respondents reported high levels of meaning and purpose in their work alongside meaningful rates of workload overwhelm, mental health strain, and consideration of leaving the profession, with women, Gender Queer and Non-Binary respondents, and respondents from several racial and ethnic groups disproportionately affected. The current sociopolitical and economic climate compounded this strain, and workforce capacity data confirmed persistent staffing vacancies, recruitment difficulty, and compensation and funding barriers across the state, particularly in rural and frontier counties. Supervision emerged as both a strength and a structural bottleneck, with strong interest in supervising practicum students constrained by cost, limited employer sponsorship, and thin funding for paid placements. The qualitative findings that follow extend this quantitative portrait, drawing on social workers' perspectives to frame these patterns and what they believe is needed to address them.

QUALITATIVE FINDINGS

2026 Social Workers of New Mexico Survey, Open-Ended Question Analysis

The qualitative component of the 2026 Social Workers of New Mexico Survey was designed to explore key issues impacting New Mexico's social work workforce in greater depth, crystallize the Survey's quantitative findings, and interrogate the strategic priorities named in the Center's *Blueprint* (CESW, 2026). Whereas the quantitative analyses identify the prevalence and distribution of workforce experiences across New Mexico, the qualitative findings provide insight into how social workers are experiencing and creating meaning from these trends, the underlying conditions shaping workforce challenges, and the actions they believe are necessary to strengthen the profession.

Through three open-ended questions, respondents described the emerging forces likely to influence social work practice, the knowledge and skills needed for future practice, and the policy investments they believe may be prioritized to build a stronger behavioral health workforce under New Mexico's Behavioral Health Reform and Investment Act (BHRIA, 2025 Senate Bill 3). The three open-ended questions were: 1) Q46, what emerging trends or changes will most impact social work practice in New Mexico over the next 3 to 5 years; 2) Q47, when considering the future of social work practice in New Mexico, what knowledge and skills do social workers need to practice effectively in a changing environment; and, 3) Q48, while New Mexico engages in regional behavioral health planning under BHRIA, what policy actions or workforce investments may be prioritized to strengthen the social work and allied behavioral health workforce in your community.

Methodological Approach

Using a reflexive method, the analysis examined participants' narrative responses through iterative first-cycle descriptive coding followed by second-cycle pattern coding to identify broader conceptual themes, consistent with Saldáña's (2021) two cycle qualitative coding framework. First-cycle coding produced eight descriptive codes for each question, grounded directly in respondents' own language. Second-cycle pattern coding then condensed these codes into a smaller number of overarching themes by identifying conceptual, causal, and rhetorical convergence among first-cycle codes, an approach that, following Saldáña (2021), attends to the underlying logic respondents used to connect ideas. The organizing logic applied during second-cycle synthesis differed across the three questions in ways that reflected each question's purpose. For Q46, which asked respondents to forecast workforce trends, codes were grouped according to a challenge and opportunity framing. For Q47, which asked respondents to name needed skills, codes were grouped according to underlying domains of competence. For Q48, which asked respondents to prioritize concrete legislative investments under BHRIA, codes were grouped according to the leverage point in the workforce system that an investment would target, including the individual worker's economic position, the training to licensure pipeline, the service delivery footprint, system level governance, or workforce composition and equity.

Across all three questions, response rates and analyzable text sample sizes were substantial. Of 454 respondents to Q46, 429 open text responses were analyzable (94.5%). Of 440 respondents to Q47, 421 were analyzable (95.7%). Of 396 respondents to Q48, 349 were analyzable (88.1%). Responses were frequently multi-coded, meaning theme-level percentages reflect the proportion of respondents who touched on a theme anywhere in their response. Collectively, the findings provide strong

community validation of the Workforce *Blueprint* while also refining and extending its recommendations. Respondents consistently affirmed the *Blueprint's* emphasis on workforce sustainability, culturally responsive and community-centered practice, supervision and career pathways, interdisciplinary collaboration, and systems transformation as essential priorities for New Mexico's behavioral health workforce (CESW, 2026). At the same time, participants expanded on findings from the *Blueprint* by elevating emerging issues related to artificial intelligence, the rapidly changing sociopolitical landscape, environmental justice, and anticipatory workforce planning, concerns that resonate closely with Nissen's (2025) call for the profession to build foresight capacity in the face of nonlinear, multiple possible futures. Respondents consistently described these themes as interconnected dimensions of a single workforce ecosystem in which practitioner wellbeing, community health, educational preparation, organizational capacity, and public policy are mutually reinforcing.

Findings Contextualized by the 2026 Social Workers of New Mexico Survey's Central Research Question

The three open-ended questions analyzed in this section operationalize the five constructs named in the central research question in complementary ways. Q46 addresses professional wellbeing and structural workforce conditions most directly, since respondents were asked to name the external and internal forces most likely to affect practice, and the resulting themes, systemic pressures, escalating need, technological disruption, adaptive capacity, and anticipatory orientation, map onto the stability and future development half of the research question. Q47 addresses workforce preparation specifically, asking respondents to define the knowledge and skill base the profession will require, which speaks directly to the capacity dimension of the research question and to the supervision, mentorship, and educational pathway elements of the *Blueprint*. Q48 addresses supervision and licensure experiences and career pathway opportunities most directly, since it asks respondents to translate their workforce concerns into concrete BHRIA aligned investments, which speaks to the statewide workforce planning, behavioral health system transformation, and public policy elements of the research question. Considered jointly, the three questions therefore provide converging, multi-angle evidence on all five constructs named in the central research question.

Emerging Trends Impacting Social Work Practice in New Mexico

Question 46 asked respondents to identify the trends most likely to shape social work practice in New Mexico over the next three to five years. Second-cycle pattern coding of the eight first-cycle codes yielded five themes, organized along a continuum from challenge-oriented to opportunity-oriented framing.

Table 3 below depicts first-cycle code frequencies. These codes were then mapped to second-cycle themes.

Tsé Bit'a'í, or Shiprock, at sunset.

Table 3

First-Cycle Code Frequencies and Their Mapping to Second-Cycle Themes (Q46)

Primary Code (First-Cycle)	n	% of n = 429	Emerging Frequency	Second-Cycle Theme
1. Workforce Sustainability & Professional Well-Being	112	26.1%	Very High	Theme 1, Systemic Pressures
3. Policy, Funding, and Systems Change	116	27.0%	Very High	Theme 1, Systemic Pressures
2. Behavioral Health System Capacity	82	19.1%	Very High	Theme 2, Escalating, Diversifying Need
4. Equity, Cultural Responsiveness & Social Justice	50	11.7%	High	Theme 2, Escalating, Diversifying Need
6. Technology and Practice Innovation	72	16.8%	Very High	Theme 3, Technological Disruption
5. Professional Development & Future Skills and Competence	46	10.7%	Moderate	Theme 4, Adaptive Capacity-Building
7. Systems Collaboration & Integrated Care	25	5.8%	Moderate	Theme 4, Adaptive Capacity-Building
8. Anticipatory Social Work & Future-Ready Systems	31	7.2%	Low to Moderate	Theme 5, Anticipatory/Environmental

Note. Percentages are based on n = 429 analyzable open text responses (of N = 454 total respondents to Q46); responses were frequently multi-coded.

Table 4 below portrays second-cycle frequencies, with synthesized first-cycle codes.

