Population Estimates for Abatement Remedies

State of New Mexico v. Meta Social Media Platforms

CONFIDENTIAL

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Methodology

Table A. Methodological Approach to Input Sourcing and Model Construction

Approach	Rationale
Model organization, layout, and navigation	The layout of this Population Estimates model mirrors the structure provided in the narrative Summary of Opinions. The components of each recommendation in the Abatement Plan are displayed in this model, including the logic and calculations used to arrive at each estimate. These estimates are used to inform Dr. Kelly O'Donnell's cost estimates. The supplemental tabs, beginning at '1. Technical Appendix', provide the supporting material and sources used to inform each estimate.
Determining target populations	Each target population (described in Table B) is informed by the purpose of each recommendation as they fit in the comprehensive and dynamic Abatement Plan, which is guided by clinical judgement, policy and implementation expertise, and the research literature. For example, prevention efforts described in 'I.A. Public Awareness and Education' are most effective when delivered to an entire population. Conversely, safe houses for trafficked youth, described in 'IV.D. Intensive Treatment' are only needed for a subset of youth exposed to commercial sexual exploitation of children (CSEC). The Abatement Plan is designed from a "bird's-eye view" or at a population level; with systems, such as schools or health care providers, their processes and potential synergies in mind.
Identifying sources to inform model inputs and estimates (detailed in '1. Technical Appendix')	Where possible, local data and sources were used to inform population estimates. Appropriate data and sources are critically reviewed and selected based on a hierarchy with government-affiliated sources and peer-reviewed scientific literature generally in the highest tier, followed by reports from non-profits or non-governmental organizations, and finally, publicly available sources. Produced materials in this litigation and informational discussions with local stakeholders and subject matter experts were also used to inform estimates and recommendations. Each source is critically evaluated and reviewed for quality and appropriate fit within the structure of the Abatement Plan and intention of each recommendation.
Abatement period and implementation timeline	A 15-year Abatement Period is necessary to effectively implement a sustainable infrastructure and workforce to address and begin to mitigate social media-related harms. This allows enough time for implementation of programs, including their iteration and adaptation to evolving needs in the population, development, and setting sustainable and integrated services to support youth.
Population benchmarking	This dynamic model accounts for both projected increases in workforce that will be needed to serve youth and their families and the projected decrease in the youth population of New Mexico over the next 15-years. These are described both in Table B and the '1. Technical Appendix'. A ratio, or trend, to illustrate the impact of the proposed Abatement Plan that will in turn affect population estimates in outlying years is presented in '2. Reference Estimates'.

Table B. Abatement Recommendations: Target Population(s), Implementation Timeline, and Population Benchmarks

Identifier	Description	Intermediate Target Population	Final Target Population (if applicable)	Time to Full Implementation	Population Benchmark
I. Awareness and Prevention					
A. Public Awareness and Education					
[A3]	Total population to receive public awareness and education campaigns	All New Mexico residents ages 11 years and older (current and future)	---	Immediate, year 1	Demographic population projection
B. Digital Awareness and Education					
[B3]	Total number of hours of annual digital citizenship and youth internet safety training for elementary, middle, and high school teachers	Elementary, middle, and high school teachers	All New Mexico youth (current and future)	Immediate, year 1	Workforce projection
[B5]	Total number of hours of annual digital citizenship and youth internet safety training for school counselors	School counselors	All New Mexico youth (current and future)	Immediate, year 1	Workforce projection
[B7]	Total number of hours of annual digital citizenship and youth internet safety training for school psychologists	School psychologists	All New Mexico youth (current and future)	Five-year workforce scale-up, digital awareness and prevention provided for all school psychologists beginning in year 1	Demographic population projection (after year 5)
[B9]	Total number of hours of digital citizenship and youth internet safety training for healthcare professionals	Healthcare professionals	All New Mexico youth (current and future)	Immediate, year 1	Workforce projection
C. Policies and Protections					

	Staffing to develop and communicate policies and protections are subsumed in 'V.A. Implementation and Coordination'.	All New Mexico residents (current and future)	---	Immediate, year 1	Constant
D. Topics for Public Awareness					
	Staffing to identify, develop, and communicate topics for public awareness are subsumed in 'V.A. Implementation and Coordination'.	All New Mexico residents ages 11 years and older (current and future)	---	Immediate, year 1	Constant
II. Screening and Assessment for Mental Health Needs					
A. School Settings					
[A5]	Total number of middle and high school students to receive stigma reduction education and school-based screening	Middle and high school students	Middle and high school students (current and future)	Six-year implementation period: 0% of students receive stigma reduction education and school-based screening during the first three years. The proportion of students increases by 30% over years 4 and 5, and 100% of students receive stigma reduction education and screening by year 6.	Demographic population projection (after year 6)
[A8]	Total number of hours for school district and middle and high school administrators to implement SEL	School district and middle and high school administrators	Middle and high school students (current and future)	Immediate, year 1	Constant: Based on number of school districts and schools
B. Health Care Settings					
	Technology infrastructure and licenses to deliver screening is subsumed in '[A2] Resource referral tool' under 'III.A. Technological System Development and Maintenance'.	Healthcare professionals, behavioral health providers	Youth ages 11 to 17 (current and future)	Implementation period over first 3 years, followed by continuous provision	Constant
C. Specialized Assessment for Criminal Sexual Exploitation of Children (CSEC)					
[C1]	Total number of Child Advocacy Centers	Youth impacted by CSEC (current and future)	---	Five-year implementation period	Constant (after year 5): Based on number of counties
[C2]	Total number of mobile Child Advocacy Centers	Youth impacted by CSEC (current and future)	---	Five-year implementation period	Constant (after year 5): Based on number of counties
[C3]	Total number of Child Forensic Interviewer Specialists	Youth impacted by CSEC (current and future)	---	Five-year implementation period	Constant (after year 5): Based on number of static and mobile Child Advocacy Centers
[C4]	Total number of Victim Advocates for youth affected by CSEC	Youth impacted by CSEC (current and future)	---	Five-year implementation period	Constant (after year 5): Based on number of static and mobile Child Advocacy Centers
[C5]	Total number of psychologists for Child Forensic Interviewer Specialists and Victim Advocates	Child Forensic Interviewer Specialists and Victim Advocates	Youth impacted by CSEC (current and future)	Five-year implementation period	Constant (after year 5): Based on number of Child Forensic Interviewer Specialists and Victim Advocates
	Technology infrastructure to facilitate specialized assessment for Criminal Sexual Exploitation of Children (CSEC) is subsumed in 'III. Referral, Linkage, and Coordination'.	Youth impacted by CSEC (current and future)	---	Five-year implementation period	Constant (after year 5)
D. Training					

[D6]	Total number of hours for trauma, mental health first aid, human trafficking, SEL training for middle and high school teachers	Middle and high school teachers	Middle and high school students (current and future)	Immediate, year 1	Workforce projection
[D8]	Total number of hours for trauma, mental health first aid, human trafficking, and SEL training for school counselors	School counselors	Middle and high school students (current and future)	Immediate, year 1	Workforce projection
[D10]	Total number of hours for trauma, mental health first aid, human trafficking, and SEL training for school psychologists	School psychologists	Middle and high school students (current and future)	Five-year workforce scale-up, digital awareness and prevention provided for all school psychologists beginning in year 1	Demographic population projection
E. Public Safety Response to CSEC CyberTips					
[E1]	Total number of State Investigators	State Investigators	Youth impacted by CSEC (current and future)	Immediate, year 1	Abatement Intervention Ratio
[E2]	Total number of Special Agents	Special Agents	Youth impacted by CSEC (current and future)	Immediate, year 1	Abatement Intervention Ratio
[E3]	Total number of local Law Enforcement	Local Law Enforcement	Youth impacted by CSEC (current and future)	Immediate, year 1	Abatement Intervention Ratio
[E4]	Total number of Digital Forensic Examiners	Digital Forensic Examiners	Youth impacted by CSEC (current and future)	Immediate, year 1	Abatement Intervention Ratio
[E5]	Total number of clerical support employees	Clerical support employees	Youth impacted by CSEC (current and future)	Immediate, year 1	Abatement Intervention Ratio
[E6]	Total number of psychologists for Special Agents, Law Enforcement, and Digital Forensic Examiners	Psychologists for public safety professionals exposed to CSEC	Youth impacted by CSEC (current and future)	Immediate, year 1	Abatement Intervention Ratio
[E8]	Total number of hours of trauma-informed response, cultural sensitivity, and CSEC training for Special Agents and local Law Enforcement	Public safety professionals exposed to CSEC	Youth impacted by CSEC (current and future)	Immediate, year 1	Abatement Intervention Ratio
	The number of Child Interview Specialists and Victim Advocates is included in 'D. Specialized Community Partners'.	Youth impacted by CSEC (current and future)	---	Five-year implementation period	Constant (after year 5): Based on number of static and mobile Child Advocacy Centers
III. Referral, Linkage, and Coordination					
A. Technological System Development and Maintenance					
[A1]	Centralized care portal for youth and their families	Caregivers of youth with behavioral health conditions	Youth with behavioral health conditions (current and future)	Implementation period over first 3 years, followed by continuous provision	Constant (after implementation and scale-up period)
[A2]	Resource referral tool for providers and behavioral health professionals	Healthcare providers, behavioral health providers	Youth with behavioral health conditions (current and future)	Implementation period over first 3 years, followed by continuous provision	Constant (after implementation and scale-up period)
B. Support Lines and Anonymous Reporting Tool					
[B1]	Maintain statewide mental health support line to be provided in New Mexico	New Mexico residents, including youth, with behavioral health conditions (current and future)	---	Immediate, continued provision	Constant
[B2]	Statewide anonymous reporting line to be provided in New Mexico	Youth with behavioral health conditions or to report potential CSEC	---	Implementation period over first 3 years, followed by continuous provision	Constant (after implementation and scale-up period)

[B3]	Clinical consultation support line for healthcare professionals in New Mexico	Healthcare providers, behavioral health professionals	Youth with behavioral health conditions (current and future)	Initial scale-up period of existing services, followed by continuous provision	Constant (after implementation and scale-up period)
C. Care Coordination					
	Estimates for this category are subsumed in 'III. Referral, Linkage, and Coordination' and 'IV.D. Behavioral Health Workforce'.	Youth ages 11 to 17 years with behavioral health conditions and/or their caregivers (current and future)	---	Implementation period over first three-years of Technological Systems Development and five-year scale-up of behavioral health workforce	Constant (after implementation and scale-up period)
D. Business Process Refinement					
	Estimates for this category are subsumed in 'V. Implementation, Continuous Quality Improvement (CQI), and Evaluation'.	Healthcare professionals, behavioral health providers	Youth with behavioral health conditions (current and future)	Immediate, following hiring of professionals described in 'V. Implementation, Continuous Quality Improvement (CQI), and Evaluation'	Constant
IV. Treatment					
A. Community-Based Services					
[A1]	Total number of School-Based Health Centers (SBHCs)	New Mexico students	Youth ages 11 to 17 years with behavioral health conditions (current and future)	Five-year scale-up period	Constant (after year 5)
[A2]	Total number of Community-Based Health Centers (CBHCs)	New Mexico residents with behavioral health conditions	Youth ages 11 to 17 years with behavioral health conditions (current and future)	Five-year scale-up period	Constant (after year 5)
[A3]	Total number of SBHC mobile vans for behavioral health services	New Mexico students	Youth ages 11 to 17 years with behavioral health conditions (current and future)	Five-year scale-up period	Constant (after year 5)
B. Family-Based Services					
	Workforce estimates for in-home support providers and coordinators and parent support providers are subsumed in category 'E. Behavioral Health Workforce for Youth Ages 11 to 17 Years'.	Caregivers of youth ages 11 to 17 years with behavioral health conditions (current and future)	Youth ages 11 to 17 years with behavioral health conditions (current and future)	Refer to 'E. Behavioral Health Workforce' scale-up and implementation	Refer to 'E. Behavioral Health Workforce'
C. Behavioral Health Conditions Among Youth Ages 11 to 17 Years					
[C1]	Number of New Mexico youth with problematic social media use/addiction	Youth ages 11 to 17 years with behavioral health condition (current and future)	---	---	Abatement Intervention Ratio
[C2]	Number of New Mexico youth with mild problematic social media use/addiction (2-3 hours daily of use)	Youth ages 11 to 17 years with behavioral health condition (current and future)	---	---	Abatement Intervention Ratio
[C3]	Number of New Mexico youth with moderate problematic social media use/addiction (4-6 hours daily of use)	Youth ages 11 to 17 years with behavioral health condition (current and future)	---	---	Abatement Intervention Ratio
[C4]	Number of New Mexico youth with severe problematic social media use/addiction (>6 hours daily of use)	Youth ages 11 to 17 years with behavioral health condition (current and future)	---	---	Abatement Intervention Ratio
[C5]	Number of New Mexico youth with depression	Youth ages 11 to 17 years with behavioral health condition (current and future)	---	---	Abatement Intervention Ratio
[C6]	Number of New Mexico youth with non-suicidal self injury	Youth ages 11 to 17 years with behavioral health condition (current and future)	---	---	Abatement Intervention Ratio

[C7]	Number of New Mexico youth with suicidal ideation	Youth ages 11 to 17 years with behavioral health condition (current and future)	---	---	Abatement Intervention Ratio
[C8]	Number of New Mexico youth with suicidal ideation with a plan or intent	Youth ages 11 to 17 years with behavioral health condition (current and future)	---	---	Abatement Intervention Ratio
[C9]	Number of New Mexico youth with suicide attempts	Youth ages 11 to 17 years with behavioral health condition (current and future)	---	---	Abatement Intervention Ratio
[C10]	Number of New Mexico youth with anxiety	Youth ages 11 to 17 years with behavioral health condition (current and future)	---	---	Abatement Intervention Ratio
[C11]	Number of New Mexico youth with body dysmorphic disorder	Youth ages 11 to 17 years with behavioral health condition (current and future)	---	---	Abatement Intervention Ratio
[C12]	Number of New Mexico youth with an eating disorder	Youth ages 11 to 17 years with behavioral health condition (current and future)	---	---	Abatement Intervention Ratio
[C13]	Number of New Mexico youth with sleep deprivation (<8 hours)	Youth ages 11 to 17 years with behavioral health condition (current and future)	---	---	Abatement Intervention Ratio
[C14]	Number of New Mexico youth electronically bullied	Youth ages 11 to 17 years with behavioral health condition (current and future)	---	---	Abatement Intervention Ratio
D. Intensive Treatment					
[D1]	Total number of intensive outpatient programs (IOP)	Youth ages 11 to 17 years (who are on Medicaid) with behavioral health conditions requiring IOP (current and future)	---	Seven-year scale-up period of existing IOP programs that accept youth ages 11 to 17 years and Medicaid	Constant (after year 7)
[D2]	Total number of partial hospitalization programs	Youth ages 11 to 17 years with behavioral health conditions requiring partial hospitalization (current and future)	---	Five-year scale-up period of existing partial hospitalization programs	Constant (after year 5)
[D3]	Total number of inpatient facilities	Youth ages 11 to 17 years with behavioral health conditions requiring inpatient hospitalization (current and future)	---	Immediate, existing provision	Constant
[D4]	Total number of residential treatment facilities (RTCs)	Youth ages 11 to 17 years with behavioral health conditions requiring residential treatment facilities (current and future)	---	Five-year scale-up period of existing residential treatment facilities that serve youth ages 11 to 17	Constant (after year 5)
[D5]	Total number of post-acute care residential programs	Youth ages 11 to 17 years with behavioral health conditions requiring post-acute care residential programs (future)	---	Seven-year scale-up period; there are no identified post-acute care residential programs that serve youth ages 11 to 17	Constant (after year 7)
[D6]	Total number of safe houses for trafficked youth	Youth exposed to CSEC (current and future)	---	Five-year scale-up period of existing safe house that serves trafficked youth	Constant (after year 5)
E. Behavioral Health Workforce for Youth Ages 11 to 17 Years					

