

RURAL BEHAVIORAL HEALTH IN NEW MEXICO

Recovery Management Center | Behavioral Health Update

Treatment works when the system around treatment works.

Who We Are

Recovery Management Center (RMC) is an outpatient behavioral health agency serving rural southwestern New Mexico. Services include mental health treatment, substance use disorder treatment, co-occurring disorder treatment, intensive outpatient services (IOP), individual and group services, and care coordination/community collaboration.

What the Data Shows

51% of surveyed New Mexico social workers reported burnout or vicarious trauma.

37% reported working more than one job to make ends meet.

19% of New Mexicans' mental health needs were reported as being met in the 2024 NM social-work workforce report.

56,753 2023 population of the Grant-Hidalgo-Luna behavioral health region.

2024 Grant-Hidalgo-Luna unique NPI counts: 165 counselors | 103 social workers | 36 psychologists | 8 community/behavioral health providers | 6 nurse practitioners | 1 substance abuse rehabilitation facility.

Note: NPI counts identify providers/facilities in the state analysis and do not necessarily represent full-time local appointment capacity.

Key Challenges in Rural Outpatient Behavioral Health

- Workforce recruitment and retention - attracting qualified professionals is difficult, and rural employers increasingly compete with urban and remote/telehealth employment opportunities.
- Burnout, compensation and supervision - retention requires sustainable compensation, manageable workloads, strong clinical supervision and professional development.
- Gaps in the continuum of care - outpatient providers cannot replace crisis stabilization, detoxification, residential treatment, psychiatry/MAT, housing, transportation and recovery supports.
- Administrative burden and fragmented systems - duplicative credentialing and requirements consume limited rural provider capacity.
- Quality and accountability - rural access should be paired with evidence-based care, measurable outcomes, qualified supervision, transparency and meaningful oversight.

Potential State-Level Solutions

- **Recruit, train and retain:** rural workforce incentives; loan repayment/scholarships; paid clinical supervision; paid practicums; competitive reimbursement; long-term retention incentives.
- **Build the continuum of care:** strengthen crisis, stabilization, detox, residential, IOP, outpatient, transitional/supportive housing, MAT, peer support and recovery services.
- **Strengthen quality and accountability:** support evidence-based practices, measurable outcomes, transparent standards, technical assistance and ongoing training for rural providers.
- **Reduce administrative burden:** streamline credentialing and reporting, coordinate requirements across agencies and payers, and reduce duplication that takes time away from direct care.
- **Invest in rural infrastructure:** housing, transportation, psychiatry/MAT access, telehealth infrastructure and sustainable funding for community-based supports.

Key Message

Rural New Mexicans do not need a smaller version of behavioral health care. They need a complete system of care that works where they live.

Sources & Resources

- New Mexico Highlands University, Center for Excellence in Social Work. 2024 Social Workers of New Mexico Survey Report. <https://www.nmhu.edu/wp-content/uploads/2024/07/2024survey.pdf>
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- New Mexico Legislative Finance Committee - Health & Human Services research and behavioral health reports. https://www.nmlegis.gov/Entity/LFC/Health_And_Human_Services
- New Mexico Legislature, House Memorial 12 (2024): Administrative Burdens Faced by Behavioral Health Care Providers. <https://www.nmlegis.gov/Sessions/24%20Regular/memorials/house/HM012.html>

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