Table 4

Second-Cycle Themes (Q46)

Second-Cycle Theme	n	% of n = 429	First-Cycle Codes Synthesized
Theme 1, Systemic Pressures and Challenges in Workforce Stability	199	46.4%	Codes 1, 3
Theme 2, Escalating, Diversifying Need Outpacing System Capacity	116	27.0%	Codes 2, 4
Theme 3, Technological Disruption as Double-Edged Innovation	72	16.8%	Code 6
Theme 4, Adaptive Capacity Building Through Integration & Prevention	66	15.4%	Codes 5, 7
Theme 5, An Emergent Anticipatory and Environmental Orientation	31	7.2%	Code 8

Systemic Pressures and Challenges in Workforce Stability (46.4%, n = 199)

The single largest pattern in the Q46 dataset combined concerns about workforce sustainability with concerns about policy, funding, and systems change, impacting nearly half of all respondents. Participants rarely discussed workforce strain and policy or funding instability as separate phenomena. They described a single causal chain in which external fiscal and political pressure produce internal workforce instability. Compensation and economic sustainability (n = 50) and clinical supervision or licensure bottlenecks (n = 36) were the most frequently cited workforce-level concerns, while political climate (n = 47) and Medicaid or federal funding instability (n = 44) were the most frequently cited structural drivers. One respondent captured the compounding nature of these pressures directly:

> *"Caseloads are too large. Not being compensated for time. Poor workplace environments. Poor work-life balance. Outrageous costs of living. NM is not sustainable with lack of affordable housing and cost of food and commodity increases in comparison to low wages."*

Another respondent situated these challenges within a broader crisis of professional legitimacy, referencing the federal change in declassifying Social Work as a professional degree. This theme directly affirms the *Blueprint's* description of a workforce that remains persistently under-resourced, including inadequate compensation, chronic vacancies, and limited supervision capacity as the structural barriers most likely to prevent skilled, committed individuals from entering or advancing within the profession (CESW, 2026). It also lends direct support to the *Blueprint's* policy-level Strategy 5, to increase tuition, scholarship, and stipend programs and to expand tuition-free graduate education pathways as mechanisms for addressing compensation adjacent debt burdens (CESW, 2026).

Escalating, Diversifying Need Outpacing System Capacity (27.0%, n = 116)

A second pattern grouped concerns about behavioral health system capacity with concerns surrounding equity, cultural responsiveness, and social justice in the current federal sociopolitical climate. Where the first theme explores the profession's internal sustainability, this theme focuses on the populations the profession serves. Respondents anticipated demand that is both more clinically complex, including rising mental health needs (n = 46), substance use (n = 27), and housing instability (n = 23), and more sociopolitically and economically vulnerable, including responses addressing immigration and refugee status (n = 19) and cultural and linguistic responsiveness (n = 14). As one respondent explained, this convergence of clinical and social complexity is compounding:

> *"Growing behavioral health needs related to trauma, anxiety, depression, substance use, and social isolation, particularly among youth, immigrant families, rural communities, and historically underserved populations."*

Another respondent named the political dimension explicitly, stating:

> *"I am concerned that the social work needs of our undocumented residents will suffer the most during this xenophobic climate of fear that has scared so many families."*

This theme directly relates to HRSA's (2025) defined behavioral health and primary care shortage designations, elucidating the lived realities of the 70% of our State's population whose mental health needs are currently unmet.

Technological Disruption as Double-Edged Innovation (16.8%, n = 72)

Concerns about technology and practice innovation formed a distinct third theme, dominated overwhelmingly by references to artificial intelligence (n = 60, the single most frequently cited subcode in the entire Q46 dataset). Unlike the first two themes, this theme is characterized by mixed responses. Artificial intelligence and telehealth were framed both as access expanding innovations, particularly for rural and frontier communities, and as ethical and existential risks to the therapeutic relationship, client privacy, and the long-term value of clinical training and licensure. One respondent stated plainly:

> *"AI is here to stay. We need to lead in how to use it ethically and effectively,"*

While another warned against:

"People using AI for mental health needs and not seeing a real-life therapist."

The *Blueprint* itself does not address artificial intelligence as a distinct strategic priority. The prominence of this theme therefore represents an extension beyond the *Blueprint*. It also illustrates precisely the type of vital challenge that Nissen (2025) argues the social work profession must confront directly rather than reactively, one where the profession possesses collective agency to answer.

Adaptive Capacity-Building Through Integration, Collaboration, and Prevention (15.4%, n = 66)

A smaller, more solution-oriented theme grouped professional development, future competency concerns, systems collaboration and integrated care challenges. Where the preceding themes are largely framed around external challenges and pressures, this theme emphasizes continuing education, professional development, and specialized credentialing, and leadership development needs, the need for cross-sector partnerships, including with PK-12 schools (n = 19), and supports that would aid the profession in shifting toward prevention-grounded integrated care models. This integrated approach was emphasized by one participant who stated:

"A big change in social work over the next few years will be the growing focus on prevention rather than just responding to crises. More attention is being placed on identifying challenges early and providing support before situations become more serious. This means social workers will likely spend more time helping individuals and families access resources, education, and support services that can prevent problems from escalating. By focusing on early intervention, social workers can help create better long-term outcomes for the people and communities they serve."

While another participant's response underscored the need for a long term prevention strategy:

"A major shift in social work over the next few years is the move toward prevention-based programs. These can make a big difference, but they usually need more funding and support upfront, and the results don't always show right away."

This theme aligns closely with the *Blueprint's* sector-level call for stronger unification and alignment among employers, educational institutions, workforce boards, tribal partners, and community-based organizations so that training, supervision, and career pathways are coordinated around shared prevention goals (CESW, 2026).

An Emergent Anticipatory and Environmental Orientation (7.2%, n = 31)

The smallest and most novel Q46 pattern emerged from a first-cycle code addressing anticipatory social work and future-ready systems. Most of this code's subcodes substantially overlapped with content captured in the four themes above and were folded into those themes during second-cycle synthesis. However, a distinct subtheme came forward in small but coherent cluster of responses (n = 7) explicitly addressing climate change, drought, wildfire, and water insecurity as forces that will shape social work practice over the next three to five years. One respondent emphasized the importance of:

"Worsening climate change, and environmental injustice (related to lack of water and wildfires)."

Although currently a minority position, this theme provides grounding for the anticipatory orientation Nissen (2025) argues the profession must cultivate, namely the capacity to engage climate change readiness through environmental social work, and other long horizon forces that are relevant to practice in New Mexico. This respondent-identified theme warrants further elaboration into a dedicated strategy in future iterations of the Survey and workforce sector strategy development.

Knowledge and Skills for the Future of Social Work Practice in New Mexico

Question 47 encouraged respondents to name the knowledge and skills social workers will need in the future. Because this question explored skills necessary for readiness to respond to emerging need, second-cycle synthesis grouped the eight first-cycle codes according to the underlying domain of competence they described.

Table 5

First-Cycle Code Frequencies and Their Mapping to Second-Cycle Themes (Q47)

Primary Code (First-Cycle)	N	% of n = 421	Emerging Frequency	Second-Cycle Theme
1. Workforce Sustainability & Professional Well-Being	112	26.6%	Very High	Theme 1, Sustaining the Practitioner
2. Behavioral Health and Clinical Practice	82	19.5%	Very High	Theme 2, Clinically & Culturally Grounded
4. Culturally Responsive & Community-Centered Practice	81	19.2%	Very High	Theme 2, Clinically & Culturally Grounded
3. Policy, Advocacy, and Systems Navigation	78	18.5%	High	Theme 3, Macro Practice Literacy
5. Leadership, Communication & Professional Growth	54	12.8%	High	Theme 4, Relational & Collaborative
6. Technology and Practice Innovation	32	7.6%	Moderate to High	Theme 5, Digital & Future-Ready
8. Anticipatory Social Work & Future-Ready Systems	17	4.0%	Low to Moderate	Theme 5, Digital & Future-Ready
7. Systems Collaboration and Practice Innovation	14	3.3%	Moderate	Theme 5, Digital & Future-Ready

Note. Percentages are based on n = 421 analyzable open text responses (of N = 440 total respondents to Q47); responses were frequently multi-coded.