[E1b]	Child and adolescent psychiatrist FTEs providing services to youth ages 11 to 17 years	Youth ages 11 to 17 years with behavioral health conditions (current and future)	---	Ten-year scale-up of existing child and adolescent psychiatrists to professional and national workforce recommendations for the population	Fixed to demographic population projection with a ten-year scale-up period
[E2b]	Child and adolescent psychologist FTEs providing services to youth ages 11 to 17 years	Youth ages 11 to 17 years with behavioral health conditions (current and future)	---	Seven-year scale-up of existing child and adolescent psychologists to professional and national workforce recommendations for the population	Fixed to demographic population projection with a seven-year scale-up period
[E3c]	Primary care physician FTEs providing behavioral health services to youth ages 11 to 17 years	Youth ages 11 to 17 years with behavioral health conditions (current and future)	---	Seven-year scale-up of existing primary care physicians to professional and national workforce recommendations for the population	Fixed to demographic population projection with a seven-year scale-up period
[E4b]	Psychiatric/mental health nurse practitioner FTEs providing services to youth ages 11 to 17 years	Youth ages 11 to 17 years with behavioral health conditions (current and future)	---	Seven-year scale-up of existing psychiatric/mental health nurse practitioners to professional and national workforce recommendations for the population	Fixed to demographic population projection with a seven-year scale-up period
[E5b]	Social worker FTEs providing behavioral health services to youth ages 11 to 17 years	Youth ages 11 to 17 years with behavioral health conditions (current and future)	---	Seven-year scale-up of existing social workers to professional workforce recommendations for the population	Fixed to demographic population projection with a seven-year scale-up period
[E6b]	Mental health technician FTEs providing services to youth ages 11 to 17 years	Youth ages 11 to 17 years with behavioral health conditions (current and future)	---	Five-year scale-up of existing mental health technicians to national workforce recommendations for the population	Fixed to demographic population projection with a five-year scale-up period
[E7b]	Community health worker FTEs for youth ages 11 to 17 years	Youth ages 11 to 17 years with behavioral health conditions (current and future)	---	Five-year scale-up of existing community health workers to professional and national workforce recommendations for the population	Fixed to demographic population projection with a five-year scale-up period
[E8]	Number of licensed or certified clinical support staff for behavioral health providers in New Mexico	Behavioral health providers for youth in New Mexico	Youth ages 11 to 17 years with behavioral health conditions (current and future)	Scale-up of existing licensed or certified clinical support staff to professional and national workforce recommendations for the population	Fixed to number of healthcare and behavioral health providers
[E9]	Number of secretaries and billing specialist clinical support staff for behavioral health providers in New Mexico	Behavioral health providers for youth in New Mexico	Youth ages 11 to 17 years with behavioral health conditions (current and future)	Scale-up of existing secretaries and billing specialist clinical support staff to professional and national workforce recommendations for the population	Fixed to number of healthcare and behavioral health providers
[E10b]	Family support worker FTEs providing services to youth ages 11 to 17 years	Caregivers of youth ages 11 to 17 years with behavioral health conditions (current and future)	Youth ages 11 to 17 years with behavioral health conditions (current and future)	Five-year scale-up of existing family support workers to professional and national workforce recommendations for the population	Fixed to demographic population projection with a five-year scale-up period
[E11]	Total number of behavioral health providers eligible for hiring and retention incentives	Newly hired behavioral health providers for youth ages 11 to 17 years (current and future)	Youth ages 11 to 17 years with behavioral health conditions (current and future)	Ten-year period expanding behavioral health workforce	Fixed to number of newly hired healthcare and behavioral health providers
F. Auxiliary Support for Intensive Treatment					
[F1]	Total number of trained adult CSEC survivors to provide mentorship and prevention programming	Youth exposed to CSEC (current and future)	---	Five-year scale-up period of existing partial hospitalization programs	Constant (after year 5): fixed to the number of geographic regions in New Mexico
[F2]	Total number of transportation vouchers for caregivers of youths treated in intensive outpatient programs, partial hospitalization, inpatient, or residential care facilities	Caregivers of youth ages 11 to 17 years with behavioral health conditions (current and future)	Youth ages 11 to 17 years with behavioral health conditions (current and future)	Reflects scale-up period for intensive treatment	Constant (after year 7): fixed to number of IOP, partial hospitalization, inpatient, and residential care facilities
[F3]	Total number of accomodation vouchers for caregivers of youths in inpatient or residential treatment	Caregivers of youth ages 11 to 17 years with behavioral health conditions (current and future)	Youth ages 11 to 17 years with behavioral health conditions (current and future)	Reflects scale-up period for intensive treatment	Constant (after year 7): fixed to number of inpatient and residential care facilities

V. Implementation, Continuous Quality Improvement (CQI), and Evaluation					
A. Implementation and Coordination					
[A1]	Total number of implementation and coordination project managers	All target populations included in Abatement Plan (provides oversight, implementation, and coordination)	---	Immediate, following hiring and scale-up	Constant
[A2]	Total number of implementation and coordination workgroup leads	All target populations included in Abatement Plan (provides oversight, implementation, and coordination)	---	Immediate, following hiring and scale-up	Constant
[A3]	Total number of tribal liaisons	All target populations included in Abatement Plan (provides oversight, implementation, and coordination)	---	Immediate, following hiring and scale-up	Constant
[A4]	Total number of school liaisons	All target populations included in Abatement Plan (provides oversight, implementation, and coordination)	---	Immediate, following hiring and scale-up	Constant
[A5]	Total number of community outreach liaisons	All target populations included in Abatement Plan (provides oversight, implementation, and coordination)	---	Immediate, following hiring and scale-up	Constant
B. Evaluation					
[B1]	Total number of evaluation project managers	All target populations included in Abatement Plan (provides evaluation supporting oversight, implementation, and coordination)	---	Immediate, following hiring and scale-up	Constant
[B2]	Total number of epidemiologists	All target populations included in Abatement Plan (provides evaluation supporting oversight, implementation, and coordination)	---	Immediate, following hiring and scale-up	Constant
[B3]	Total number of policy analysts	All target populations included in Abatement Plan (provides evaluation supporting oversight, implementation, and coordination)	---	Immediate, following hiring and scale-up	Constant
[B4]	Total number of data managers	All target populations included in Abatement Plan (provides evaluation supporting oversight, implementation, and coordination)	---	Immediate, following hiring and scale-up	Constant
[B5]	Total number of research analysts	All target populations included in Abatement Plan (provides evaluation supporting oversight, implementation, and coordination)	---	Immediate, following hiring and scale-up	Constant

I. Awareness and Prevention

		2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040
A. Public Awareness and Education																
[A1]	New Mexico residents ages 11 years and older	1,899,935	1,906,221	1,912,507	1,918,793	1,925,080	1,926,254	1,927,429	1,928,604	1,929,778	1,930,953	1,929,482	1,928,011	1,926,540	1,925,069	1,923,597
[A2]	Proportion of population ages 11 years and older to receive public awareness and education campaigns	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
[A3]	Total population to receive public awareness and education campaigns	1,899,935	1,906,221	1,912,507	1,918,793	1,925,080	1,926,254	1,927,429	1,928,604	1,929,778	1,930,953	1,929,482	1,928,011	1,926,540	1,925,069	1,923,597
	Staffing to develop material surrounding social media awareness education to families is subsumed in 'V.A. Implementation and Coordination'. Campaigns to inform caregivers of social media awareness and education is subsumed in population estimates provided above [A1-A3].															
B. Digital Awareness and Education																
[B1]	Number of hours of annual digital citizenship and youth internet safety training for youth-serving professionals	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0
[B2]	Number of elementary, middle, and high school teachers in New Mexico	22,497.6	22,618.9	22,740.8	22,863.4	22,986.7	23,110.6	23,235.1	23,360.4	23,486.3	23,612.9	23,740.2	23,868.2	23,996.8	24,126.2	24,256.2
[B3]	Total number of hours of annual digital citizenship and youth internet safety training for elementary, middle, and high school teachers	44,995.2	45,237.8	45,481.6	45,726.8	45,973.3	46,221.1	46,470.3	46,720.8	46,972.6	47,225.8	47,480.4	47,736.3	47,993.7	48,252.4	48,512.5
[B4]	Number of school counselors for middle and high school in New Mexico	1,848.4	1,867.5	1,886.8	1,906.3	1,926.0	1,945.9	1,966.0	1,986.3	2,006.8	2,027.5	2,048.5	2,069.6	2,091.0	2,112.6	2,134.4
[B5]	Total number of hours of annual digital citizenship and youth internet safety training for school counselors	3,696.9	3,735.1	3,773.6	3,812.6	3,852.0	3,891.8	3,932.0	3,972.6	4,013.6	4,055.1	4,097.0	4,139.3	4,182.0	4,225.2	4,268.9
[B6]	Number of school psychologists for middle and high school in New Mexico	34.9	61.1	106.9	187.1	327.5	323.3	318.5	313.8	309.1	304.6	300.0	295.6	291.2	286.9	282.7
[B7]	Total number of hours of annual digital citizenship and youth internet safety training for school psychologists	69.8	122.2	213.8	374.2	654.9	646.6	637.0	627.6	618.3	609.1	600.1	591.2	582.4	573.8	565.3
[B8]	Number of healthcare professionals in New Mexico	3,444.3	3,550.3	3,659.6	3,772.3	3,888.4	4,008.1	4,131.4	4,258.6	4,389.7	4,524.8	4,664.0	4,807.6	4,955.6	5,108.1	5,265.3
[B9]	Total number of hours of digital citizenship and youth internet safety training for healthcare professionals	6,888.7	7,100.7	7,319.3	7,544.5	7,776.8	8,016.1	8,262.9	8,517.2	8,779.3	9,049.6	9,328.1	9,615.2	9,911.2	10,216.2	10,530.7
	Staffing to develop a healthcare professional toolkit is subsumed in 'V.A. Implementation and Coordination'.															

C. Policies and Protections

Staffing to develop and communicate policies and protections are subsumed in 'V.A. Implementation and Coordination'.

D. Topics for Public Awareness

Staffing to identify, develop, and communicate topics for public awareness are subsumed in 'V.A. Implementation and Coordination'.

II. Screening and Assessment for Mental Health Needs

		2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040
A. School Settings																
[A1]	Number of school districts in New Mexico	89	89	89	89	89	89	89	89	89	89	89	89	89	89	89
[A2]	Number of middle and high schools in New Mexico	555	555	555	555	555	555	555	555	555	555	555	555	555	555	555
[A3]	Number of students enrolled in middle and high schools in New Mexico	174,199	171,612	169,065	166,555	164,084	161,650	159,253	156,892	154,566	152,275	150,019	147,797	145,608	143,452	141,329
[A4]	Proportion of middle and high schools students to receive stigma reduction education and school-based screening	0%	0%	0%	30%	60%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
[A5]	Total number of middle and high school students to receive stigma reduction education and school-based screening	0	0	0	49,967	98,451	161,650	159,253	156,892	154,566	152,275	150,019	147,797	145,608	143,452	141,329
[A6]	Number of administrators from middle and high schools and school districts to implement Social-Emotional Learning (SEL)	644	644	644	644	644	644	644	644	644	644	644	644	644	644	644
[A7]	Number of hours for administrator training and SEL implementation	252	96	96	96	96	96	96	96	96	96	96	96	96	96	96
[A8]	Total number of hours for school district and middle and high school administrators to implement SEL	162,288	61,824	61,824	61,824	61,824	61,824	61,824	61,824	61,824	61,824	61,824	61,824	61,824	61,824	61,824
B. Health Care Settings																
	Technology infrastructure and licenses to deliver screening is subsumed in '[A2] Resource referral tool' under 'III.A. Technological System Development and Maintenance'.															
C. Specialized Assessment for Criminal Sexual Exploitation of Children (CSEC)																
[C1]	Total number of Child Advocacy Centers	16	18	19	21	22	22	22	22	22	22	22	22	22	22	22
[C2]	Total number of mobile Child Advocacy Centers	2	4	5	7	7	7	7	7	7	7	7	7	7	7	7
[C3]	Total number of Child Forensic Interviewer Specialists	18.2	21.3	24.5	27.6	29	29	29	29	29	29	29	29	29	29	29
[C4]	Total number of Victim Advocates for youth affected by CSEC	36.3	42.6	48.9	55.2	58	58	58	58	58	58	58	58	58	58	58
[C5]	Total number of psychologists for Child Forensic Interviewer Specialists and Victim Advocates	1.5	1.8	2.0	2.3	2.4	2.4	2.4	2.4	2.4	2.4	2.4	2.4	2.4	2.4	2.4
	Technology infrastructure to facilitate specialized assessment for Criminal Sexual Exploitation of Children (CSEC) is subsumed in 'III. Referral, Linkage, and Coordination'.															
D. Training																
[D1]	Number of hours of trauma training	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.6
[D2]	Number of hours of mental health first aid training	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0
[D3]	Number of hours of human trafficking training	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0
[D4]	Number of hours of training for incorporating SEL in classrooms	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0
[D5]	Number of middle and high school teachers in New Mexico	12,564.5	12,632.2	12,700.4	12,768.9	12,837.8	12,907.0	12,976.6	13,046.6	13,117.0	13,187.8	13,258.9	13,330.4	13,402.3	13,474.6	13,547.3
[D6]	Total number of hours for trauma, mental health first aid, human trafficking, SEL training for middle and high school teachers	233,908.6	235,170.3	236,438.8	237,714.2	238,996.4	240,285.6	241,581.7	242,884.8	244,194.9	245,512.1	246,836.4	248,167.8	249,506.4	250,852.3	252,205.4
[D7]	Number of school counselors in New Mexico	1,848.4	1,867.5	1,886.8	1,906.3	1,926.0	1,945.9	1,966.0	1,986.3	2,006.8	2,027.5	2,048.5	2,069.6	2,091.0	2,112.6	2,124.0
[D8]	Total number of hours for trauma, mental health first aid, human trafficking, and SEL training for school counselors	34,411.8	34,767.2	35,126.3	35,489.1	35,855.7	36,226.0	36,600.2	36,978.3	37,360.2	37,746.1	38,136.0	38,529.9	38,927.9	39,330.0	39,542.1
[D9]	Number of school psychologists in New Mexico	34.9	61.1	106.9	187.1	327.5	323.3	318.5	313.8	309.1	304.6	300.0	295.6	291.2	286.9	282.7
[D10]	Total number of hours for trauma, mental health first aid, human trafficking, and SEL training for school psychologists	650.0	1,137.5	1,990.6	3,483.5	6,096.1	6,018.8	5,929.5	5,841.6	5,755.0	5,669.7	5,585.7	5,503.0	5,421.5	5,341.2	5,262.1
E. Public Safety Response to CSEC CyberTips																
[E1]	Total number of State Investigators	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	0.9	0.9	0.9	0.9	0.9
[E2]	Total number of Special Agents	9.4	9.4	9.4	9.4	9.4	9.3	9.2	9.2	9.1	9.0	8.9	8.8	8.7	8.6	8.5
[E3]	Total number of local Law Enforcement	9.4	9.4	9.4	9.4	9.4	9.3	9.2	9.2	9.1	9.0	8.9	8.8	8.7	8.6	8.5
[E4]	Total number of Digital Forensic Examiners	8.5	8.5	8.5	8.5	8.5	8.4	8.4	8.3	8.2	8.1	8.0	7.9	7.8	7.8	7.7
[E5]	Total number of clerical support employees	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	0.9	0.9	0.9	0.9	0.9	0.8
[E6]	Total number of psychologists for Special Agents, Law Enforcement, and Digital Forensic Examiners	0.8	0.8	0.8	0.8	0.8	0.8	0.7	0.7	0.7	0.7	0.7	0.7	0.7	0.7	0.7
[E7]	Number of hours of trauma-informed response, cultural sensitivity, and CSEC training	7.0	7.0	7.0	7.0	7.0	7.0	7.0	7.0	7.0	7.0	7.0	7.0	7.0	7.0	7.0
[E8]	Total number of hours of trauma-informed response, cultural sensitivity, and CSEC training for Special Agents and local Law Enforcement	132.1	132.1	132.1	132.1	132.1	130.8	129.5	128.1	126.8	125.5	124.2	122.9	121.5	120.2	118.9
	The number of Child Interview Specialists and Victim Advocates is included in 'D. Specialized Community Partners'.															
	Trend Ratio Reflecting Reduction in Harms following Abatement Interventions	1.00	1.00	1.00	1.00	1.00	0.99	0.98	0.97	0.96	0.95	0.94	0.93	0.92	0.91	0.90

III. Referral, Linkage, and Coordination

	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040
A. Technological System Development and Maintenance															
[A1] Centralized care portal for youth and their families	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
[A2] Resource referral tool for providers and behavioral health professionals	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
B. Support Lines and Anonymous Reporting Tool															
[B1] Maintain statewide mental health support line to be provided in New Mexico	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
[B2] Statewide anonymous reporting line to be provided in New Mexico	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
[B3] Clinical consultation support line for healthcare professionals in New Mexico	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1

C. Care Coordination

Estimates for this category are subsumed in 'III. Referral, Linkage, and Coordination' and 'IV.D. Behavioral Health Workforce'.

D. Business Process Refinement

Estimates for this category are subsumed in 'V. Implementation, Continuous Quality Improvement (CQI), and Evaluation'.

IV. Treatment

		2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040
A. Community-Based Services																
[A1]	Total number of School-Based Health Centers (SBHCs)	134	146	158	170	180	180	180	180	180	180	180	180	180	180	180
[A2]	Total number of Community-Based Health Centers (CBHCs)	18	20	22	24	26	28	28	28	28	28	28	28	28	28	28
[A3]	Total number of SBHC mobile vans for behavioral health services	2	8	14	20	26	26	26	26	26	26	26	26	26	26	26
	Workforce estimates are included in 'E. Behavioral Health Workforce'.															
B. Family-Based Services																
	Workforce estimates for in-home support providers and coordinators and parent support providers are subsumed in category 'E. Behavioral Health Workforce for Youth Ages 11 to 17 Years'.															
C. Behavioral Health Conditions Among Youth Ages 11 to 17 Years																
[C1]	Number of New Mexico youth with problematic social media use/addiction	35,272	36,241	37,245	38,283	39,351	40,069	40,791	41,512	42,228	42,932	44,128	45,338	46,558	47,782	49,005
[C2]	Number of New Mexico youth with mild problematic social media use/addiction (2-3 hours daily of use)	25,672	26,377	27,108	27,863	28,641	29,163	29,689	30,213	30,734	31,247	32,117	32,998	33,886	34,777	35,666
[C3]	Number of New Mexico youth with moderate problematic social media use/addiction (4-6 hours daily of use)	6,472	6,650	6,834	7,024	7,221	7,352	7,485	7,617	7,748	7,878	8,097	8,319	8,543	8,767	8,992
[C4]	Number of New Mexico youth with severe problematic social media use/addiction (>6 hours daily of use)	3,128	3,214	3,303	3,395	3,490	3,554	3,618	3,682	3,745	3,808	3,914	4,021	4,129	4,238	4,346
[C5]	Number of New Mexico youth with depression	26,811	27,680	28,502	29,277	30,003	30,404	30,744	31,024	31,244	31,407	31,939	32,433	32,888	33,305	33,683
[C6]	Number of New Mexico youth with non-suicidal self injury	30,468	29,828	29,192	28,560	27,932	27,049	26,182	25,331	24,496	23,677	23,096	22,524	21,962	21,408	20,863
[C7]	Number of New Mexico youth with suicidal ideation	21,103	20,884	20,660	20,430	20,196	19,773	19,351	18,927	18,504	18,080	17,899	17,718	17,536	17,352	17,168
[C8]	Number of New Mexico youth with suicidal ideation with a plan or intent	19,688	19,745	19,792	19,829	19,857	19,692	19,516	19,330	19,133	18,925	18,939	18,947	18,949	18,944	18,932
[C9]	Number of New Mexico youth with suicide attempts	9,950	9,832	9,714	9,594	9,474	9,268	9,064	8,861	8,659	8,458	8,380	8,304	8,229	8,156	8,084
[C10]	Number of New Mexico youth with anxiety	69,942	71,606	73,275	74,943	76,605	77,540	78,424	79,250	80,012	80,704	82,327	83,914	85,460	86,957	88,400
[C11]	Number of New Mexico youth with body dysmorphic disorder	4,453	4,415	4,376	4,336	4,294	4,211	4,128	4,044	3,960	3,876	3,835	3,794	3,753	3,711	3,668
[C12]	Number of New Mexico youth with an eating disorder	14,303	14,584	14,857	15,121	15,374	15,468	15,544	15,603	15,645	15,668	15,817	15,952	16,073	16,180	16,272
[C13]	Number of New Mexico youth with sleep deprivation (<8 hours)	127,227	126,952	126,561	126,052	125,422	123,502	121,482	119,369	117,168	114,885	113,858	112,769	111,622	110,419	109,164
[C14]	Number of New Mexico youth electronically bullied	36,401	36,473	36,540	36,598	36,647	36,362	36,065	35,755	35,431	35,092	35,291	35,489	35,685	35,877	36,065
D. Intensive Treatment																
[D1]	Total number of intensive outpatient programs (IOP)	2	3	5	6	7	9	10	10	10	10	10	10	10	10	10
[D2]	Total number of partial hospitalization programs	3	3	4	4	5	5	5	5	5	5	5	5	5	5	5
[D3]	Total number of inpatient facilities	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
[D4]	Total number of residential treatment facilities (RTCs)	4	4	4	5	5	5	5	5	5	5	5	5	5	5	5
[D5]	Total number of post-acute care residential programs	-	-	1	1	2	2	3	3	3	3	3	3	3	3	3
[D6]	Total number of safe houses for trafficked youth	1	1	2	3	3	3	3	3	3	3	3	3	3	3	3
E. Behavioral Health Workforce for Youth Ages 11 to 17 Years																
[E1a]	Number of child and adolescent psychiatrists for youth ages 0 to 19 years in New Mexico	63.1	81.6	99.8	117.8	135.5	153.0	170.3	187.4	204.4	207.7	206.3	204.9	203.5	202.1	200.8
[E1b]	Child and adolescent psychiatrist FTEs providing services to youth ages 11 to 17 years	24.2	31.2	38.0	44.7	51.2	57.4	63.3	69.1	74.7	75.2	74.5	73.9	73.2	72.6	71.9
[E2a]	Number of child and adolescent psychologists for youth ages 0 to 19 years in New Mexico	212.9	258.5	303.4	347.7	391.3	434.5	496.0	490.9	485.8	480.6	477.4	474.2	471.0	467.8	464.6
[E2b]	Child and adolescent psychologist FTEs providing services to youth ages 11 to 17 years	81.7	98.8	115.6	131.9	147.9	162.9	184.4	180.9	177.5	174.0	172.5	171.0	169.5	168.0	166.5
[E3a]	Number of primary care physicians for youth ages 0 to 19 years in New Mexico	413.7	451.5	488.7	525.5	561.6	597.4	630.7	624.1	617.6	611.1	607.0	603.0	598.9	594.8	590.7
[E3b]	Primary care physician FTEs providing services for youth ages 11 to 17 years	158.7	172.6	186.2	199.4	212.3	224.0	234.5	230.1	225.6	221.2	219.3	217.4	215.5	213.6	211.7
[E3c]	Primary care physician FTEs providing behavioral health services to youth ages 11 to 17 years	14.6	15.9	17.1	18.3	19.5	20.6	21.6	21.2	20.8	20.3	20.2	20.0	19.8	19.6	19.5
[E4a]	Number of psychiatric/mental health nurse practitioners for youth ages 0 to 19 years in New Mexico	82.3	99.9	117.2	134.3	151.2	167.9	191.7	189.7	187.7	185.7	184.5	183.2	182.0	180.8	179.5

[E4b]	Psychiatric/mental health nurse practitioner FTEs providing services to youth ages 11 to 17 years	31.6	38.2	44.7	51.0	57.2	62.9	71.3	69.9	68.6	67.2	66.6	66.1	65.5	64.9	64.3
[E5a]	Number of social workers providing behavioral health services for youth ages 0 to 19 years in New Mexico	350.5	406.9	462.5	517.3	571.3	624.7	694.4	687.2	680.0	672.9	668.4	663.9	659.4	654.9	650.4
[E5b]	Social worker FTEs providing behavioral health services to youth ages 11 to 17 years	134.5	155.6	176.2	196.3	216.0	234.2	258.2	253.3	248.4	243.5	241.5	239.4	237.3	235.2	233.1
[E6a]	Number of mental health technicians for youth ages 0 to 19 years in New Mexico	180.9	229.1	276.5	323.3	401.2	397.1	393.1	389.0	384.9	380.9	378.3	375.8	373.3	370.7	368.2
[E6b]	Mental health technician FTEs providing services to youth ages 11 to 17 years	69.4	87.6	105.3	122.7	151.7	148.9	146.1	143.4	140.6	137.9	136.7	135.5	134.3	133.1	131.9
[E7a]	Number of community health workers for youth ages 0 to 19 years in New Mexico	363.3	459.9	555.2	649.1	805.5	797.3	789.1	781.0	772.8	764.7	759.6	754.5	749.4	744.3	739.2
[E7b]	Community health worker FTEs for youth ages 11 to 17 years	139.4	175.8	211.5	246.3	304.5	299.0	293.4	287.9	282.3	276.8	274.4	272.0	269.6	267.2	264.8
[E8]	Number of licensed or certified clinical support staff for behavioral health providers in New Mexico	3.5	4.3	5.0	5.7	6.4	7.0	7.8	8.0	8.2	8.1	8.1	8.0	7.9	7.9	7.8
[E9]	Number of secretaries and billing specialist clinical support staff for behavioral health providers in New Mexico	47.8	56.6	65.3	73.7	82.0	89.7	99.8	99.1	98.3	96.7	95.9	95.0	94.2	93.4	92.5
[E10a]	Number of family support workers for youth ages 0 to 19 years in New Mexico	15.8	19.9	24.1	28.1	34.9	34.6	34.2	33.9	33.5	33.2	32.9	32.7	32.5	32.3	32.1
[E10b]	Family support worker FTEs providing services to youth ages 11 to 17 years	6.0	7.6	9.2	10.7	13.2	13.0	12.7	12.5	12.2	12.0	11.9	11.8	11.7	11.6	11.5
[E11]	Total number of behavioral health providers eligible for hiring and retention incentives	126.4	124.2	122.0	119.8	117.5	62.5	61.3	6.3	6.2	6.1	-	-	-	-	-
F. Auxiliary Support for Intensive Treatment																
[F1]	Total number of trained adult CSEC survivors to provide mentorship and prevention programming	-	4.2	8.3	12.5	16.7	20.8	25.0	25.0	25.0	25.0	25.0	25.0	25.0	25.0	25.0
[F2]	Total number of transportation vouchers for caregivers of youths treated in intensive outpatient programs, partial hospitalization, inpatient, or residential care facilities	6,645	7,155	8,568	9,981	11,393	11,903	12,413	12,413	12,413	12,413	12,413	12,413	12,413	12,413	12,413
[F3]	Total number of accomodation vouchers for caregivers of youths in inpatient or residential treatment	1,043	1,423	1,908	2,392	2,877	3,256	3,636	3,636	3,636	3,636	3,636	3,636	3,636	3,636	3,636
	Trend Ratio Reflecting Reduction in Harms following Abatement Interventions	1.00	1.00	1.00	1.00	1.00	0.99	0.98	0.97	0.96	0.95	0.94	0.93	0.92	0.91	0.90

V. Implementation, Continuous Quality Improvement (CQI), and Evaluation

	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040
A. Implementation and Coordination															
[A1] Total number of implementation and coordination project managers	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
[A2] Total number of implementation and coordination workgroup leads	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0
[A3] Total number of tribal liaisons	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0
[A4] Total number of school liaisons	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0
[A5] Total number of community outreach liaisons	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0
B. Evaluation															
[B1] Total number of evaluation project managers	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
[B2] Total number of epidemiologists	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
[B3] Total number of policy analysts	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0
[B4] Total number of data managers	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
[B5] Total number of research analysts	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0