Table 6

Second-Cycle Themes (Q47)

Second-Cycle Theme	n	% of n = 421	First-Cycle Codes Synthesized
Theme 1, Sustaining the Practitioner	112	26.6%	Code 1
Theme 2, Clinically and Culturally Grounded Practice	142	33.7%	Codes 2, 4
Theme 3, Macro Practice Literacy & Advocacy Capacity	78	18.5%	Code 3
Theme 4, Relational & Collaborative Engagement	54	12.8%	Code 5
Theme 5, Digital & Future-Ready Skills and Competence	46	10.9%	Codes 6, 7, 8

Sustaining the Practitioner (26.6%, n = 112)

The single largest Q47 theme elevates the practitioner as the focus of concern. Respondents named professional resilience and adaptability (n = 42) and business or practice sustainability skills such as billing, documentation, and financial literacy (n = 30) nearly as often as they named self-care and high-quality social work supervision. Notably, several respondents reframed self-care as extending beyond individual actions to organizational and policy-level obligations. As one respondent stated:

> *"Social workers need to know how to and be ACTIVELY SUPPORTED to take care of themselves by agencies and policy makers. This ensures that providers are able to work effectively in the field."*

Another respondent connected sustainability directly to compensation, noting:

> *"All the knowledge in the world can't help, if you can't get paid."*

This theme echoes the systemic pressures identified for Q46, reinforcing the *Blueprint's* finding that inadequate compensation and insufficient organizational support for wellbeing operate as compounding barriers to workforce stability (CESW, 2026).

Clinically- and Culturally Grounded Practice (33.7%, n = 142)

The largest Q47 theme included behavioral health and clinical, culturally responsive, and community-centered practice skills, jointly reflecting more than a third of the sample. Depth of clinical skill, including trauma-informed care (n = 50), substance use and recovery (n = 24), and behavioral health assessment (n = 19), was rarely named without an accompanying expectation of culturally relevant skills, including cultural humility (n = 54, the highest frequency subcode in the entire Q47 dataset), bilingual and linguistically responsive practice (n = 14), and knowledge of Indigenous and Hispanic/Latine communities (n = 11). Respondents described these as a single integrated competency. As one respondent explained:

> *"New Mexico is one of the most culturally diverse states in the nation. Social workers must develop strong cultural humility and an understanding of unique histories, traditions, values, and experiences of Native American, Hispanic/Latino, rural, military and other diverse populations."*

This finding provides a strong foundation for what the *Blueprint* identifies as New Mexico's greatest workforce asset, namely deep cultural and community sustaining practices rooted in practitioners' fluency in language, traditional knowledge, and intergenerational relationships (CESW, 2026). It also lends support to the *Blueprint's* Strategy 4 recommendation to strengthen culturally grounded practice through identity-centered mentorship programs, including exemplars such as El Puente de Encuentros and the National Latino Behavioral Health Association's (NLBHA) Behavioral Health Interpreter Training initiative (CESW, 2026).

Macro Practice Literacy and Advocacy Capacity (18.5%, n = 78)

A third theme centered policy, advocacy, and systems navigation skill literacy. Within this theme, legislative and political advocacy (n = 45) was cited roughly 1.3 times more often than policy literacy alone (n = 34), suggesting the macro practice skills respondents identified as most in need is advocacy. Several respondents explicitly rejected the premise that social work could remain a politically neutral clinical profession. As one respondent explains:

> *"(Social workers) need to know that social work is political. We can't just stand idly by and let stuff happen."*

Another called for expanded macro training, stating the profession needs:

> *"More knowledge and practice in community organizing, building and facilitating mutual aid networks, advocacy and organizing on policy and a macro level."*

This theme issues a call to action for social workers to become involved in social action. It also aligns well with the *Blueprint's* sector-level call for stronger engagement between social workers and the licensing boards, workforce boards, and state agencies that shape the policy environment in which they practice (CESW, 2026).

Relational and Collaborative Engagement (12.8%, n = 54)

A fourth related theme captured a cluster of interpersonal skills grounded in humility, including communication (n = 19), community collaboration (n = 15), lifelong learning (n = 13), and critical thinking (n = 11), that respondents framed as necessary scaffolding around clinical and cultural knowledge. One respondent observed:

> *"(Social workers) need to be able to work closely with clients, families, healthcare providers, schools, community organizations, and government agencies to coordinate services."*

Another respondent connected this relational capacity to a broader professional identity, describing social workers as not only helping professionals, but also advocates and change makers. This theme corresponds closely with the *Blueprint's* recommendation for social workers to work more closely and be actively involved with workforce sector intermediaries, those entities with the capacity to convene partners, manage communication, and align resources across the behavioral health workforce pipeline, to play a stronger role in guiding sector strategy planning (CESW, 2026).

Digital and Future Ready Skill Fluency (10.9%, n = 46)

The smallest Q47 theme uplifted the importance of anticipatory social work thematic among innovative skills fluency in technology and practice innovation through a small climate-specific subcode (n = 8). Within this theme, technology integration (n = 16) and telehealth (n = 14) were named more often than artificial intelligence specifically (n = 11), a notably different emphasis than the Q46 trends data, where artificial intelligence dominated overwhelmingly. When asked what skill is needed, respondents pointed to general digital fluency and telecare competency more so than to artificial intelligence literacy. One respondent offered an integrated description of this need:

> *"Social work in New Mexico is becoming more technology driven, and this shift is changing how services are delivered and managed. Social workers will need strong skills in telehealth, data management, and protecting client privacy through basic cybersecurity knowledge."*

Compared with Q46 findings, this pattern suggests that the New Mexico social work workforce's current relationship to technology sits more at the level of noticing an emerging signal than at the level of naming a precise, trainable skill response, precisely the gap between awareness and readiness that anticipatory social work practice is designed to close (Nissen, 2025).

Policy Actions and Workforce Investments Under BHRIA

Question 48 asked respondents to prioritize concrete policy actions and budget investments under BHRIA. Because this question asked respondents to prioritize specific legislative and budgetary investments, second-cycle synthesis grouped the eight first-cycle codes according to the leverage point in the workforce system that an investment would target.

Table 7

First-Cycle Code Frequencies and Their Mapping to Second-Cycle Themes (Q48)

Primary Code (First-Cycle)	N	% of n = 349	Emerging Frequency	Second-Cycle Theme
1. Workforce Recruitment, Retention & Sustainability	135	38.7%	Very High	Theme 1, Compensate & Retain
2. Education and Workforce Pipeline Development	95	27.2%	Very High	Theme 2, Build the Pipeline
3. Community-Centered Behavioral Health Capacity	74	21.2%	High	Theme 3, Expand & Localize Capacity
5. Systems Leadership and Policy Transformation	30	8.6%	Moderate	Theme 4, Govern & Simplify
4. Culturally and Community Responsive Practice	16	4.6%	Low to Moderate	Theme 5, Equity-Targeted Models
7. Practice Innovation and Systems Transformation	6	1.7%	Low	Theme 5, Equity-Targeted Models
6. Workforce Wellbeing & Organizational Health	N/A	N/A	Eliminated	N/A (no subcode met threshold)
8. Anticipatory Social Work & Future-Ready Systems	N/A	N/A	Eliminated	N/A (no subcode met threshold)

Note. Percentages are based on n = 349 analyzable open text responses (of N = 396 total respondents to Q48); responses were frequently multi-coded.

Table 8

Second-Cycle Themes (Q48)

Second-Cycle Theme	N	% of n = 349	First-Cycle Codes Synthesized
Theme 1, Compensate and Retain the Current Workforce	135	38.7%	Code 1
Theme 2, Build the Pipeline	95	27.2%	Code 2
Theme 3, Expand and Localize Service Capacity	74	21.2%	Code 3
Theme 4, Govern and Simplify the System	30	8.6%	Code 5
Theme 5, Equity-Targeted and Innovative Workforce Models	29	8.3%	Codes 4, 7

Compensate and Retain the Current Workforce (38.7%, n = 135)

By a wide margin, the dominant pattern in the Q48 dataset was workforce recruitment, retention, and sustainability. Within this theme, competitive wages (n = 82) and loan forgiveness or financial supports (n = 67) were named far more often than developing a retention strategy (n = 27), burnout prevention (n = 23), or caseload limits (n = 11) on their own, indicating that when asked what BHRIA investment may prioritize, respondents overwhelmingly answered with direct monetary supports.

Several respondents framed adequate pay as a condition for any other workforce investment to matter. One respondent connected compensation directly to service quality, warning that:

> *"We must be paid more equitably (where) even seasoned social workers are making starting wages."*

This theme provides validation of the *Blueprint's* policy-level Strategy 5, to increase tuition, scholarship, and stipend programs, and Strategy 8, to expand tuition-free graduate education pathways, both of which the *Blueprint* frames as mechanisms for addressing the compensation and debt burdens that most directly challenge workforce retention (CESW, 2026).