1. Technical Appendix

Tab	Identifier	Description	Value	Reference(s)
I. Awareness and Prevention	[A1]	New Mexico residents ages 11 years and older	Yearly projection	Population eligible to receive public awareness and education campaigns. Population estimates provided in '3. Population Projections'. Informed by: (1) Duke JC, MacMonegle AJ, Nonnemaker JM, Farrelly MC, Delahanty JC, Zhao X, Smith AA, Rao P, Allen JA. Impact of the real cost media campaign on youth smoking initiation. American Journal of Preventive Medicine. 2019;57(5):645-51. (2) Skeggs A, Orben A. Social media interventions to improve well-being. Nature Human Behaviour. 2025:1-12. (3) Expert opinion.
I. Awareness and Prevention	[A2]	Proportion of population ages 11 years and older to receive public awareness and education campaigns	100%	Public awareness and education campaigns should comprehensively be delivered to all individuals ages 11 years old and older in New Mexico and be provided for the duration of the Abatement Period. Informed by: (1) Wakefield MA, Loken B, Hornik RC. Use of mass media campaigns to change health behaviour. The Lancet. 2010;376(9748):1261-71. (2) Expert opinion.
I. Awareness and Prevention	[A3]	Total population to receive public awareness and education campaigns	= [A1] * [A2]	Population eligible to receive for public awareness and education campaigns * Proportion of eligible population to be targeted for public awareness and education campaigns
I. Awareness and Prevention	[B1]	Number of hours of annual digital citizenship and youth internet safety training for youth-serving professionals	2	Estimate of the number of hours for digital citizenship training for teachers, school counselors, and school psychologists. Informed by: (1) Common Sense. Webinars and Events. Available at https://www.commonsense.org/education/search?sort_by=field_search_sort_date&f%5B0%5D=search_event_audience%3Ateacher&f%5B1%5D=search_event_type%3Aselfpaced&f%5B2%5D=search_event_type%3Awebinar&f%5B3%5D=search_type%3Aevent. Accessed on June 22, 2025. (2) Common Sense. 2023 Annual Report. Available at https://www.commonsensemedia.org/sites/default/files/featured-content/files/2023-annual-report_final-for-web-spreads.pdf. Accessed on June 22, 2025. (3) Expert opinion.
I. Awareness and Prevention	[B2]	Number of elementary, middle, and high school teachers in New Mexico	Yearly projection	The number of teachers in New Mexico is provided in Table A of '4. Workforce'. The 2022 workforce estimate was increased to the estimated 2026 workforce using the average projected annual growth rate.
I. Awareness and Prevention	[B3]	Total number of hours of annual digital citizenship and youth internet safety training for elementary, middle, and high school teachers	= [B1] * [B3]	Number of hours of annual digital citizenship and youth internet safety training for youth-serving professionals * Number of elementary, middle, and high school teachers in New Mexico
I. Awareness and Prevention	[B4]	Number of school counselors for middle and high school in New Mexico	Yearly projection	The number of school counselors in New Mexico is provided in Table A of '4. Workforce'. The 2022 workforce estimate was increased to the estimated 2026 workforce using the projected annual growth rate.
I. Awareness and Prevention	[B5]	Total number of hours of annual digital citizenship and youth internet safety training for school counselors	= [B1] * [B4]	Number of hours of annual digital citizenship and youth internet safety training for youth-serving professionals * Number of school counselors for middle and high school in New Mexico
I. Awareness and Prevention	[B6]	Number of school psychologists for middle and high school in New Mexico	Yearly estimate	The number of school psychologists will increase during the first 5 years of the Abatement Period to reach the recommended ratio of students per school psychologist.
		Number of students per school psychologist in New Mexico in 2024	8,863	In the 2023-2024 school year, there were 8,863 students per school psychologists in New Mexico. Source: National Association of School Psychologists. State Shortages Data Dashboard. Available at https://www.nasponline.org/about-school-psychology/state-shortages-data-dashboard. Accessed June 20, 2025.
		Estimated number of school psychologists for middle and high school students in New Mexico in 2025	20.0	Estimated number of school psychologists for middle and high schools students. Number of middle and high school students in 2025 (refer to Table F of '3. Population Projections) / Number of students per school psychologist in New Mexico for the 2023-2024 school year
		Recommended ratio of school psychologists to number of students to be reached by year 6 of the Abatement Period	500	The National Association of School Psychologists recommends at least 1 school psychologist for every 500 students. Source: National Association of School Psychologists. The Professional Standards of the National Association of School Psychologists, 2020. Available at https://www.nasponline.org/standards-and-certification/nasp-2020-professional-standards-adopted. Accessed June 20, 2025.
		Annual growth rate of school psychologists in New Mexico between years 1 and 5 of the Abatement Period	75%	Annual increase in school psychologists between years 1 and 5 of the Abatement Period. Source: Expert opinion.
I. Awareness and Prevention	[B7]	Total number of hours of annual digital citizenship and youth internet safety training for school psychologists	= [B1] * [B6]	Number of hours of annual digital citizenship and youth internet safety training for youth-serving professionals * Number of school psychologists for middle and high schools in New Mexico
I. Awareness and Prevention	[B8]	Number of healthcare professionals in New Mexico	Yearly projection	The number of healthcare professionals including family medicine physicians, nurse practitioners, pediatricians, and physician assistants in New Mexico is provided in Table A of '4. Workforce'. The 2022 workforce estimate was increased to the estimated 2026 workforce using the average projected annual growth rate.
I. Awareness and Prevention	[B9]	Total number of hours of digital citizenship and youth internet safety training for healthcare professionals	= [B1] * [B8]	Number of hours of annual digital citizenship and youth internet safety training for youth-serving professionals * Number of healthcare professionals in New Mexico
II. Screening and Assessment for Mental Health Needs	[A1]	Number of school districts in New Mexico	89	There were 89 operational school districts in the 2023-2024 school year. Source: New Mexico Public Education Department. State Dashboard. Available at https://openbooks.ped.nm.gov/state/. Accessed on June 24, 2025.
II. Screening and Assessment for Mental Health Needs	[A2]	Number of middle and high schools in New Mexico	555	The number of middle and high schools in New Mexico includes public, charter, and private schools, and schools on tribal lands. These include grades 6, 7, 8, 9, 10, 11, and 12.

		Number of public or charter middle and high schools in New Mexico	412	The number of middle, junior high, and high schools that are either public, charter, special education, or state supported in New Mexico. Source: New Mexico Public Education Department. 2024-2025 Enrollment by District by Grade. Available at https://web.ped.nm.gov/bureaus/information-technology/stars/. Accessed on June 22, 2025.
		Number of schools on tribal lands in New Mexico	39	The number of schools on tribal lands with youth in grades 6, 7, 8, 9, 10, 11, and 12. U.S. Source: Department of the Interior. Bureau of Indian Education. BIE School Directory: New Mexico. Available at https://biamaps.geoplatform.gov/BIE-Schools-Directory/. Accessed on May 29, 2025.
		Number of private middle and high schools in New Mexico	104	The number of private schools in New Mexico with students enrolled in grades 6, 7, 8, 9, 10, 11, and 12. Source: U.S. Department of Education. National Center for Education Statistics. List of Private Schools in New Mexico from the PSS Private School Universe Survey data, 2021-2022 school year. Available at: https://nces.ed.gov/surveys/pss/privateschoolsearch/school_list.asp?Search=1&State=35. Accessed on June 17, 2025.
II. Screening and Assessment for Mental Health Needs	[A3]	Number of students enrolled in middle and high schools in New Mexico	Yearly projection	The projected population of students enrolled in grades 6, 7, 8, 9, 10, 11, and 12 is provided in Table F of '3. Population Projections'.
II. Screening and Assessment for Mental Health Needs	[A4]	Proportion of middle and high schools students to receive stigma reduction education and school-based screening	Yearly estimate	By year 6 of the Abatement Period, all middle and high school students in New Mexico will receive stigma reduction education and school-based mental health screening.
		Proportion of middle and high schools to provide stigma reduction education and school-based screening in years 1, 2, and 3 of the Abatement Period	0%	Between years 1 through 3 of the Abatement Period, none of middle and high schools in New Mexico will provide stigma reduction education and school-based mental health screening to students to account for the implementation and scale-up period. Informed by: (1) Sekhar DL, Schaefer EW, Waxmonsky JG, Walker-Harding LR, Pattison KL, Molinari A, Rosen P, Kraschnewski JL. Screening in high schools to identify, evaluate, and lower depression among adolescents: a randomized clinical trial. JAMA network open. 2021;4(11):e2131836. (2) Substance Abuse and Mental Health Services Administration. Ready, Set, Go, Review: Screening for Behavioral Health Risk in Schools. Published 2019. Available at https://www.samhsa.gov/sites/default/files/ready-set-go-review-mh-screening-schools.pdf. Accessed on July 8, 2025. (3) Expert opinion.
		Annual increase in proportion schools to provide stigma reduction education and school-based screening in years 4 and 5 of the Abatement Period	30%	In years 4 and 5 of the Abatement Period, the proportion of middle and high schools in New Mexico that will provide stigma reduction education to students and school-based screening for mental health and social media addiction will increase by 30%. Informed by: (1) Sekhar DL, Schaefer EW, Waxmonsky JG, Walker-Harding LR, Pattison KL, Molinari A, Rosen P, Kraschnewski JL. Screening in high schools to identify, evaluate, and lower depression among adolescents: a randomized clinical trial. JAMA network open. 2021;4(11):e2131836. (2) Substance Abuse and Mental Health Services Administration. Ready, Set, Go, Review: Screening for Behavioral Health Risk in Schools. Published 2019. Available at https://www.samhsa.gov/sites/default/files/ready-set-go-review-mh-screening-schools.pdf. Accessed on July 8, 2025. (3) Expert opinion.
		Proportion of middle and high schools to provide stigma reduction education and school-based screening by year 5 of the Abatement Period	100%	By year 5 of the Abatement Period, all middle and high schools in New Mexico will provide stigma reduction education to students and school-based screening for mental health and social media addiction. Informed by: (1) Sekhar DL, Schaefer EW, Waxmonsky JG, Walker-Harding LR, Pattison KL, Molinari A, Rosen P, Kraschnewski JL. Screening in high schools to identify, evaluate, and lower depression among adolescents: a randomized clinical trial. JAMA network open. 2021;4(11):e2131836. (2) Substance Abuse and Mental Health Services Administration. Ready, Set, Go, Review: Screening for Behavioral Health Risk in Schools. Published 2019. Available at https://www.samhsa.gov/sites/default/files/ready-set-go-review-mh-screening-schools.pdf. Accessed on July 8, 2025. (3) Expert opinion.
II. Screening and Assessment for Mental Health Needs	[A5]	Total number of middle and high school students to receive stigma reduction education and school-based screening	= [A3] * [A4]	Number of middle and high school students in New Mexico * Proportion of schools to implement stigma reduction education and school-based screening
II. Screening and Assessment for Mental Health Needs	[A6]	Number of administrators from middle and high schools and school districts to implement Social-Emotional Learning (SEL)	= [A1] + [A2]	One administrator from each school district and middle and high school in New Mexico will implement and coordinate Social-Emotional Learning (SEL). Informed by: (1) Collaborative for Academic, Social, and Emotional Learning (CASEL). Leading Schoolwide Social and Emotional Learning. Available at https://casel.org/professional-services/school/. Accessed on June 23, 2025. (2) Collaborative for Academic, Social, and Emotional Learning (CASEL). The CASEL Guide to Schoolwide SEL Essentials. Available at https://schoolguide.casel.org/how-it-works/. Accessed on June 23, 2025. (3) Durlak JA, Weissberg RP, Dymnicki AB, Taylor RD, Schellinger KB. The impact of enhancing students' social and emotional learning: A meta-analysis of school-based universal interventions. Child development. 2011;82(1):405-32. (4) Expert opinion.
II. Screening and Assessment for Mental Health Needs	[A7]	Number of hours for administrator training and SEL implementation	Yearly estimate	Number of hours for Social-Emotional Learning (SEL) training and implementation over the 15-year Abatement Period.

		Number of hours for administrator training and SEL implementation in year 1 of the Abatement Period	252	Estimate includes 12-15 hours for administrator training and 20 hours monthly for SEL over the first year of the Abatement Period. Informed by: (1) Collaborative for Academic, Social, and Emotional Learning (CASEL). Leading Schoolwide Social and Emotional Learning. Available at https://casel.org/professional-services/school/. Accessed on June 23, 2025. (2) Collaborative for Academic, Social, and Emotional Learning (CASEL). The CASEL Guide to Schoolwide SEL Essentials. Available at https://schoolguide.casel.org/how-it-works/. Accessed on June 23, 2025. (3) Darling-Hammond L, Wechsler M, Levin S, Leung-Gagne M, Tozer S. Learning Policy Institute. Developing Effective Principals: What Kind of Learning Matters? Available at https://learningpolicyinstitute.org/product/developing-effective-principals-report. Accessed on June 23, 2025. (4) Durlak JA, Weissberg RP, Dymnicki AB, Taylor RD, Schellinger KB. The impact of enhancing students' social and emotional learning: A meta-analysis of school-based universal interventions. Child development. 2011;82(1):405-32. (5) Expert opinion.
		Number of hours for administrator to maintain SEL implementation following year 1 of the Abatement Period	96	Estimate includes 8 hours each month to ensure SEL implementation is maintained after year 1 of the Abatement Period. Informed by: (1) Learning Policy Institute. Greenberg MT. Evidence for Social and Emotional Learning in Schools. Available at https://learningpolicyinstitute.org/product/evidence-social-emotional-learning-schools-report. Published March 2023. Accessed on June 23, 2025. (2) Collaborative for Academic, Social, and Emotional Learning (CASEL). The CASEL Guide to Schoolwide SEL Essentials. Available at https://schoolguide.casel.org/how-it-works/. Accessed on June 23, 2025. (3) Expert opinion.
II. Screening and Assessment for Mental Health Needs	[A8]	Total number of hours for school district and middle and high school administrators to implement SEL	= [A6] * [A7]	Number of administrators from school districts and middle and high schools * Number of hours for administrator training and implementation
II. Screening and Assessment for Mental Health Needs	[C1]	Number of Child Advocacy Centers by year 5 of the Abatement Period	22	Of the 33 counties in New Mexico, 7 counties are predominantly urban and 14 are considered rural large town non-metro counties. At least one Child Advocacy Center will be each of these counties, with at least two in Albuquerque. Informed by: (1) Rural Health Planning Workgroup. New Mexico Rural Health Plan. Published 2019. Available at https://www.nmlegis.gov/handouts/LHHS%20092519%20Item%202%20New%20Mexico%20Rural%20Health%20Plan.pdf. Accessed June 1, 2025. (2) New Mexico Children's Alliance. New Mexico's CACs: Directory. Available at https://nmcacs.org/directory/. Accessed on June 18, 2025. (3) Discussion with Victim Advocates from the New Mexico Department of Justice. (4) Expert opinion.
		Number of Child Advocacy Centers in 2025	15	New Mexico Children's Alliance. New Mexico's CACs: Directory. Available at https://nmcacs.org/directory/. Accessed on June 18, 2025.
		Annual increase in the number of Child Advocacy Centers between years 1 and 5 of the Abatement Period	1	(Number of Child Advocacy Centers by year 5 of the Abatement Period – Number of mobile Child Advocacy Centers in 2025) / 5 full years
II. Screening and Assessment for Mental Health Needs	[C2]	Number of mobile Child Advocacy Centers by year 4 of the Abatement Period	7	Of the 33 counties in New Mexico, 12 are considered rural or frontier small town non-metro counties. At least one mobile Child Advocacy Center will serve 3 of these counties. Of the remaining 21 counties, one mobile CAC will be available per 7 counties to facilitate access for individuals with disability or lack of transportation. Informed by: (1) Rural Health Planning Workgroup. New Mexico Rural Health Plan. Published 2019. Available at https://www.nmlegis.gov/handouts/LHHS%20092519%20Item%202%20New%20Mexico%20Rural%20Health%20Plan.pdf. Accessed June 1, 2025. (2) Child Health and Development Institute of Connecticut & Innovations Institute at the University of Connecticut School of Social Work. Vanderploeg JJ, Randall KG, Becker S, Theriault K. Mobile Response for Children, Youth, and Families: Best Practice Data Elements and Quality Improvement Approaches. Published 2023. Available at https://www.chdi.org/application/files/3417/2675/9704/MRSS_Data_and_Quality_Paper_2023_FINAL-compressed.pdf. Accessed on June 24, 2025. (3) Discussion with Victim Advocates from the New Mexico Department of Justice. (4) Expert opinion.
		Number of mobile Child Advocacy Centers in 2025	0	As of 2025, there are no mobile Child Advocacy Centers. Informed by: Discussion with Victim Advocates from the New Mexico Department of Justice.
		Annual increase in the number of mobile Child Advocacy Centers between years 1 and 4 of the Abatement Period	2	(Number of mobile Child Advocacy Centers by year 4 of the Abatement Period – Number of mobile Child Advocacy Centers in 2025) / 4 full years
II. Screening and Assessment for Mental Health Needs	[C3]	Total number of Child Forensic Interviewer Specialists	Yearly estimate	(Number of Child Advocacy Centers + Number of mobile Child Advocacy Centers) * Number of Child Forensic Interviewer Specialists per Child Advocacy Center
		Number of Child Forensic Interviewer Specialists per Child Advocacy Center	1	Each Child Advocacy Center will have one Child Forensic Interviewer Specialist. Informed by: (1) Discussion with Victim Advocates from the New Mexico Department of Justice. (2) Expert opinion.
II. Screening and Assessment for Mental Health Needs	[C4]	Total number of Victim Advocates for youth affected by CSEC	Yearly estimate	(Number of Child Advocacy Centers + Number of mobile Child Advocacy Centers) * Number of Victim Advocates per Child Advocacy Center
		Number of Victim Advocates per Child Advocacy Center	2	Informed by: Discussion with Victim Advocates from the New Mexico Department of Justice.
II. Screening and Assessment for Mental Health Needs	[C5]	Total number of psychologists for Child Forensic Interviewer Specialists and Victim Advocates	Yearly estimate	[(Number of Victim Advocates + Child Forensic Interviewer Specialists) * 1] / Number of hours of psychotherapy delivered each week per psychologist
		Number of hours of therapy each year per Child Forensic Interviewer Specialist and Victim Advocate	25	Each Victim Advocate and Forensic Child Interviewer Specialist will be eligible for an hour of psychotherapy every two weeks. There are 50 working weeks in a year accounting for holidays and paid-time off. Informed by: (1) Discussion with Victim Advocates from the New Mexico Department of Justice. (2) Expert opinion.