Build the Workforce Pipeline (27.2%, n = 95)

The second largest theme was education and workforce pipeline development. Compensation for clinical supervision (n = 48) was the most frequently requested investment within this theme, cited more often than licensure pathway reform (n = 39) or paid practicum funding (n = 28). This suggests that respondents see the supervision bottleneck as the single greatest constraint in moving new social workers from LMSW to an independently licensed status. As one respondent proposed:

> *"We must subsidize supervision from LMSWs. The state can reimburse board approved supervisors and all LMSWs can then access that pool of supervision for free, so they don't have to be stuck in abusive agencies."*

Another respondent named the financial cost of unpaid training directly:

> *"Paid internships. My student debt was unnecessarily high due to working as an intern for free, leaving me no time to work elsewhere for pay. Our work is important and vital; paid internships may be the norm."*

This theme directly reinforces the *Blueprint's* policy-level Strategy 3, to continue funding for supervision and to establish a statewide supervision corps, and its program-level exemplars such as Access to Telesupervision New Mexico and the Clinical Supervision Extension for Community Healthcare Outcomes program, as well as its Strategy 2 recommendation to continue legislative funding for paid apprenticeships and other earn while you learn models (CESW, 2026).

Expand and Localize Service Capacity (21.2%, n = 74)

A third theme addressing where and how care is delivered identified needs associated with community behavioral health capacity. Rural access (n = 37) was the dominant code for this theme, cited roughly twice as often as housing or basic needs (n = 18) or crisis and inpatient service expansion (n = 16), reflecting persistent concern that BHRIA's regional planning structure will continue to favor metro areas unless rural and frontier infrastructure is explicitly prioritized. One respondent emphasized:

> *"The barriers working in rural communities, access means travel and increased resources."*

Another respondent emphasized housing as a behavioral health investment in its own right:

> *"A key priority may be improving the housing options available for people living with serious mental illness. Having stable, safe housing really makes a difference in helping people manage their mental health and avoid repeated crises."*

This theme connects directly to the *Blueprint's* policy-level Strategy 6, to incentivize rural and tribal service through housing stipends, rural placement programs, telesupervision, and rural pay differentials (CESW, 2026).

Govern and Simplify the System (8.6%, n = 30)

A fourth, smaller theme emphasized systems leadership and policy transformation. Rather than focusing solely on expanding the workforce, respondents described the need to improve the systems that govern behavioral health practice, including simplifying credentialing and reimbursement (n = 8), strengthening cross-sector partnerships (n = 11), and securing stable, braided funding that extends beyond short-term grant cycles (n = 7). One respondent highlighted the importance of sustained financing:

> *"New Mexico may focus on creating a long-term funding plan that brings together different funding sources so behavioral health programs aren't constantly worried about losing support when a grant ends."*

Another respondent emphasized the need to reduce administrative barriers to practice:

> *"One of the most important workforce investments may be making the behavioral health credentialing process more efficient and user friendly. By fully implementing the universal credentialing system outlined in SB 3, New Mexico can reduce unnecessary paperwork and delays."*

These recommendations align closely with implementation activities underway through BHRIA, where Senate Bill 3 directs the New Mexico Health Care Authority to establish a universal Medicaid behavioral health provider enrollment and credentialing process by June 2027, including convening licensing board workgroups to streamline license verification and creating a centralized credentialing system used across all Medicaid Managed Care Organizations. Collectively, these reforms are intended to reduce duplicative administrative requirements, accelerate provider enrollment and reimbursement, and allow behavioral health professionals to enter practice more efficiently. While these activities occur outside the regional BHRIA planning process, they represent foundational statewide workforce infrastructure that supports implementation across every behavioral health region.

These findings suggest that workforce investments may include modernization of the administrative systems that shape providers' daily practice. Streamlining credentialing, reducing unnecessary administrative burden, strengthening cross-sector coordination, institutionalizing shared data systems, and developing sustainable braided funding mechanisms have the potential to improve workforce retention while increasing timely access to behavioral health services statewide. These recommendations closely align with the Behavioral Health Workforce *Blueprint's* Policy-Level Strategy 1, establishing a statewide behavioral health workforce strategic vision, and Strategy 7, institutionalizing unified workforce data collection, reporting, and shared accountability across stakeholders (CESW, 2026).

Equity-Centered and Innovative Workforce Models (8.3%, n = 29)

The smallest Q48 theme focused on culturally- and community-responsive workforce development. Although the first-cycle codes for culturally grounded practice and systems transformation were substantially refined during frequency analysis, the remaining responses coalesced around a clear

and meaningful recommendation to strengthen the behavioral health workforce by diversifying who delivers care. Respondents emphasized expanding pathways for Tribal and Indigenous practitioners, bilingual and bicultural professionals, peer support workers, community health workers, and individuals with lived experience, recognizing that these workforce members often bring cultural knowledge, community trust, and relational expertise that complement traditional clinical roles.

One respondent emphasized that equitable workforce development may begin well before graduate education:

> *"I think one of the most important investments is expanding pipeline programs earlier, not just at the graduate level, especially for students from rural, Hispanic/Latino, and tribal communities."*

Another respondent emphasized workforce diversification beyond licensed roles:

> *"A key priority for strengthening the behavioral health workforce is expanding the workforce itself, growing both the professional and nontraditional workforce, supporting roles like peer support workers and community health workers who are often closer to the people they serve."*

These findings suggest the need for a more expansive and culturally grounded vision of workforce development that recognizes multiple forms of expertise. Investing in early educational pathways, strengthening bilingual and bicultural career pipelines, expanding peer and community health worker roles, and honoring lived experience as professional expertise can simultaneously improve workforce capacity, cultural responsiveness, and community trust. These findings strongly reinforce the Behavioral Health Workforce *Blueprint's* Program-Level Strategy 1 to expand peer support and other certified and credentialed workforce pathways, as well as its Workforce Sector Strategy to recognize lived experience as workforce expertise among veterans, individuals in recovery, first-generation college students, Tribal health workers, and other community-rooted leaders (CESW, 2026).

Across all three open-ended questions, respondents converged on a consistent set of priorities: 1) Economic stabilization of the workforce; 2) Expanded clinical supervision capacity; 3) Rural and tribal behavioral health infrastructure investment; 4) Culturally grounded clinical training; and 5) Thoughtful engagement with emerging pressures such as artificial intelligence, political volatility, and environmental change. The Recommendations section that follows synthesizes this full body of evidence into eleven specific recommendations for the Legislature, state agencies, the state's schools of social work, and behavioral health employers.

RECOMMENDATIONS

The recommendations below synthesize findings, including workforce capacity, compensation and financial wellbeing, supervision and licensure pathways, the sociopolitical environment, and the second-cycle qualitative themes emerging from the three open-ended questions. Each recommendation begins by naming the specific data that grounds it, then names a culturally grounded approach with an evidence-informed strategy, in New Mexico where possible. They are organized into three categories: 1) Provider and Organizational Recommendations, which behavioral health employers, supervisors, and training programs can act on directly; 2) Policy

Recommendations, which require legislative or state agency action; and, 3) Behavioral Health Workforce Sector Strategies, which require coordinated, interdisciplinary and cross-sector investment.

Several recommendations reinforce direction established in the Center's *Blueprint* (CESW, 2026). Where available, the report names the specific *Blueprint* strategy the recommendation carries forward. Others are unique to what the 2026 Survey's data surfaced and are noted accordingly.

Provider and Organizational Recommendations

These recommendations describe actions behavioral health employers, supervisors, and training programs can strategically embrace.

Recommendation 1. Integrate Culturally Grounded Practice Throughout Behavioral Health Education and Workforce Development

Cultural humility was the single highest frequency subcode in the entire Q47 dataset (n = 54), anchoring the largest Q47 theme overall, *Clinically and Culturally Grounded Practice* (33.7%). Respondents consistently described cultural humility and clinical competence as inseparable, emphasizing that these may be developed together throughout professional education, clinical training, supervision, and continuing professional development.