		Number of hours of psychotherapy delivered each year per psychologist	902	For a full-time psychologist, assuming 48 working weeks in a year with 35 hours per week for a net 1,680 hours per year (see pgs. 25-26 of NM Health Care Workforce Committee Report, 2023). Adjusted for Counseling Psychologists reported working hours providing direct patient care (18.9 hours) of 35.2 average work hours per week. Sources: (1) American Psychological Association. Health Service Psychologists across Areas of Specialty: Counseling Psychology. Published 2022. Available at https://www.apa.org/workforce/publications/health-service-psychologists-survey/specialty-areas. Accessed on June 24, 2025. (2) New Mexico Health Care Workforce Committee. 2023 Annual Report. University of New Mexico Health Sciences Center. Available at https://digitalrepository.unm.edu/nmhc_workforce/11/. Accessed on June 25, 2025.
II. Screening and Assessment for Mental Health Needs	[D1]	Number of hours of trauma training	5.6	Number of hours of training for the "Building Trauma-Sensitive Schools" module. Informed by: (1) U.S. Department of Education. National Center on Safe Supportive Learning Environments. Building Trauma-Sensitive Schools. Available at https://safesupportivelearning.ed.gov/building-trauma-sensitive-schools. Accessed June 17, 2025. (2) U.S. Department of Education. National Center on Safe Supportive Learning Environments. Building Trauma-Sensitive Schools: Facilitation Guide. Available at https://safesupportivelearning.ed.gov/sites/default/files/TSS_Building_Facilitation_Guide_0.pdf. Accessed June 17, 2025. (3) Expert opinion.
II. Screening and Assessment for Mental Health Needs	[D2]	Number of hours of mental health first aid training	5	It is estimated that courses in psychological first aid take between 5 and 6 hours to complete. Informed by: (1) The National Child Traumatic Stress Network. Psychological First Aid. Available at https://www.nctsn.org/resources/psychological-first-aid-pfa-online. Accessed on June 22, 2025. (2) Johns Hopkins University. Psychological First Aid. Available at https://www.coursera.org/learn/psychological-first-aid. Accessed on June 22, 2025. (3) Expert opinion.
II. Screening and Assessment for Mental Health Needs	[D3]	Number of hours of human trafficking training	6	Teachers, school counselors, and school psychologists should receive training on identifying, preventing, and responding to psychological trauma and commercial sexual exploitation of children (CSEC). Informed by: (1) U.S. Department of Education. Human Trafficking in America's Schools: How schools can combat human trafficking in partnership with people with lived experience. Published August 2022. Available at https://safesupportivelearning.ed.gov/sites/default/files/NCSSLE_2022HumanTraffickingPLESupplement-508.pdf. Accessed on June 22, 2025. (2) U.S. Department of Education. Human Trafficking in America's Schools: What schools can do to prevent, respond, and help students to recover from human trafficking. Published January 2021. Available at https://safesupportivelearning.ed.gov/sites/default/files/NCSSLE-2021HumanTraffickingGuide-508.pdf. Accessed on June 22, 2025. (3) My Life My Choice. Training for Youth-Serving Professionals. CSEC 101: Understanding and Responding. Available at https://www.mylifemychoice.org/training. Accessed on June 22, 2025. (4) Expert opinion.
II. Screening and Assessment for Mental Health Needs	[D4]	Number of hours of training for incorporating SEL in classrooms	2	Middle and high school teachers will receive training on incorporating Social-Emotional Learning in classrooms. Informed by: (1) Darling-Hammon L, Flook L, Schachner A, Wojcikieqicz S. Learning Policy Institute Report: Educator Learning to Enact the Science of Learning and Development. Published January 2022. Available at https://learningpolicyinstitute.org/product/educator-learning-sold-report. Accessed on June 23, 2025. (2) Collaborative for Academic, Social, and Emotional Learning (CASEL). SEL for Educators. Available at https://schoolguide.casel.org/sel-workshops/#educators. Accessed on June 23, 2025. (3) Expert opinion.
II. Screening and Assessment for Mental Health Needs	[D5]	Number of middle and high school teachers in New Mexico	Yearly projection	Same as '[B2] Number of middle and high school teachers in New Mexico' from 'I. Awareness and Prevention'.
II. Screening and Assessment for Mental Health Needs	[D6]	Total number of hours for trauma, mental health first aid, human trafficking, SEL training for middle and high school teachers	= ([D1] + [D2] + [D3] + [D4]) * [D5]	Number of hours for trauma, mental health first aid, human trafficking, SEL training * Number of middle and high school teachers
II. Screening and Assessment for Mental Health Needs	[D7]	Number of school counselors in New Mexico	Yearly projection	Same as '[B4] Number of school counselors for middle and high school in New Mexico' from 'I. Awareness and Prevention'.
II. Screening and Assessment for Mental Health Needs	[D8]	Total number of hours for trauma, mental health first aid, human trafficking, and SEL training for school counselors	= ([D1] + [D2] + [D3] + [D4]) * [D7]	Number of hours for trauma, mental health first aid, human trafficking, SEL training * Number of school counselors
II. Screening and Assessment for Mental Health Needs	[D9]	Number of school psychologists in New Mexico	Yearly projection	Same as '[B6] Number of school psychologists for middle and high school in New Mexico' from 'I. Awareness and Prevention'.
II. Screening and Assessment for Mental Health Needs	[D10]	Total number of hours for trauma, mental health first aid, human trafficking, and SEL training for school psychologists	= ([D1] + [D2] + [D3] + [D4]) * [D9]	Number of hours for trauma, mental health first aid, human trafficking, SEL training * Number of school psychologists
II. Screening and Assessment for Mental Health Needs	[E1]	Total number of State Investigators	1.0	One full-time equivalent (FTE) State Investigator is needed to review Cyber Tips and provide managerial responsibilities and oversight at the beginning of the Abatement Period. Estimate is scaled down by the ratio reflecting reduction in Social Media-Related Harms following Abatement Interventions. Informed by: (1) Discussion with Internet Crimes Against Children (ICAC) Special Agents Ben Zweibel and Rickey Kitch. (2) Tables D and E in '2. Reference Estimates'. (3) Expert opinion.
II. Screening and Assessment for Mental Health Needs	[E2]	Total number of Special Agents	Yearly estimate	([Median number of hours per CyberTip * Average number of investigatable CyberTips in New Mexico between 2016 and 2023] / Working hours per year) * Ratio reflecting reduction in Social Media-Related Harms following Abatement Interventions. Refer to Tables D and E in '2. Reference Estimates' for the number of CyberTips and Law Enforcement hours per CyberTip.

		Number of working hours for Law Enforcement each year	1,912	Number of working hours per year informed, 2,080 total working hours per year, accounting for two-weeks of paid time off, and 11 federal holidays. Informed by: Internal Revenue Service. Q39 - What are the permissible ways to count hours of service? Available at https://www.irs.gov/newsroom/small-business-health-care-tax-credit-questions-and-answers-determining-ftes-and-average-annual-wages. Accessed on June 30, 2025.
		Estimated proportion of all CyberTips allocated to local Law Enforcement	50%	It is estimated that half of CyberTips are transferred to local Law Enforcement officers. Informed by: (1) Discussion with ICAC Special Agents Ben Zweibel and Rickey Kitch. (2) Expert opinion.
II. Screening and Assessment for Mental Health Needs	[E3]	Total number of local Law Enforcement	Yearly estimate	Local law enforcement may include officers from: local police departments, tribal police, sheriff offices. ([Median number of hours per CyberTip * Average number of investigatable CyberTips in New Mexico between 2016 and 2023] / Working hours per year) * Ratio reflecting reduction in Social Media-Related Harms following Abatement Interventions. Refer to Tables D and E in '2. Reference Estimates' for the number of CyberTips and Law Enforcement hours per CyberTip.
		Estimated proportion of all CyberTips allocated to local Law Enforcement	50%	It is estimated that half of CyberTips are transferred to local Law Enforcement officers. Informed by: (1) Discussion with ICAC Special Agents Ben Zweibel and Rickey Kitch. (2) Expert opinion.
II. Screening and Assessment for Mental Health Needs	[E4]	Total number of Digital Forensic Examiners	Yearly estimate	([Median number of hours per CyberTip * Average number of investigatable CyberTips in New Mexico between 2016 and 2023] / Working hours per year) * Ratio reflecting reduction in Social Media-Related Harms following Abatement Interventions. Refer to Tables D and E in '2. Reference Estimates' for the number of CyberTips and Law Enforcement hours per CyberTip.
II. Screening and Assessment for Mental Health Needs	[E5]	Total number of clerical support employees	Yearly estimate	Number of special agents / 9
		One clerical support employee per nine Special Agents	9.0	There should be one clerical support employee per nine special agents. Informed by: (1) Discussion with Special Agents Ben Zweibel and Rickey Kitch. (2) Expert opinion.
II. Screening and Assessment for Mental Health Needs	[E6]	Total number of psychologists for Special Agents, Law Enforcement, and Digital Forensic Examiners	Yearly estimate	[(Number of Special Agents + Digital Forensic Examiners) * 1] / Number of hours of psychotherapy delivered each week per psychologist
		Number of hours of therapy each year per Special Agent, Law Enforcement officer, and Digital Forensic Examiner	25.0	Each Special Agent and Digital Forensic Examiner will be eligible for an hour of psychotherapy every two weeks. There are an estimated 50 working weeks in a year. Informed by: (1) Bourke ML, Craun SW. Secondary traumatic stress among internet crimes against children task force personnel: Impact, risk factors, and coping strategies. Sexual Abuse. 2014;26(6):586-609. (2) Cusano JF. How to Reduce Secondary Trauma for Law Enforcement Who Investigate Crimes Against Children - Continued Evidence-Based Education, Brief Report. Available at https://www.ebpsociety.org/blog/education/558-how-to-reduce-secondary-trauma-for-law-enforcement-who-investigate-crimes-against-children. Accessed on July 8, 2025. (3) Discussion with ICAC Special Agents Ben Zweibel and Rickey Kitch. (4) Expert opinion.
		Number of hours of psychotherapy delivered each year per psychologist	902	For a full-time psychologist, assuming 48 working weeks in a year with 35 hours per week for a net 1,680 hours per year (see pgs. 25-26 of NM Health Care Workforce Committee Report, 2023). Adjusted for Counseling Psychologists reported working hours providing direct patient care (18.9 hours) of 35.2 average work hours per week. Sources: (1) American Psychological Association. Health Service Psychologists across Areas of Specialty: Counseling Psychology. Published 2022. Available at https://www.apa.org/workforce/publications/health-service-psychologists-survey/specialty-areas. Accessed on June 24, 2025. (2) New Mexico Health Care Workforce Committee. 2023 Annual Report. University of New Mexico Health Sciences Center. Available at https://digitalrepository.unm.edu/nmhc_workforce/11/. Accessed on June 25, 2025.
II. Screening and Assessment for Mental Health Needs	[E7]	Number of hours of trauma-informed response, cultural sensitivity, and CSEC training	7.0	Special Agents and Law Enforcement should be provided with training on trauma-informed response, cultural sensitivity, and CSEC landscape and investigation updates. Informed by: (1) Discussion with ICAC Special Agents Ben Zweibel and Rickey Kitch. (2) Discussion with Victim Advocates. (3) Expert opinion.
		Number of hours of trauma-informed response training each year	2.0	Law Enforcement officers and Special Agents should receive an estimated two hours each year of trauma-informed response training. Informed by: (1) International Association of Chiefs of Police. Enhance Police Responses to Children Exposed to Violence: Webinar. Available at https://www.theiacp.org/resources/webinar/enhancing-police-responses-to-children-exposed-to-violence-webinar. Accessed on June 30, 2025. (2) Expert opinion.
		Number of hours of cultural sensitivity training each year	2.0	Law Enforcement officers and Special Agents should receive an estimated two hours each year of cultural sensitivity training to respond to New Mexico's diverse population. Informed by: (1) Vector Solutions. The Importance of Cultural Competency Training in Law Enforcement: Training catalog. Available at https://www.vectorsolutions.com/resources/blogs/the-importance-of-cultural-competency-training-in-law-enforcement/. Accessed on July 8, 2025. (2) Georgetown University. National Center for Cultural Competence: Curricula Enhancement Module Series. Available at https://nccc.georgetown.edu/curricula/culturalcompetence.html. Accessed on July 8, 2025. (3) Discussion with Victim Advocates. (4) Expert opinion.