New Mexico is home to numerous community-rooted initiatives demonstrating this integrated approach. Among examples statewide, El Puente de Encuentros' Professional Enhancement Training Program weaves Indigenous ways of knowing, healing justice, and relational accountability directly into clinical skill development. Since its inception, the program has trained more than 3,000 behavioral health professionals, while its mentorship cohorts closely reflect New Mexico's demographic composition (75% Latine, 11% Native American/Indigenous, and 8% Black). Similarly, Centro Sávila advances culturally grounded workforce development by creating career pathways for bilingual and bicultural behavioral health professionals through mentorship, fellowships, clinical supervision, and career development. NLBHA's Behavioral Health Interpreter Training (BHIT) similarly positions linguistic access as an essential clinical competency. These initiatives represent some of the many community-grounded efforts across New Mexico, underscoring clinical excellence, cultural humility, language access, and professional identity as most effectively developed through integrated educational and workforce development approaches.

Schools of social work, behavioral health education programs, licensing boards, employers, and professional development providers may consider intentionally threading culturally grounded practice across the core curriculum and professional development continuum so that cultural humility, clinical decision making, language access, ethical practice, assessment, diagnosis, intervention, supervision, and leadership are reinforced as interconnected skills. This approach encourages intentionally scaffolding and reinforcing culturally grounded practice across existing coursework, practicum education, supervision, continuing education, and leadership development so that clinical decision making and cultural responsiveness are cultivated together throughout a professional's career.

This recommendation directly advances the *Blueprint's* Program-Level Strategy 4 (CESW, 2026) and provides empirical evidence that New Mexico's behavioral health workforce is seeking integrated approaches to culturally grounded practice that strengthen both clinical excellence and cultural responsiveness.

Recommendation 2. Expand Employer-Supported Clinical Supervision Through Evidence-Informed and Culturally Responsive Models

Clinical supervision (n = 48) emerged as the most frequently identified priority within the Q48 workforce pipeline theme, exceeding references to licensure pathway reform (n = 39) and paid practicum funding (n = 28). Quantitative results also underscore their importance, where respondents who reported barriers to obtaining supervision for independent licensure, 73.1% identified a lack of employer-supported supervision and 61.5% cited the cost of supervision as a significant barrier. Conversely, 84.0% of respondents identified employer-sponsored or fully funded supervision as one of the most important investments to strengthen workforce development.

These findings suggest that access to high-quality clinical supervision represents a critical workforce infrastructure need. Supervision supports not only licensure attainment, but also workforce retention, clinical competence, professional identity development, practitioner well-being, and quality of care.

New Mexico has a strong foundation of evidence-informed supervision models upon which employers and workforce partners can build. One such example is the University of New Mexico's Access to Telesupervision New Mexico (ACTS-NM) and Clinical Supervision ECHO programs, which integrate cultural humility, trauma-responsive practice, and reflective supervision into supervisory development while expanding access for practitioners in rural and frontier communities. Similarly, the *From Learning to Practice* Initiative's Clinical Reasoning and Case Formulation curriculum equips supervisors with structured approaches to clinical reasoning, reflective practice, and emerging competency. Together, these initiatives illustrate how supervision can function as an intentional strategy for workforce development.

Behavioral health employers, state agencies, higher education institutions, and workforce partners may consider expanding employer-supported supervision by investing in protected supervision time, supervisor development, telesupervision capacity, and evidence-informed supervisory models that are culturally responsive and accessible across New Mexico. Building upon successful supervision initiatives operating throughout the state offers an opportunity to strengthen supervision quality, improve equitable access to independent licensure, increase workforce retention, and enhance clinical practice without requiring organizations to develop new supervision systems independently. This recommendation directly advances the *Blueprint's* Policy-Level Strategy 4 to continue legislative funding supervision (CESW, 2026).

Recommendation 3. Develop a Future-Ready, Culturally Grounded Artificial Intelligence and Digital Practice Strategy for the Behavioral Health Workforce

Artificial intelligence (AI) was the single most frequently cited subcode in the entire Q46 dataset (n = 60), yet no corresponding strategy currently appears within the *Blueprint's* program-, sector-, or policy-level recommendations (CESW, 2026), making this one of the clearest future-readiness opportunities identified through the survey. Instead of expressing opposition to AI, respondents consistently described a need for thoughtful guidance, ethical standards, and professional preparation to support its responsible integration into behavioral health practice.

This need is particularly important from an equity perspective. Emerging evidence demonstrates that AI systems trained on nonrepresentative data may unintentionally perpetuate or amplify existing

inequities, particularly for rural communities, Tribal Nations and Pueblos, bilingual populations, and Black, Indigenous, and other communities of color. As behavioral health organizations increasingly adopt AI-enabled technologies, New Mexico has an opportunity to ensure that innovation advances equitable access, culturally responsive practice, and community trust that prevents reinforcing historical disparities.

State agencies, behavioral health employers, higher education institutions, licensing boards, and community partners may consider collaboratively developing a statewide behavioral health artificial intelligence and digital practice strategy that prepares the workforce to use emerging technologies ethically, effectively, and equitably. Such a strategy could include professional guidance for responsible AI use in clinical and administrative practice, workforce education on digital literacy and ethical decision making, culturally responsive implementation standards, protections for privacy and data sovereignty, and ongoing evaluation of AI's impact on behavioral health access and outcomes. Building upon Anticipatory Social Work principles (Nissen, 2025), the strategy may also incorporate community partnership, Tribal data sovereignty, and culturally grounded governance so that technological innovation is guided by New Mexico's values and communities.

This recommendation addresses an important gap identified through the 2026 Social Workers of New Mexico Survey by extending the *Blueprint's* future-readiness framework to include artificial intelligence, digital ethics, and responsible innovation as emerging skills and areas of competence for the behavioral health workforce.

Recommendation 4. Strengthen Behavioral Health Access for Immigrant and Refugee Communities Through Culturally and Linguistically Responsive Workforce Strategies

Respondents identified the need to strengthen behavioral health services for immigrant and refugee communities as an important priority within the Q46 *Escalating Need* theme (n = 19). These concerns are reinforced by broader findings related to New Mexico's changing sociopolitical environment, with 75.0% of respondents reporting that the current political and economic climate has increased their work-related stress and 73.7% indicating that recent federal policy or funding changes have created additional barriers for the individuals, families, and communities they serve. Together, these findings suggest an opportunity to strengthen workforce preparation and organizational capacity to respond to the evolving needs of immigrant and refugee communities through trusted, culturally grounded approaches.

New Mexico offers many community-rooted models that demonstrate how culturally and linguistically responsive workforce strategies can improve engagement, trust, and access to care. For example, the Promotora/Promotores de Salud model, supported through the New Mexico Latino Behavioral Health Association (NLBHA) and the New Mexico Department of Health's Office of Community Health Workers, partners trusted community members with behavioral health and healthcare teams to strengthen outreach and reduce barriers to care. Similarly, New Mexico Highlands University's Bilingual/Bicultural Master of Social Work concentration prepares emerging social workers for bilingual and bicultural behavioral health practice, while NLBHA's Health Interpreter Training strengthens linguistic access by preparing interpreters for the specialized communication needs of behavioral health settings. Together, these initiatives illustrate how workforce development, language access, and community partnership can strengthen behavioral health systems while building trust within historically underserved communities.

State agencies, behavioral health employers, higher education institutions, and community organizations may consider expanding investment in culturally and linguistically responsive workforce strategies by strengthening bilingual and bicultural workforce pathways, supporting trusted community health worker and promotora models, expanding behavioral health interpreter capacity, and ensuring that regional implementation plans include explicit strategies for improving behavioral health access for immigrant and refugee communities. Investing further in these community-rooted models, demonstrating results across New Mexico, offers an opportunity to strengthen trust, improve access to care, and increase workforce capacity while remaining responsive to changing community needs.

This recommendation extends the *Blueprint's* commitment to workforce equity by encouraging more explicit attention to culturally and linguistically responsive behavioral health workforce development for immigrant and refugee communities, informed by the 2026 survey's findings regarding increasing community need and the effects of a changing sociopolitical environment (CESW, 2026).