		Number of hours of CSEC training each year	3.0	Law Enforcement officers and Special Agents should receive an estimated three hours each year of CSEC landscape and investigation updates. Informed by: (1) International Association of Chiefs of Police. Toolkit: Child Sex Trafficking: A Training Series for Frontline Officers. Available at https://www.theiacp.org/resources/document/toolkit-child-sex-trafficking-a-training-series-for-frontline-officers. Accessed on June 30, 2025. (2) International Association of Chiefs of Police. Comating Child Sex Trafficking: A Guide for Law Enforcement Leaders. Available at https://www.theiacp.org/resources/document/combating-child-sex-trafficking-a-guide-for-law-enforcement-leaders. Accessed on June 30, 2025. (3) My Life My Choice. Training for Youth-Serving Professionals. CSEC 101: Understanding and Responding. Available at https://www.mylifemychoice.org/training. Accessed on June 22, 2025. (4) Expert opinion.
II. Screening and Assessment for Mental Health Needs	[E8]	Total number of hours of trauma-informed response, cultural sensitivity, and CSEC training for Special Agents and local Law Enforcement	= ([E2] + [E3]) * [E7]	(Number of Special Agents + Number of local Law Enforcement) * Number of hours of trauma-informed response, cultural sensitivity, and CSEC training
III. Referral, Linkage, and Coordination	[A1]	Centralized care portal for youth and their families	1	A centralized, comprehensive, and integrated portal to be used by youth and their families will be available throughout the Abatement Period. Informed by: (1) Weiner DA. Blueprint for Transformation: A Vision for Improved Behavioral Healthcare for Illinois Children. Available at https://www.dhs.state.il.us/OneNetLibrary/27896/documents/CBHT/childrens-health-web-021523.pdf. Accessed on July 8, 2025. (2) State of Illinois Department of Human Services. Illinois Children's Behavioral Health Transformation Initiative: Progress Report. Available at https://gov.illinois.gov/content/dam/soi/en/web/gov/documents/24-illlinois-childrens-behavioral-health-transformation.pdf. Accessed on July 8, 2025. (3) Substance Abuse and Mental Health Services Administration. 2025 National Guidelines for a Behavioral Health Coordinated System of Crisis Care. Published January 15, 2025. Available at https://library.samhsa.gov/sites/default/files/national-guidelines-crisis-care-pep24-01-037.pdf. Accessed on June 26, 2025. (4) Expert opinion.
III. Referral, Linkage, and Coordination	[A2]	Resource referral tool for providers and behavioral health professionals	1	A comprehensive and integrated resource referral tool for providers and behavioral health professionals will be available throughout the abatement period. Informed by: (1) Weiner DA. Blueprint for Transformation: A Vision for Improved Behavioral Healthcare for Illinois Children. Available at https://www.dhs.state.il.us/OneNetLibrary/27896/documents/CBHT/childrens-health-web-021523.pdf. Accessed on July 8, 2025. (2) State of Illinois Department of Human Services. Illinois Children's Behavioral Health Transformation Initiative: Progress Report. Available at https://gov.illinois.gov/content/dam/soi/en/web/gov/documents/24-illlinois-childrens-behavioral-health-transformation.pdf. Accessed on July 8, 2025. (3) Substance Abuse and Mental Health Services Administration. 2025 National Guidelines for a Behavioral Health Coordinated System of Crisis Care. Published January 15, 2025. Available at https://library.samhsa.gov/sites/default/files/national-guidelines-crisis-care-pep24-01-037.pdf. Accessed on June 26, 2025. (4) Expert opinion.
III. Referral, Linkage, and Coordination	[B1]	Maintain statewide mental health support line to be provided in New Mexico	1	A statewide mental health support line will be maintained in New Mexico. Informed by: (1) New Mexico Healthcare Authority. 988 New Mexico. Available at https://988nm.org/. Accessed on July 8, 2025. (2) Substance Abuse and Mental Health Services Administration. 2025 National Guidelines for a Behavioral Health Coordinated System of Crisis Care. Published January 15, 2025. Available at https://library.samhsa.gov/sites/default/files/national-guidelines-crisis-care-pep24-01-037.pdf. Accessed on June 26, 2025. (3) Expert opinion.
III. Referral, Linkage, and Coordination	[B2]	Statewide anonymous reporting line to be provided in New Mexico	1	A statewide anonymous reporting line will be available for youth and family to report bullying, sextortion, potential criminal sexual exploitation of children (CSEC), or other potentially harmful sitations. Informed by: (1) Safe2Tell Colorado. Available at https://safe2tell.org/. Accessed on July 8, 2025. (2) Safe2Tell Colorado. Annual Report 2023-2024. Available at https://safe2tell.org/app/uploads/2024/11/Safe2Tell-2023-24-Annual-Report-Final.pdf. Accessed June 17, 2025. (3) Discussion with Victim Advocates. (4) Expert opinion.
III. Referral, Linkage, and Coordination	[B3]	Clinical consultation support line for healthcare professionals in New Mexico	1	Clinical consultation support line will be available to support primary care providers treat patients with behavioral health conditions. Informed by: (1) University of New Mexico. NM-ABC New Mexico Access to Behavioral Health for Children. Available at https://hsc.unm.edu/cdd/training-programs/nm-abc/. Accessed on June 23, 2025. (2) University of New Mexico. NM-ABC Consults. Available at https://hsc.unm.edu/cdd/training-programs/nm-abc/consults.html. Accessed on June 23, 2025. (3) Discussion with Dr. Kimothi Cain. (4) University of New Mexico. Project ECHO. Available at https://projectecho.unm.edu/. Accessed on July 8, 2025. (5) Expert opinion.
IV. Treatment	[A1]	Total number of School-Based Health Centers (SBHCs)	180	Total number of SBHCs to be implemented in New Mexico by year 6 of the Abatement Period. Staffing, facilities, and operations will be expanded at existing SBHCs in order to increase treatment capacity. Informed by: (1) University of New Mexico Health Sciences Center. New Mexico Health Care Workforce Committee: 2023 Annual Report Presentation. Available at https://www.nmlegis.gov/handouts/LHHS%20070124%20Item%209%20Workforce%20Report.pdf. Accessed on June 1, 2025. (2) New Mexico Department of Health. 2023-2024 Annual Status Report: New Mexico School-Based Health Centers. (3) New Mexico Alliance for School-Based Health Care, School-Based Health Care in New Mexico, Fact Sheet, October 2024 (NMAG-SM-0701839). (4) Expert opinion.

		Number of SBHCs in 2025	134	Source: New Mexico Alliance for School-Based Health Care, School-Based Health Care in New Mexico, Fact Sheet, October 2024 (NMAG-SM-0701839).
		Annual increase in the number of SBHCs between years 2 and 5 of the Abatement Period	12	Informed by: New Mexico Department of Health. 2023-2024 Annual Status Report: New Mexico School-Based Health Centers. Available at https://www.nmasbhc.org/wp-content/uploads/sites/32/2025/01/OSAH-Report-2023-2024.pdf. Accessed June 9, 2025.
IV. Treatment	[A2]	Total number of Community-Based Health Centers (CBHCs)	28	Number of CBHCs by year 6 of the Abatement Period.
		Number of CBHCs in year 1 of the Abatement Period	18	Informed by: New Mexico Department of Health. Community Based Services. Available at https://www.nmhealth.org/location/community/. Accessed July 8, 2025.
		Annual increase in the number of CBHCs between years 2 and 5	2	Expert opinion.
IV. Treatment	[A3]	Total number of SBHC mobile vans for behavioral health services	26	Of the 33 counties in New Mexico, 7 counties are predominantly urban, 14 are considered rural large town non-metro counties, and the remaining 12 are considered rural or frontier small town non-metro counties. At least one mobile van for behavioral health services will be each of the urban and rural large town counties, with at least two in Albuquerque to facilitate individuals with disability or lack of transportation. One mobile behavioral health van will serve 3 of the rural or frontier small town non-metro counties. Informed by: (1) Rural Health Planning Workgroup. New Mexico Rural Health Plan. Published 2019. Available at https://www.nmlegis.gov/handouts/LHHS%20092519%20Item%202%20New%20Mexico%20Rural%20Health%20Plan.pdf. Accessed June 1, 2025. (2) Child Health and Development Institute of Connecticut & Innovations Institute at the University of Connecticut School of Social Work. Vanderploeg JJ, Randall KG, Becker S, Theriault K. Mobile Response for Children, Youth, and Families: Best Practice Data Elements and Quality Improvement Approaches. Published 2023. Available at https://www.chdi.org/application/files/3417/2675/9704/MRSS_Data_and_Quality_Paper_2023_FINAL-compressed.pdf. Accessed on June 24, 2025. (3) Substance Abuse and Mental Health Services Administration. 2025 National Guidelines for a Behavioral Health Coordinated System of Crisis Care. Published January 15, 2025. Available at https://library.samhsa.gov/sites/default/files/national-guidelines-crisis-care-pep24-01-037.pdf. Accessed on June 26, 2025. (4) Expert opinion.
		Number of mobile vans in year 1 of the Abatement Period	2	Informed by: (1) New Mexico Department of Health. 2023-2024 Annual Status Report: New Mexico School-Based Health Centers. Available at https://www.nmasbhc.org/wp-content/uploads/sites/32/2025/01/OSAH-Report-2023-2024.pdf. Accessed June 9, 2025. (2) Dr. Kelly O'Donnell.
		Annual increase in the number of mobile vans between years 2 and 5 of the Abatement Period	6	(Total number of mobile vans for behavioral health services in year 5 of the Abatement Period – Number of mobile vans in year 1 of the Abatement Period) / 4 years
IV. Treatment	[C1]	Number of New Mexico youth with problematic social media use/addiction	Yearly estimate	The number of New Mexico Youth with behavioral health conditions will decrease as Abatement Programs and Interventions are implemented in the state. Please refer to '2. Reference Estimates'. The displayed yearly estimate is a product of: (Trend Ratio from Table A of '2. Reference Estimates') * (Behavioral Health Condition Estimate from Table B of '2. Reference Estimates')
IV. Treatment	[C2]	Number of New Mexico youth with mild problematic social media use/addiction (2-3 hours daily of use)	Yearly estimate	The number of New Mexico Youth with behavioral health conditions will decrease as Abatement Programs and Interventions are implemented in the state. Please refer to '2. Reference Estimates'. The displayed yearly estimate is a product of: (Trend Ratio from Table A of '2. Reference Estimates') * (Behavioral Health Condition Estimate from Table B of '2. Reference Estimates')
IV. Treatment	[C3]	Number of New Mexico youth with moderate problematic social media use/addiction (4-6 hours daily of use)	Yearly estimate	The number of New Mexico Youth with behavioral health conditions will decrease as Abatement Programs and Interventions are implemented in the state. Please refer to '2. Reference Estimates'. The displayed yearly estimate is a product of: (Trend Ratio from Table A of '2. Reference Estimates') * (Behavioral Health Condition Estimate from Table B of '2. Reference Estimates')
IV. Treatment	[C4]	Number of New Mexico youth with severe problematic social media use/addiction (>6 hours daily of use)	Yearly estimate	The number of New Mexico Youth with behavioral health conditions will decrease as Abatement Programs and Interventions are implemented in the state. Please refer to '2. Reference Estimates'. The displayed yearly estimate is a product of: (Trend Ratio from Table A of '2. Reference Estimates') * (Behavioral Health Condition Estimate from Table B of '2. Reference Estimates')
IV. Treatment	[C5]	Number of New Mexico youth with depression	Yearly estimate	The number of New Mexico Youth with behavioral health conditions will decrease as Abatement Programs and Interventions are implemented in the state. Please refer to '2. Reference Estimates'. The displayed yearly estimate is a product of: (Trend Ratio from Table A of '2. Reference Estimates') * (Behavioral Health Condition Estimate from Table B of '2. Reference Estimates')
IV. Treatment	[C6]	Number of New Mexico youth with non-suicidal self injury	Yearly estimate	The number of New Mexico Youth with behavioral health conditions will decrease as Abatement Programs and Interventions are implemented in the state. Please refer to '2. Reference Estimates'. The displayed yearly estimate is a product of: (Trend Ratio from Table A of '2. Reference Estimates') * (Behavioral Health Condition Estimate from Table B of '2. Reference Estimates')
IV. Treatment	[C7]	Number of New Mexico youth with suicidal ideation	Yearly estimate	The number of New Mexico Youth with behavioral health conditions will decrease as Abatement Programs and Interventions are implemented in the state. Please refer to '2. Reference Estimates'. The displayed yearly estimate is a product of: (Trend Ratio from Table A of '2. Reference Estimates') * (Behavioral Health Condition Estimate from Table B of '2. Reference Estimates')
IV. Treatment	[C8]	Number of New Mexico youth with suicidal ideation with a plan or intent	Yearly estimate	The number of New Mexico Youth with behavioral health conditions will decrease as Abatement Programs and Interventions are implemented in the state. Please refer to '2. Reference Estimates'. The displayed yearly estimate is a product of: (Trend Ratio from Table A of '2. Reference Estimates') * (Behavioral Health Condition Estimate from Table B of '2. Reference Estimates')

IV. Treatment	[C9]	Number of New Mexico youth with suicide attempts	Yearly estimate	The number of New Mexico Youth with behavioral health conditions will decrease as Abatement Programs and Interventions are implemented in the state. Please refer to '2. Reference Estimates'. The displayed yearly estimate is a product of: (Trend Ratio from Table A of '2. Reference Estimates') * (Behavioral Health Condition Estimate from Table B of '2. Reference Estimates')
IV. Treatment	[C10]	Number of New Mexico youth with anxiety	Yearly estimate	The number of New Mexico Youth with behavioral health conditions will decrease as Abatement Programs and Interventions are implemented in the state. Please refer to '2. Reference Estimates'. The displayed yearly estimate is a product of: (Trend Ratio from Table A of '2. Reference Estimates') * (Behavioral Health Condition Estimate from Table B of '2. Reference Estimates')
IV. Treatment	[C11]	Number of New Mexico youth with body dysmorphic disorder	Yearly estimate	The number of New Mexico Youth with behavioral health conditions will decrease as Abatement Programs and Interventions are implemented in the state. Please refer to '2. Reference Estimates'. The displayed yearly estimate is a product of: (Trend Ratio from Table A of '2. Reference Estimates') * (Behavioral Health Condition Estimate from Table B of '2. Reference Estimates')
IV. Treatment	[C12]	Number of New Mexico youth with an eating disorder	Yearly estimate	The number of New Mexico Youth with behavioral health conditions will decrease as Abatement Programs and Interventions are implemented in the state. Please refer to '2. Reference Estimates'. The displayed yearly estimate is a product of: (Trend Ratio from Table A of '2. Reference Estimates') * (Behavioral Health Condition Estimate from Table B of '2. Reference Estimates')
IV. Treatment	[C13]	Number of New Mexico youth with sleep deprivation (<8 hours)	Yearly estimate	The number of New Mexico Youth with behavioral health conditions will decrease as Abatement Programs and Interventions are implemented in the state. Please refer to '2. Reference Estimates'. The displayed yearly estimate is a product of: (Trend Ratio from Table A of '2. Reference Estimates') * (Behavioral Health Condition Estimate from Table B of '2. Reference Estimates')
IV. Treatment	[C14]	Number of New Mexico youth electronically bullied	Yearly estimate	The number of New Mexico Youth with behavioral health conditions will decrease as Abatement Programs and Interventions are implemented in the state. Please refer to '2. Reference Estimates'. The displayed yearly estimate is a product of: (Trend Ratio from Table A of '2. Reference Estimates') * (Behavioral Health Condition Estimate from Table B of '2. Reference Estimates')
IV. Treatment	[D1]	Total number of intensive outpatient programs (IOP)	Yearly estimate	The number of IOP that treat adolescents and accept Medicaid will be expanded over the first seven years of the Abatement Period.
		Number of intensive outpatient programs that serve adolescents in 2025	2	Intensive outpatient programs that serve adolescents (ages 13-17) and accept Medicaid in New Mexico. The majority of youth in New Mexico are covered by Medicaid. Sources: (1) Psychology Today. Treatment Centers in New Mexico: Intensive Outpatient Program. Available at https://www.psychologytoday.com/us/treatment-rehab/new-mexico?category=intensive-outpatient-program&spec=454. Accessed on July 1, 2025. (2) Georgetown University. Children's Health Care Report Card: New Mexico. Available at https://kidshealthcarereport.ccf.georgetown.edu/states/new-mexico/. Accessed on July 8, 2025.
		Number of intensive outpatient programs that serve adolescents in by year 7 of the Abatement Period	10	By year 7 of the Abatement Period, there will be two intensive outpatient programs in the metro region and two intensive outpatient programs per each of the remaining four geographic regions in New Mexico. Informed by: (1) Discussions with Drs. Kimothi Cain and Kristina Sowar. (2) Expert opinion.
		Annual increase in the number of intensive outpatient programs that serve adolescents between years 2 and 7 of the Abatement Period	1.3	(Number of IOP that serve adolescents and accept Medicaid in year 7 of the Abatement Period – Number of programs in year 1) / 6 years
IV. Treatment	[D2]	Total number of partial hospitalization programs	Yearly estimate	The number of partial hospitalization programs that treat adolescents and accept Medicaid will be expanded over the first five years of the Abatement Period.
		Number of partial hospitalization programs that serve adolescents in 2025	3	There are three partial hospitalization programs that work with adolescents ages 13-17 in New Mexico. Soure: New Mexico Children, Youth and Families Department. Behavioral Health. Available at https://www.cyfd.nm.gov/behavioral-health/. Accessed on July 1, 2025.
		Number of partial hospitalization programs that serve adolescents in by year 5 of the Abatement Period	5	Informed by: (1) Discussions with Drs. Kimothi Cain and Kristina Sowar. (2) Expert opinion.
		Annual increase in the number of partial hospitalization programs that serve adolescents between years 3 and 5 of the Abatement Period	0.7	(Number of partial hospitalization programs by year 5 of the Abatement Period – Number of partial hospitalization programs in year 1) / 3 years
IV. Treatment	[D3]	Total number of inpatient facilities	5	University of New Mexico, Anna Kaseman Hospital, Mesilla Valley Hospital, Peak Behavioral Health, Memorial Medical Center, and Gerald Champion. Sources: Kelly O'Donnell, PhD.
IV. Treatment	[D4]	Total number of residential treatment facilities (RTCs)	Yearly estimate	Number of residential treatment facilities that provide care for youth.
		Number of residential treatment facilities (RTCs) in 2025	4	In 2025, there were 4 licensed and certified residential treatment facilities (RTCs) in New Mexico. Source: List of Licensed Facilities (NMSocial_REV_0165958).
		Number of residential treatment facilities (RTCs) needed by year 5 of the Abatement Period	5	Residential treatment facilities (RTCs) to provide care for youth. Informed by: (1) Discussions with Drs. Kimothi Cain and Kristina Sowar. (2) Expert opinion.
		Annual increase in the number of residential treatment facilities between years 3 and 5 of the Abatement Period	0.3	(Number of RTCs by year 5 of the Abatement Period – Number of RTCs in year 1) / 3 years
IV. Treatment	[D5]	Total number of post-acute care residential programs	Yearly estimate	Number of post-acute care residential programs to provide care for youth transitioning from more intensive treatment.

		Estimated number of post-acute care programs in 2025	0	In 2025, there were no post-acute care programs for adolescents ages 11 to 17 years to transition from inpatient or residential treatment for behavioral health conditions back to school and day-to-day life in New Mexico.
		Number of post-acute care programs by year 7 of the Abatement Period	3	Post-acute care residential programs to provide care for youth transitioning from more intensive treatment. Informed by: (1) Discussions with Drs. Kimothi Cain and Kristina Sowar. (2) Expert opinion.
		Annual increase in the number of post-acute care programs between years 3 and 7 of the Abatement Period	0.6	(Number of post-acute care residential programs by year 7 of the Abatement Period – Number of programs in year 1) / 5 years [years 3 through 7]
IV. Treatment	[D6]	Total number of safe houses for trafficked youth	Yearly estimate	Safe houses will provide care and treatment for youth who experienced CSEC. Sources: (1) New Mexico Dream Center. The Lighthouse. Available at https://www.nmdreamcenter.org/the-lighthouse. Accessed on July 2, 2025. (2) New Mexico Child Welfare. New Mexico Officials Hope to Open State's First Safe House for Sex Trafficked Youth. Available at https://newmexico-childwelfare.youthtoday.org/posts/new-mexico-officials-hope-to-open-states-first-safe-house-for-sex-trafficked-youth/?utm_source=chatgpt.com. Accessed on July 2, 2025. (3) Safe House Program Budget Summary and Justification, 2023-2024 (NMAG-SM-0656130). (4) Discussions with Child, Youth and Families Department and Victim Advocates. (5) Expert opinion.
		Number of safe houses for trafficked youth in year 1 of the Abatement Period	1	DREAM Center in Albuquerque. Sources: (1) New Mexico Dream Center. The Lighthouse. Available at https://www.nmdreamcenter.org/the-lighthouse. Accessed on July 2, 2025. (2) New Mexico Child Welfare. New Mexico Officials Hope to Open State's First Safe House for Sex Trafficked Youth. Available at https://newmexico-childwelfare.youthtoday.org/posts/new-mexico-officials-hope-to-open-states-first-safe-house-for-sex-trafficked-youth/?utm_source=chatgpt.com. Accessed on July 2, 2025. (3) Safe House Program Budget Summary and Justification, 2023-2024 (NMAG-SM-0656130). (4) Discussion with Child, Youth and Families Department. (5) Expert opinion.
		Annual increase in the number of safe houses for trafficked youth between years 3 and 4 of the Abatement Period	1	Informed by: (1) Discussions with Child, Youth and Families Department and Victim Advocates. (2) Expert opinion.
		Number of safe houses for trafficked youth by year 5 of the Abatement Period	3	Informed by: (1) Discussions with Child, Youth and Families Department and Victim Advocates. (2) Expert opinion.
IV. Treatment	[E1a]	Number of child and adolescent psychiatrists for youth ages 0 to 19 years in New Mexico	Yearly estimate	Annual increase in the number of child and adolescent psychiatrists between years 1 and 10 of the Abatement Period. The number of child and adolescent psychiatrists between years 10 and 15 of the Abatement Period is benchmarked to the projected New Mexico population ages 0 to 19 years.
		Number of child and adolescent psychiatrists per 100,000 youth ages 0 to 19 years in New Mexico in 2021	9	The number of child and adolescent psychiatrists in New Mexico is 9 per 100,000 after accounting for retired, relocated, or deceased psychiatrists in the list provided by the American Academy of Child and Adolescent Psychiatry. Sources: (1) Dr. Kimothi Cain, presentation dated February, 2024 (NMAG-SM-0712962). (2) Health Resources and Services Administration. Health Workforce Projections. Available at https://data.hrsa.gov/topics/health-workforce/workforce-projections. Accessed on June 26, 2025.
		Recommended number of child and adolescent psychiatrists per 100,000 youth ages 0 to 19 years by year 10 of the Abatement Period	47.0	The American Academy of Child and Adolescent Psychiatry recommends 47 child and adolescent psychiatrists per 100,000 children to sufficiently meet population needs. Informed by: (1) Axelson D. Meeting the demand for pediatric mental health care. Pediatrics. 2019;144(6). (2) McBain RK, Kofner A, Stein BD, Cantor JH, Vogt WB, Yu H. Growth and distribution of child psychiatrists in the United States: 2007–2016. Pediatrics. 2019;144(6). (3) American Academy of Child & Adolescent Psychiatry. Workforce Maps by State. Available at https://www.aacap.org/AACAP/Advocacy/Federal_and_State_Initiatives/Workforce_Maps/Home.aspx. Accessed on June 19, 2025. (4) Health Resources and Services Administration. State of the Behavioral Health Workforce. Published November 2024. Available at https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/state-of-the-behavioral-health-workforce-report-2024.pdf. Accessed on June 25, 2025. (5) Health Resources and Services Administration. Designated Health Professional Shortage Areas Statistics, Quarterly Report. Dated March 31, 2025. Available at https://data.hrsa.gov/Default/GenerateHPSAQuarterlyReport. Accessed on June 26, 2025. (6) Expert opinion.
		Annual increase in the number of child and adolescent psychiatrists per 100,000 youth ages 0 to 19 years between years 1 and 10 of the Abatement Period	3.8	Annual increase in the number of child and adolescent psychiatrists per 100,000 children between years 1 and 10 of the Abatement Period. Informed by: (1) Dr. Kimothi Cain, presentation dated February, 2024 (NMAG-SM-0712962). (2) Health Resources and Services Administration. Health Workforce Projections. Available at https://data.hrsa.gov/topics/health-workforce/workforce-projections. Accessed on June 26, 2025. (3) Expert opinion.
IV. Treatment	[E1b]	Child and adolescent psychiatrist FTEs providing services to youth ages 11 to 17 years	Yearly estimate	Number of child and adolescent psychiatrists per 100,000 in New Mexico (input [E1a]) * Annual proportion of youth population ages 0 to 19 years that are ages 11 to 17 years
IV. Treatment	[E2a]	Number of child and adolescent psychologists for youth ages 0 to 19 years in New Mexico	Yearly estimate	Annual increase in the number of child and adolescent psychologists between years 1 and 7 of the Abatement Period. The number of child and adolescent psychologists between years 8 and 15 of the Abatement Period is benchmarked to the projected New Mexico youth population.
		Number of psychologists in New Mexico in 2025	657.8	Estimate adjusts for projected annual growth rate of psychologists between 2022 and 2025. Workforce estimates are provided in Table A of '4. Workforce Estimates'.

		Proportion of psychologists that work with children and adolescents	25.7%	According to a 2021 survey, approximately 25.7% of respondents identify as child and adolescent pscyhologists. Source: American Psychological Association, University of Michigan School of Public Health Behavioral Health Workforce Research Center. Policy Brief: Estimating Supply of Child and Adolescent Psychologists. Published August 2021. Available at https://www.healthworkforceta.org/wp-content/uploads/2023/08/BHWRC_Estimating-Supply-of-Psychologists_Policy-Brief.pdf. Accessed June 25, 2025.
		Number of psychologists per 100,000 youth ages 0 to 19 years in New Mexico in 2025	33.8	[(Number of psychologists in New Mexico in 2025 * Proportion of psychologists that are a child and adolescent psychologist) / New Mexico population of youth ages 0 to 19 years in 2025] * 100,000
		Multiplier to increase workforce needed to provide access to mental health care in New Mexico	3.22	The Health Resources and Services Administration (HRSA) reports that only 18.99% of the New Mexican population had mental health care needs met in 2025 (2). Los Alamos County is not considered a mental health practitioner shortage area (MHPSA) and Bernallio County is considered a partial MHPSA, accounting for 0.9% and 29.9% of the youth population ages 0 to 19 years, respectively (4, 5). Informed by: (1) American Psychological Association. Technical Report for Psychologist Workforce Projections for 2015-2030: Addressing Supply and Demand. Available at https://www.apa.org/workforce/publications/supply-demand/technical-report.pdf. Accessed on June 25, 2025. (2) Health Resources and Services Administration. State of the Behavioral Health Workforce. Published November 2024. Available at https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/state-of-the-behavioral-health-workforce-report-2024.pdf. Accessed on June 25, 2025. (3) Health Resources and Services Administration. Designated Health Professional Shortage Areas Statistics, Quarterly Report. Dated March 31, 2025. Available at https://data.hrsa.gov/Default/GenerateHPSAQuarterlyReport. Accessed on June 26, 2025. (4) Rural Health Information Hub. Health Professional Shortage Areas: Mental Health, by County. 2025. Available at https://www.ruralhealthinfo.org/data-explorer?id=209&state=NM. Accessed on September 6, 2025. (5) Refer to Table G of '3. Population Projections'. (6) Expert opinion.
		Number of child and adolescent psychologists in New Mexico by year 7 of the Abatement Period	108.8	Number of psychologists per 100,000 people in New Mexico in 2025 * Multiplier to increase workforce needed to provide access to mental health care
		Annual increase in the number of psychologists per 100,000 people in New Mexico over the first 7 years of the Abatement Period	9.4	(Number of psychologists in 2032 per 100,000 people in New Mexico – Estimated number of psychologists in 2025 per 100,000 people in New Mexico) / 8 years
IV. Treatment	[E2b]	Child and adolescent psychologist FTEs providing services to youth ages 11 to 17 years	Yearly estimate	Number of child and adolescent psychologists per 100,000 youth ages 0 to 19 years in New Mexico (input [E2a]) * Annual proportion of youth population ages 0 to 19 years that are ages 11 to 17 years (from Table C of '3. Population Projections')
IV. Treatment	[E3a]	Number of primary care physicians for youth ages 0 to 19 years in New Mexico	Yearly estimate	Primary care physicians for youth ages 0 to 19 years include pediatricians and family medicine doctors.
		Number of family medicine physicians in New Mexico in 2025	733.4	Estimate adjusted for workforce growth between 2022 and 2025. Refer to '4. Workforce'.
		Proportion of New Mexico's population that are youth ages 0 to 19 years in 2025	23.3%	New Mexico population ages 0 to 19 years in 2025 / Total New Mexico population in 2025
		Number of family medicine physicians per 100,000 youth ages 0 to 19 years in New Mexico in 2025	34.2	[(Proportion of New Mexico's population that are youth ages 0 to 19 years in 2025 * Number of family medicine physicians in New Mexico in 2025) / New Mexico population ages 0 to 19 years in 2025] * 100,000
		Number of pediatricians in New Mexico in 2025	209.6	Estimate adjusted for workforce growth between 2022 and 2025. Refer to '4. Workforce'.
		Number of pediatricians per 100,000 youth ages 0 to 19 years in New Mexico in 2025	41.9	(Number of pediatricians in New Mexico in 2025 / New Mexico population ages 0 to 19 years in 2025) * 100,000
		Number of primary care physicians per 100,000 youth ages 0 to 19 years in New Mexico in 2025	76.1	Number of family medicine physicians per 100,000 youth ages 0 to 19 years in New Mexico in 2025 + Number of pediatricians per 100,000 youth ages 0 to 19 years in New Mexico in 2025
		Multiplier to increase primary care physicians to satisfy unmet need in New Mexico	1.82	The Health Resources and Services Administration (HRSA) reports that only 39.74% of the New Mexican population had primary health care needs met in 2025 (2). Los Alamos County is not considered a primary care health practitioner shortage area (HPSA) and Dona Ana and Sandoval Counties are considered partial HPSAs, accounting for 0.9% and 18.8% of the youth population ages 0 to 19 years, respectively (3, 4). Informed by: (1) Rural Health Planning Workgroup. New Mexico Rural Health Plan. Published 2019. Available at https://www.nmlegis.gov/handouts/LHHS%20092519%20Item%202%20New%20Mexico%20Rural%20Health%20Plan.pdf. Accessed June 1, 2025. (2) Health Resources and Services Administration. Designated Health Professional Shortage Areas Statistics, Quarterly Report. Dated March 31, 2025. Available at https://data.hrsa.gov/Default/GenerateHPSAQuarterlyReport. Accessed on June 26, 2025. (3) Rural Health Information Hub. Health Professional Shortage Areas: Primary Care, by County. 2025. Available at https://www.ruralhealthinfo.org/data-explorer?id=210&state=NM. Accessed on September 6, 2025. (4) Refer to Table G of '3. Population Projections'. (5) Expert opinion.
		Number of primary care physicians per 100,000 youth ages 0 to 19 years by year 7 of the Abatement Period	138.3	Number of primary care phsycians in New Mexico per 100,000 youth ages 0 to 19 years in 2025 * Increase in primary care physicians to satisfy unmet need in New Mexico