Policy Recommendations

These recommendations require legislative funding, statutory change, or state agency action to implement at scale.

Recommendation 5. Strengthen the Economic Stability of the Behavioral Health Workforce Through Targeted Financial Supports

Compensation and financial vulnerability emerged as the dominant concern across all three qualitative questions independently, appearing in the Q46 systemic pressure theme (46.4%), the Q47 sustaining-the-practitioner theme (26.6%), and the Q48 compensate-and-retain theme (38.7%). Quantitative findings reinforce these concerns. Only 56.8% of respondents reported feeling equitably compensated, 37.7% held more than one job, and 38.0% reported that student loan repayment negatively affected their financial well-being. Employers echoed these challenges, identifying noncompetitive wages (71.3%) and insufficient funding (68.4%) as their two greatest barriers to recruiting and retaining the behavioral health workforce.

Although economic strain affects social workers across practice settings and career stages, available evidence suggests that its impact is not experienced equally. National workforce data indicate that educational debt at graduation is disproportionately higher among Black, Indigenous and Social Workers of Color than among their White counterparts (Salsberg et al., 2020), a pattern that is consistent with the Center's 2024 analysis identifying significant racial and ethnic differences in financial well-being and compensation. First-generation students, practitioners serving Tribal and rural communities, and those entering the profession through community-rooted pathways may also face additional financial barriers that influence recruitment, retention, and career advancement.

The Legislature and relevant state agencies may consider expanding and sustaining a comprehensive package of behavioral health workforce investments that support professionals across the career continuum. Such investments could include competitive compensation, loan repayment and forgiveness, tuition assistance, scholarships, paid internships and practicum placements, supervision stipends, licensure examination and application fee assistance, continuing education and specialty certification support, recruitment and retention incentives,

and flexible workforce development funds that help practitioners overcome financial barriers at every stage of their careers. Prioritizing outreach to populations and communities experiencing the greatest economic barriers while building upon successful, culturally grounded workforce initiatives operating across New Mexico would strengthen recruitment, retention, and long-term workforce sustainability.

Strengthening the economic stability of the behavioral health workforce represents an investment not only in individual practitioners, but also in the long-term capacity of New Mexico's behavioral health system to recruit, retain, and sustain a diverse workforce that reflects the communities it serves. This recommendation directly advances the *Blueprint's* Policy-Level Strategy 5, increasing tuition, scholarship, and stipend opportunities, and Policy-Level Strategy 8, expanding affordable graduate education pathways modeled after New Mexico's Opportunity Scholarship (CESW, 2026).

Recommendation 6. Pair Social Work Licensure Compact Implementation with Equity Safeguards Grounded in Evidence-Based Alternative Pathways

Nearly two thirds of 2026 survey respondents indicated they were very or somewhat likely to use the Social Work Licensure Interstate Compact, reflecting broad interest in expanding professional mobility across state lines. At the same time, Compact eligibility depends upon successful completion of the Association of Social Work Boards (ASWB) licensure examination, and both the 2026 Social Workers of New Mexico Survey and the Center's 2024 stakeholder poll identified persistent concerns regarding racial, cultural, linguistic, and financial barriers associated with the current examination pathway. In the 2024 stakeholder poll, 64.7% of respondents supported exploring an alternative pathway to licensure, such as an extended supervision model, suggesting that respondents are not questioning professional standards but inquiring whether the current pathway equitably measures professional competence.

Emerging evidence suggests these goals need not be mutually exclusive. A national policy review found that extended supervision and portfolio-based pathways can maintain public protection while reducing disparate impacts associated with standardized licensure examinations (Hirsch et al., 2023). Likewise, ASWB's own pass-rate analyses (2022, 2024) provide an important baseline for evaluating disparities associated with the current examination process.

As New Mexico continues its implementation of the Social Work Licensure Interstate Compact, the Legislature, the New Mexico Board of Social Work Examiners, and other relevant state partners may consider establishing an equity monitoring and evaluation framework to accompany Compact implementation. Such a framework could include transparent public education regarding Compact eligibility requirements, routine monitoring of multistate licensure participation by geography, race and ethnicity, language, age, and license level, continued investment in culturally responsive supervision and licensure preparation, and a state-level feasibility study examining evidence-based alternative pathways to initial social work licensure. Because Compact member states retain authority over their own domestic licensure requirements while allowing applicants to pursue the ASWB examination separately to obtain multistate privileges, New Mexico has an opportunity to study the feasibility and impact of alternative licensure pathways while continuing to participate fully in the Interstate Compact.

The timing for this work is particularly important. With the ASWB implementing a substantially redesigned licensing examination beginning August 3, 2026, including a revised passing standard and greater emphasis on applied reasoning, New Mexico is well positioned to establish baseline data on first-time test taking outcomes across demographic groups and monitor whether the redesigned examination narrows or perpetuates existing disparities over time. This approach encourages ongoing evaluation and evidence-informed decision making as New Mexico implements the Compact and explores strategies to strengthen equitable access to social work licensure. This recommendation identifies an important opportunity to extend the *Blueprint's* commitment to workforce equity by explicitly addressing licensure access, Interstate Compact implementation, and evidence-informed evaluation of future licensure pathways (CESW, 2026).

Recommendation 7. Invest in Community-Rooted Career Pathways and a Statewide Supervision Infrastructure Across the Behavioral Health Workforce Continuum

Findings from both the Q48 equity-targeted workforce models theme (8.3%) and the broader workforce pipeline theme suggest that strengthening New Mexico's behavioral health workforce requires investment across the full career continuum. Respondents emphasized the importance of introducing behavioral health career pathways beginning in middle and high school, expanding credentialing opportunities for peers and community members with lived expertise, and supporting stackable education and career pathways, instead of solely concentrating workforce investments at the graduate level. Quantitative findings reinforce the importance of sustained workforce support, with 76.0% of respondents identifying state-funded supervision stipends as one of the most important strategies for improving access to clinical supervision, a level of investment that is unlikely to be achieved by individual employers alone.

New Mexico brings considerable community-rooted workforce innovation to build upon. For example, the Center of Innovation's Youth Peer Support and Family Peer Support programs have demonstrated the value of creating credentialed pathways for individuals with lived experience navigating child welfare, juvenile justice, and behavioral health systems. Similarly, NLBHA's *Connecting Our Voices* initiative expands access to behavioral health careers through paid internships, scholarships, mentorship, and culturally grounded support for Latino youth and first-generation college students. These initiatives illustrate the diversity of successful approaches strengthening New Mexico's workforce pipeline.

New Mexico's Legislative body, state agencies, and behavioral health partners may consider expanding investment in community-rooted workforce pathways by supporting peer and family credentialing, youth career exploration, paid internships, stackable credentials, and a statewide supervision infrastructure that increases equitable access to clinical supervision across regions. Scaling these proven community models while strengthening statewide supervision capacity would create more equitable entry points into the profession, improve workforce retention, and support career advancement throughout the behavioral health workforce continuum. This recommendation advances the *Blueprint's* Program-Level Strategy 1 and Policy-Level Strategy 3 (CESW, 2026).

Recommendation 8. Formalize Anticipatory and Environmental Justice Planning by Honoring Tribal, Community, and Land-Based Knowledge

Although anticipatory and environmental practice represented the smallest Q46 theme by volume (7.2%, with a seven-respondent climate-specific subset), participants consistently identified the importance of preparing the behavioral health workforce for emerging environmental, climatic, and community challenges. These findings align with the Center's commitment to environmentally just outcomes and suggest an opportunity to further strengthen workforce planning through an anticipatory lens (CESW, 2026).

New Mexico is home to longstanding traditions of environmental stewardship, community resilience, and land-based knowledge that have sustained communities across generations. Any efforts to strengthen anticipatory planning must be community-centered, linguistically responsive, and developed in partnership with Tribal Nations and Pueblos, acequia and land grant communities, and other place-based leaders whose knowledge has long informed adaptation to environmental change. Such efforts may honor Tribal sovereignty, respect water and land stewardship, and recognize the disproportionate environmental burdens experienced by many Tribal, rural, frontier, and historically marginalized communities.

As BHRIA implementation and statewide workforce planning continue to evolve, state agencies and regional partners may consider incorporating anticipatory planning into regional workforce strategies by partnering with Tribal behavioral health departments, community organizations, and existing environmental justice initiatives to identify future workforce needs, emerging risks, and opportunities for resilience. Drawing upon anticipatory social work frameworks (Nissen, 2025) alongside community-defined priorities could help translate anticipatory practice from an aspirational principle into practical planning processes that identify clear roles for social workers and allied behavioral health professionals in climate resilience, disaster preparedness, community recovery, and environmental justice. Finally, integrating anticipatory social work into BHRIA regional planning offers an opportunity to prepare today's behavioral health workforce for tomorrow's challenges by pairing foresight methodologies with the place-based wisdom, cultural strengths, and community leadership that exist across New Mexico.

Behavioral Health Workforce Sector Strategies

These recommendations require coordinated action across state agencies, higher education, employers, and community partners, more than any single actor can accomplish alone.

Recommendation 9. Prioritize Rural, Frontier, and Tribal Workforce Infrastructure in BHRIA Regional Implementation by Building on Proven Regional Models

Rural, frontier, and Tribal workforce infrastructure emerged as one of the clearest implementation priorities across both the qualitative and quantitative findings. Within the Q48 service capacity theme, rural access (n = 37) was identified approximately twice as often as housing and basic needs (n = 18) or crisis and inpatient service expansion (n = 16). Quantitative findings reinforce this pattern. More than half of organizations (55.4%) reported that recruiting professionals with experience serving rural and frontier communities was difficult, while 40.4% identified workforce shortages in these communities as one of their most significant workforce capacity gaps.

Respondents consistently emphasized the importance of ensuring that regional implementation reflects the distinct realities of rural, frontier, and Tribal communities. Their responses suggest an opportunity for BHRIA implementation to intentionally elevate workforce strategies that have demonstrated success in addressing geographic isolation, supervision shortages, and practicum placement barriers.

Across New Mexico, communities have innovative approaches that could serve as implementation resources for regional planning. These include, among many others, ACTS-NM's statewide telesupervision infrastructure, Tribal workforce initiatives grounded in community leadership and sovereignty, Project ECHO's statewide workforce education and consultation model, university-community partnerships that expand rural practicum opportunities, and locally developed placement and supervision collaborations. Together, these efforts demonstrate that New Mexico possesses a strong foundation of place-based innovation upon which regional implementation can build.

As regional implementation continues, the Behavioral Health Executive Committee and regional planning entities may consider explicitly identifying, supporting, and, where appropriate, adapting proven workforce infrastructure models within regional implementation plans. Doing so would encourage regions to build upon existing community assets while allowing flexibility for local adaptation and Tribal sovereignty. Elevating successful New Mexico models as implementation resources could accelerate workforce development, strengthen regional collaboration, and improve access to behavioral health services in communities that continue to experience the greatest workforce shortages. This recommendation supports the *Blueprint's* Policy-Level Strategy 6 (CESW, 2026).

Recommendation 10. Consider Sustaining Administrative Modernization and Regional Implementation Capacity Under BHRIA

A distinct Q48 theme (8.6%) reflected participants' interest in strengthening the administrative infrastructure supporting BHRIA implementation, including universal Medicaid credentialing, sustained cross-sector collaboration, and financing mechanisms that extend beyond short-term grant cycles. Respondents emphasized the importance of reducing administrative barriers to behavioral health practice by streamlining credentialing and reimbursement processes, strengthening cross-sector coordination, and developing financing mechanisms that extend beyond short-term grant cycles. Collectively, these recommendations suggest that expanding behavioral health access depends on building the administrative, financial, and regional implementation infrastructure that enables behavioral health professionals to enter practice efficiently, collaborate across systems, sustain their work, and ultimately deliver high-quality, community-centered care.

As implementation of BHRIA continues, the Legislature may consider sustaining investment in the administrative and regional infrastructure established through Senate Bill 3. This may include continued support for implementation of the universal Medicaid behavioral health provider enrollment and credentialing process being developed by the New Mexico Health Care Authority, ongoing efforts to streamline provider license verification across behavioral health licensing boards, investment in interoperable workforce data systems, and resources that enable regional planning entities to coordinate workforce development across sectors while strengthening shared accountability.

New Mexico also possesses regional organizations with demonstrated capacity to convene diverse partners and support complex behavioral health initiatives. Families and Youth Innovations Plus (FYI+) provides one example as the fiscal agent and backbone organization for Local Collaborative 3 in Doña Ana County, coordinating more than 900 providers representing approximately 300 organizations. Organizations with similar regional expertise may serve as valuable implementation partners by facilitating collaboration, aligning workforce development efforts, supporting braided funding opportunities, and strengthening communication among education, health care, behavioral health, Tribal governments, community-based organizations, and state agencies.

Rather than creating new governance structures, New Mexico may consider continuing to strengthen, resource, and evaluate the regional implementation infrastructure envisioned through BHRIA. Sustained investment in administrative modernization, regional implementation capacity, and cross-sector collaboration may reduce unnecessary administrative burden, accelerate provider participation in Medicaid, strengthen workforce retention, and improve timely access to coordinated behavioral health services throughout New Mexico. This recommendation advances the Behavioral Health Workforce Blueprint's Policy-Level Strategy 1, advancing a statewide behavioral health workforce vision, and Strategy 7, institutionalizing unified workforce data collection, reporting, and shared accountability across stakeholders (CESW, 2026).

Recommendation 11. Establish a Unified, Cross-Sector Statewide Behavioral Health Workforce Strategy Through Shared Governance and Regional Partnership

As of July 2026, all 13 Behavioral Health Reform and Investment Act (BHRIA) regions had completed regional planning workshops, and eight regions independently identified workforce development and provider support among their highest regional priorities (Administrative Office of the Courts, 2026). The consistency of these findings across geographically and culturally diverse regions evidences that workforce capacity is a shared statewide priority. While BHRIA appropriately emphasizes regional planning and locally responsive implementation, several workforce challenges, including education and career pathways, supervision capacity, credentialing, data infrastructure, and workforce forecasting, would benefit from greater statewide coordination and alignment. This finding is further reinforced by the Q48 governance and systems coordination theme (8.6%).

The New Mexico Legislature may consider authorizing and resourcing the development of a statewide unified, cross-sector behavioral health workforce strategy that complements and is advised by regional BHRIA planning. Consistent with the Blueprint, this strategy could be developed in collaboration with Tribes and Pueblos, where Tribal sovereignty and the essential role of Tribal leadership in strengthening New Mexico's behavioral health workforce is honored, the New Mexico Department of Workforce Solutions, the Health Care Authority, the Higher Education Department, the Public Education Department, the state's schools of social work and other behavioral health education programs, people with lived expertise, behavioral health providers and employers, public health agencies, workforce development boards, immigrant-serving and advocacy organizations, and rural and frontier community partners. Building upon the *Blueprint's* statewide vision, this coordinated strategy could align workforce data, education and training pathways, supervision infrastructure, credentialing initiatives, and long-term workforce investments while allowing regional implementation plans to remain responsive to local priorities, cultures, and community strengths.

This recommendation directly advances the *Blueprint's* Policy-Level Strategy 1, establishing a statewide behavioral health workforce strategic vision (CESW, 2026).

Table 9 below summarizes each recommendation, the evidence supporting it, and alignment with the *Blueprint.*

Table 9 *Summary of Emergent Recommendations and Their Alignment with the Workforce Blueprint*

Recommendation	Primary Supporting Evidence	*Blueprint* Alignment
Provider and Organizational Recommendations		
1. Integrate Culturally Grounded Practice Throughout Behavioral Health Education and Workforce Development	Q47 clinically and culturally grounded theme (33.7%); cultural humility highest Q47 subcode (n = 54)	Program-Level Strategy 4
2. Expand Employer-Supported Clinical Supervision Through Evidence-Informed and Culturally Responsive Models	Q48 pipeline theme; supervision n = 48; employer-supported supervision barrier 73.1%; cost barrier 61.5%; 84.0% named supervision a top investment	Policy-Level Strategy 3
3. Develop a Future-Ready, Culturally Grounded Artificial Intelligence and Digital Practice Strategy for Behavioral Health Workforce	Q46 technological disruption theme; AI highest Q46 subcode (n = 60)	Gap; new strategy domain
4. Strengthen Behavioral Health Access for Immigrant and Refugee Communities Through Culturally and Linguistically Responsive Workforce Strategies	Q46 escalating-need theme (n = 19); political climate stress 75.0%; federal policy barriers 73.7%	Extends existing equity commitments
Policy Recommendations		
5. Strengthen the Economic Stability of the Behavioral Health Workforce Through Targeted Financial Supports	Q46 (46.4%), Q47 (26.6%), Q48 (38.7%); equitable pay 56.8%, multiple jobs 37.7%, student loans 38.0%; employer-cited wage/funding barriers (71.3%, 68.4%)	Policy-Level Strategies 5 & 8
6. Pair Social Work Licensure Compact Implementation with Equity Safeguards Grounded in Evidence-Based Alternative Pathways	Compact utilization likelihood (~2 in 3); Center's 2024 stakeholder poll (64.7% support alternative pathway); ASWB pass-rate disparities; Illinois/Maine precedent	Gap; extends equity commitments
7. Invest in Community-Rooted Career Pathways and a Statewide Supervision Infrastructure Across Behavioral Health Workforce Continuum	Q48 equity-targeted workforce models theme (8.3%); supervision funding support 76.0%	Program-Level Strategy 1; Policy-Level Strategy 3
8. Formalize Anticipatory and Environmental Justice Planning by Honoring Tribal, Community, and Land-Based Knowledge	Q46 anticipatory/environmental theme (7.2%, n = 31)	Extends mission statement into strategy
Behavioral Health Workforce Sector Strategies		
9. Prioritize Rural, Frontier, and Tribal Workforce Infrastructure in BHRIA Regional Implementation by Building on Proven Regional Models	Q48 service capacity theme; rural access n = 37; rural recruitment difficulty 55.4%; workforce gap 40.4%	Policy-Level Strategy 6
10. Sustain Administrative Modernization and Regional Implementation Capacity Under BHRIA	Q48 governance and systems coordination theme (8.6%); as of June/July 2026, only two regional plans	Blueprint Policy Strategies 1 & 7

	approved by BHEC, with others in draft or requesting extensions	
11. Establish a Unified, Cross-Sector Statewide Behavioral Health Workforce Strategy Through Shared Governance and Regional Partnership	AOC July 2026 update (8 of 13 regions naming workforce development a top-5 priority); Q48 governance and systems coordination theme (8.6%)	Policy-Level Strategy 1; sector-level Behavioral Health Workforce Institute

These eleven recommendations translate the quantitative and qualitative evidence presented throughout this report into a coordinated action agenda. The Implications for Our Profession section that follows steps back from these individual recommendations to consider what this evidence means, collectively, for the future of New Mexico's social work profession.

IMPLICATIONS FOR OUR PROFESSION

New Mexico's social work workforce stands at a pivotal moment. This report has documented a workforce that is smaller than the state's need, concentrated in a handful of urban counties, and increasingly asked to do more with less, to serve growing behavioral health needs, navigate compounding financial pressures, and sustain their own wellbeing under conditions that this survey found were, for many, precarious. At the same time, the workforce is resilient, culturally grounded in the communities it serves, and, as reflected in the near unanimous alignment between the 2026 survey's findings and the *Blueprint's* strategic priorities, remarkably consistent in what it says it needs to thrive.

This consistency runs across both the numbers and the narratives. Quantitatively, only 30.4% of statewide mental healthcare need is currently met, licensed social workers remain concentrated in a handful of urban counties, and 2036 projections point to a combined shortfall of 2,180 FTEs across just three social work categories. The workforce carries this strain personally. Three quarters of respondents reported that the political and economic climate has increased their work-related stress, more than one third reported holding multiple jobs or feeling overwhelmed by their workload, and access to the clinical supervision required for independent licensure remains constrained by cost and limited employer sponsorship for a meaningful share of respondents. Qualitatively, respondents converged on the same conclusions from a different direction, naming compensation, supervision capacity, and rural and tribal infrastructure as the investments most likely to stabilize the profession. These concerns are facets of a single systemic challenge that will require coordinated action across the Legislature, state agencies, the state's schools of social work, and behavioral health employers to address.

The Compact and the workforce's own licensure experience add a further dimension for consideration. New Mexico's adoption of the Social Work Licensure Interstate Compact, and the strong interest respondents expressed in using it, represent a genuine opportunity to ease the state's documented shortages through multistate portability. But that opportunity is not distributed evenly. The same survey data that shows enthusiasm for the Compact also documents exam-related anxiety, cost barriers, and concerns about racial, cultural, and linguistic bias in the licensure examination pathway that determines Compact eligibility in the first place. Implementing the Compact well, and not only implementing it quickly, means pairing portability with the equity safeguards described in Recommendation 6, so that the workforce mobility New Mexico is available for all members of the full breadth of the profession.

The findings in this report point in a single direction, where the path to a stable, adequately staffed, and equitably distributed social work workforce in New Mexico is supported through sustained investments. Encouragingly, BHRIA, the state's recent adoption of the Social Work Licensure Interstate Compact, and the *Blueprint* itself all represent recent, concrete steps toward the kind of coordinated investment this report's findings call for. The ten recommendations offered here are intended to build directly on that foundation, to translate what New Mexico's social workers have said they need, in their own numbers and in their own words, into specific, actionable next steps for the legislative session ahead. The Center for Excellence in Social Work will continue to track these conditions through future iterations of this survey, and looks forward to partnering with the Legislature, state agencies, and the profession to ensure that New Mexico's communities, particularly those in the state's most underserved rural, frontier, and tribal areas, have access to the social work workforce they need, now and in the years to come.

ACKNOWLEDGEMENTS

The Center for Excellence in Social Work remains deeply committed to ensuring that the knowledge shared by New Mexico's social workers continues to inform research, policy, education, and collective action in service of a more just and thriving future. We want to warmly thank each of the 819 participants who engaged in this survey cycle. The 2026 Social Workers of New Mexico Survey represents a truly collective effort, made possible through the generosity, wisdom, and partnership of social workers and stakeholders across our state. This report isn't solely about the data, but the voices, experiences, and aspirations of New Mexico's social work community.

We also extend our sincere appreciation to the New Mexico Center for Excellence in Social Work Advisory Committee, whose guidance, thoughtful feedback, and ongoing commitment helped strengthen both the survey and the broader vision of this work. We are equally grateful to the many community experts, practitioners, social work educators, students, behavioral health leaders, and advocates from across New Mexico who generously shared their expertise during the survey development process. Their insights helped ensure that the survey reflected emerging workforce realities, community priorities, and the diverse experiences of social workers serving our state.

We gratefully acknowledge the leadership and support of the New Mexico Higher Education Department, including Secretary Stephanie M. Rodriguez, whose continued commitment to strengthening New Mexico's behavioral health workforce has helped advance this work. We also want to express our deep gratitude to the members of the New Mexico Legislature for their sustained investment in the New Mexico Center for Excellence in Social Work and for recognizing the essential role of research, workforce development, and higher education in building healthier communities.

This survey was strengthened through partnerships with professional associations, institutions of higher education, employers, state agencies, community-based organizations, tribal and rural partners, and countless social work leaders throughout New Mexico. We are deeply grateful for the trust, collaboration, and shared commitment that made this statewide effort possible.

We offer special appreciation to Dr. Sreyashi Chakravarty for her expertise and collaboration throughout the survey design and analysis process. Her methodological insight and thoughtful contributions helped strengthen the rigor and quality of this report.

We also recognize the extraordinary work of the New Mexico Center for Excellence in Social Work team. Their dedication to research excellence, community engagement, participant outreach, and project coordination made every phase of this initiative possible. Their commitment reflects the Center's mission of producing research that is community-centered, equity-focused, and action-oriented. It is our hope that this report honors your experiences and contributes to a stronger, more equitable, and more sustainable future for social work and behavioral health throughout our state.

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