		Annual increase in the number of primary care physicians per 100,000 youth ages 0 to 19 years in the first 7 years of the Abatement Period	7.8	(Number of primary care physicians per 100,000 youth ages 0 to 19 years by year 7 of the Abatement Period – Number of primary care phsycians in New Mexico per 100,000 youth ages 0 to 19 years in 2025) / 8 years
IV. Treatment	[E3b]	Primary care physician FTEs providing services for youth ages 11 to 17 years	Yearly estimate	Number of primary care physicians per 100,000 youth ages 0 to 19 years in New Mexico (input [E3a]) * Annual proportion of youth population ages 0 to 19 years that are ages 11 to 17 years (from Table C of '3. Population Projections')
IV. Treatment	[E3c]	Primary care physician FTEs providing behavioral health services to youth ages 11 to 17 years	= [E3b] * 9.2%	Primary care physician FTEs providing services for youth ages 11 to 17 years * Proportion of pediatric office visits for behavioral health services
		Proportion of pediatric office visits for behavioral health services	9.2%	Between 2012 and 2014, primary care physicians delivered 32% of mental health office related visits to adults. Between 2019 and 2021, 9.2% of pediatricians' office visits were for behavioral health services. Sources: (1) Health Resources and Services Administration. State of the Behavioral Health Workforce. Published November 2024. Available at https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/state-of-the-behavioral-health-workforce-report-2024.pdf. Accessed on June 25, 2025. (2) Health Resources and Services Administration. IX - Cross-Occupational Specialty Areas Components. Available at https://bhw.hrsa.gov/data-research/projecting-health-workforce-supply-demand/technical-documentation/cross-occupational-specialty-areas-components#behavioral-health. Accessed on September 10, 2025. (3) Expert opinion.
IV. Treatment	[E4a]	Number of psychiatric/mental health nurse practitioners for youth ages 0 to 19 years in New Mexico	Yearly estimate	Psychiatric/mental health nurse practitioners for youth ages 0 to 19 years.
		Number of psychiatric/mental health nurse practitioners in New Mexico in 2025	280	In 2025, there are a projected 280 psychiatric/mental health nurse practitioners in New Mexico. Source: (1) Health Resources and Services Administration. Health Workforce Projections. Available at https://data.hrsa.gov/topics/health-workforce/workforce-projections. Accessed on June 26, 2025. (2) Beck AJ, Page C, Buche J, Gaiser M. The distribution of advanced practice nurses within the psychiatric workforce. Journal of the American Psychiatric Nurses Association. 2020;26(1):92-6.
		Proportion of New Mexico's population that are youth ages 0 to 19 years in 2025	23.3%	New Mexico population ages 0 to 19 years in 2025 / Total New Mexico population in 2025
		Number of psychiatric/mental health nurse practitioners per 100,000 residents ages 0 to 19 years in 2025	13.1	[(Number of psychiatric/mental health nurse practitioners * Proportion of New Mexico's population that are youth ages 0 to 19 years) / New Mexico population of youth ages 0 to 19 years in 2025] * 100,000.
		Multiplier to increase workforce needed to provide access to mental health care in New Mexico	3.22	The Health Resources and Services Administration (HRSA) reports that only 18.99% of the New Mexican population had mental health care needs met in 2025 (2). Los Alamos County is not considered a mental health practitioner shortage area (MHPSA) and Bernallio County is considered a partial MHPSA, accounting for 0.9% and 29.9% of the youth population ages 0 to 19 years, respectively (4, 5). Informed by: (1) American Psychological Association. Technical Report for Psychologist Workforce Projections for 2015-2030: Addressing Supply and Demand. Available at https://www.apa.org/workforce/publications/supply-demand/technical-report.pdf. Accessed on June 25, 2025. (2) Health Resources and Services Administration. State of the Behavioral Health Workforce. Published November 2024. Available at https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/state-of-the-behavioral-health-workforce-report-2024.pdf. Accessed on June 25, 2025. (3) Health Resources and Services Administration. Designated Health Professional Shortage Areas Statistics, Quarterly Report. Dated March 31, 2025. Available at https://data.hrsa.gov/Default/GenerateHPSAQuarterlyReport. Accessed on June 26, 2025. (4) Rural Health Information Hub. Health Professional Shortage Areas: Mental Health, by County. 2025. Available at https://www.ruralhealthinfo.org/data-explorer?id=209&state=NM. Accessed on September 6, 2025. (5) Refer to Table G of '3. Population Projections'. (6) Expert opinion.
		Estimated number of psychiatric/mental health nurse practitioners per 100,000 residents ages 0 to 19 years by year 7 of the Abatement Period	42.0	Number of psychiatric/mental health nurse practitioners per 100,000 New Mexico youth ages 0 to 19 years * Multiplier to increase workforce needed to provide access to mental health care in New Mexico
		Annual increase in the number of psychiatric/mental health nurse practitioners per 100,000 youth ages 0 to 19 years by year 7 of the Abatement Period	3.6	(Number of psychiatric/mental health nurse practitioners in year 7 per 100,000 youth ages 0 to 19 years in New Mexico – Estimated number of psychiatric/mental health nurse practitioners in 2025 per 100,000 youth ages 0 to 19 years in New Mexico) / 8 years
IV. Treatment	[E4b]	Psychiatric/mental health nurse practitioner FTEs providing services to youth ages 11 to 17 years	Yearly estimate	Number of psychiatric/mental health nurse practitioners per 100,000 youth ages 0 to 19 years in New Mexico (input [E4a]) * Annual proportion of youth population ages 0 to 19 years that are ages 11 to 17 years (from Table C of '3. Population Projections')
IV. Treatment	[E5a]	Number of social workers providing behavioral health services for youth ages 0 to 19 years in New Mexico	Yearly estimate	Number of social workers to provide care and services to youth ages 0 to 19 years and their caregivers.

		Number of social workers in New Mexico in 2025	4,430.1	Estimate adjusted for workforce growth between 2022 and 2025. The number of social workers and projected annual growth rate is provided in '4. Workforce'. Sources: (1) Nelson A, Chakravarty S, Otero M, Vilas A. 2024 Social Workers of New Mexico Survey: A Report to the New Mexico Legislative Health and Human Services Committee. Published August 2024. Available at https://www.nmhu.edu/wp-content/uploads/2024/07/2024survey.pdf. Accessed on June 26, 2025. (2) Nelson A, Chakravarty S, Otero M, Vilas A. 2024 Social Workers of New Mexico Survey: A Report and Recommendations to the New Mexico Legislative Health and Human Services Committee. Presentation dated August 2024. Available at https://www.nmlegis.gov/handouts/LHHS%20073124%20Item%205%20CESW.pdf. Accessed on June 26, 2025. (3) Expert opinion.
		Proportion of social workers that directly work with individuals or families in mental or behavioral health	28.8%	Of the 82.0% of social workers who report direct work with individuals, families, or groups (Table 2), 35.1% report working in mental or behavioral health (Table 29). Source: Fitzhugh Mullan Institute for Health Workforce Equity at The George Washington University. The Social Work Profession: Findings from Three Years of Surveys of New Social Workers. Published August 2020. Available at https://www.cswe.org/CSWE/media/Workforce-Study/The-Social-Work-Profession-Findings-from-Three-Years-of-Surveys-of-New-Social-Workers-Dec-2020.pdf. Accessed on September 22, 2025.
		Proportion of New Mexico's population that are youth ages 0 to 19 years in 2025	23.3%	New Mexico population ages 0 to 19 years in 2025 / Total New Mexico population in 2025
		Estimated number of social workers per 100,000 youth ages 0 to 19 years in New Mexico in 2025	59.5	[(Number of social workers * Proportion of social workers that work with individuals in mental or behavioral health * Proportion of New Mexico's population that are youth ages 0 to 19 years) / New Mexico population of youth ages 0 to 19 years in 2025] * 100,000.
		Multiplier to increase the number of social workers in New Mexico by year 7 of the Abatement Period	2.6	The increase in Child, Family, and School Social Workers, Healthcare Social Workers, and Mental Health and Substance Abuse Social Work are needed in the state to meet the population demand by 2030 is calculated using the report on the 2024 Social Workers of New Mexico Survey. Sources: (1) Nelson A, Chakravarty S, Otero M, Vilas A. 2024 Social Workers of New Mexico Survey: A Report to the New Mexico Legislative Health and Human Services Committee. Published August 2024. Available at https://www.nmhu.edu/wp-content/uploads/2024/07/2024survey.pdf. Accessed on June 26, 2025. (2) Health Resources and Services Administration. State of the Behavioral Health Workforce. Published November 2024. Available at https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/state-of-the-behavioral-health-workforce-report-2024.pdf. Accessed on June 25, 2025. (3) Health Resources and Services Administration. Health Workforce Projections. Available at https://data.hrsa.gov/topics/health-workforce/workforce-projections. Accessed on June 26, 2025. (4) Health Resources and Services Administration. Designated Health Professional Shortage Areas Statistics, Quarterly Report. Dated March 31, 2025. Available at https://data.hrsa.gov/Default/GenerateHPSAQuarterlyReport. Accessed on June 26, 2025. (5) Expert opinion.
		Estimated number of social workers per 100,000 youth ages 0 to 19 years in New Mexico in year 7 of the Abatement Period	152.3	Number of social workers per 100,000 New Mexico youth ages 0 to 19 years * Multiplier to increase social worker workforce in New Mexico
		Annual increase in the number of social workers per 100,000 youth ages 0 to 19 years by year 7 of the Abatement Period	11.6	(Number of social workers needed in year 7 – Number of social workers in 2025) / 8 years
IV. Treatment	[E5b]	Social worker FTEs providing behavioral health services to youth ages 11 to 17 years	Yearly estimate	Number of social workers per 100,000 youth ages 0 to 19 years in New Mexico (input [E5a]) * Annual proportion of youth population ages 0 to 19 years that are ages 11 to 17 years (from Table C of '3. Population Projections')
IV. Treatment	[E6a]	Number of mental health technicians for youth ages 0 to 19 years in New Mexico	Yearly estimate	Sources: Ericson K. 2022 Statewide Town Hall Transforming Behavioral Health in New Mexico: Background Report. Published 2022. Available at https://www.nmlegis.gov/handouts/LHHS%20071122%20Item%206%20B%20NM%20First%20Final%20Report.pdf. Accessed on June 26, 2025.
		Number of mental health technicians in New Mexico in 2025	574.3	Estimate adjusted for projected annual workforce growth between 2022 and 2025. Workforce estimate provided in '4. Workforce'.
		Proportion of New Mexico's population that are youth ages 0 to 19 years in 2025	23.3%	New Mexico population ages 0 to 19 years in 2025 / Total New Mexico population in 2025. New Mexico population provided in '3. Population Projections'.
		Estimated number of mental health technicians per 100,000 youth ages 0 to 19 years in New Mexico in 2025	26.8	[(Number of mental health technicians * Proportion of New Mexico's population that are youth ages 0 to 19 years) / New Mexico population of youth ages 0 to 19 years in 2025] * 100,000.

		Multiplier to increase workforce needed to provide access to mental health care in New Mexico	3.22	The Health Resources and Services Administration (HRSA) reports that only 18.99% of the New Mexican population had mental health care needs met in 2025 (2). Los Alamos County is not considered a mental health practitioner shortage area (MHPSA) and Bernallio County is considered a partial MHPSA, accounting for 0.9% and 29.9% of the youth population ages 0 to 19 years, respectively (4, 5). Informed by: (1) American Psychological Association. Technical Report for Psychologist Workforce Projections for 2015-2030: Addressing Supply and Demand. Available at https://www.apa.org/workforce/publications/supply-demand/technical-report.pdf. Accessed on June 25, 2025. (2) Health Resources and Services Administration. State of the Behavioral Health Workforce. Published November 2024. Available at https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/state-of-the-behavioral-health-workforce-report-2024.pdf. Accessed on June 25, 2025. (3) Health Resources and Services Administration. Designated Health Professional Shortage Areas Statistics, Quarterly Report. Dated March 31, 2025. Available at https://data.hrsa.gov/Default/GenerateHPSAQuarterlyReport. Accessed on June 26, 2025. (4) Rural Health Information Hub. Health Professional Shortage Areas: Mental Health, by County. 2025. Available at https://www.ruralhealthinfo.org/data-explorer?id=209&state=NM. Accessed on September 6, 2025. (5) Refer to Table G of '3. Population Projections'. (6) Expert opinion.
		Number of mental health technicians per 100,000 youth ages 0 to 19 years by year 5 of the Abatement Period	86.2	Number of mental health technicians per 100,000 New Mexico youth ages 0 to 19 years * Multiplier to increase workforce needed to provide access to mental health care in New Mexico
		Annual increase in the number of mental health technicians per 100,000 youth ages 0 to 19 years by year 5 of the Abatement Period	9.9	(Number of mental health technicians per 100,000 youth ages 0 to 19 years by year 5 – Number of mental health technicians per 100,000 youth ages 0 to 19 years in 2025) / 6 years
IV. Treatment	[E6b]	Mental health technician FTEs providing services to youth ages 11 to 17 years	Yearly estimate	Number of mental health technicians per 100,000 youth ages 0 to 19 years in New Mexico (input [E6a]) * Annual proportion of youth population ages 0 to 19 years that are ages 11 to 17 years (from Table C of '3. Population Projections')
IV. Treatment	[E7a]	Number of community health workers for youth ages 0 to 19 years in New Mexico	Yearly estimate	Also referred to as Tribal Community Health Representatives and Promotoras. Sources: (1) Ericson K. 2022 Statewide Town Hall Transforming Behavioral Health in New Mexico: Background Report. Published 2022. Available at https://www.nmlegis.gov/handouts/LHHS%20071122%20Item%206%20B%20NM%20First%20Final%20Report.pdf. Accessed on June 26, 2025. (2) New Mexico Health Care Authority. New Mexico Medicaid expands services with Community Health Workers. Available at https://www.hca.nm.gov/2024/06/06/new-mexico-medicaid-expands-services-with-community-health-workers/. Accessed on July 1, 2025.
		Number of community health workers in New Mexico in 2025	1,152.9	Estimate adjusted for projected annual workforce growth between 2022 and 2025. Workforce estimate provided in '4. Workforce' and NM population provided in '3. Population Projections'.
		Proportion of New Mexico's population that are youth ages 0 to 19 years in 2025	23.3%	New Mexico population ages 0 to 19 years in 2025 / Total New Mexico population in 2025
		Estimated number of community health workers per 100,000 youth ages 0 to 19 years in New Mexico in 2025	53.8	[(Number of community health workers * Proportion of New Mexico's population that are youth ages 0 to 19 years) / New Mexico population of youth ages 0 to 19 years in 2025] * 100,000.
		Multiplier to increase the number of community health workers by year 5 of the Abatement Period	3.22	The Health Resources and Services Administration (HRSA) reports that only 18.99% of the New Mexican population had mental health care needs met in 2025 (2). Los Alamos County is not considered a mental health practitioner shortage area (MHPSA) and Bernallio County is considered a partial MHPSA, accounting for 0.9% and 29.9% of the youth population ages 0 to 19 years, respectively (4, 5). Informed by: (1) American Psychological Association. Technical Report for Psychologist Workforce Projections for 2015-2030: Addressing Supply and Demand. Available at https://www.apa.org/workforce/publications/supply-demand/technical-report.pdf. Accessed on June 25, 2025. (2) Health Resources and Services Administration. State of the Behavioral Health Workforce. Published November 2024. Available at https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/state-of-the-behavioral-health-workforce-report-2024.pdf. Accessed on June 25, 2025. (3) Health Resources and Services Administration. Designated Health Professional Shortage Areas Statistics, Quarterly Report. Dated March 31, 2025. Available at https://data.hrsa.gov/Default/GenerateHPSAQuarterlyReport. Accessed on June 26, 2025. (4) Rural Health Information Hub. Health Professional Shortage Areas: Mental Health, by County. 2025. Available at https://www.ruralhealthinfo.org/data-explorer?id=209&state=NM. Accessed on September 6, 2025. (5) Refer to Table G of '3. Population Projections'. (6) Expert opinion.
		Number of community health workers per 100,000 youth ages 0 to 19 years by year 5 of the Abatement Period	173.0	Number of community health worker per 100,000 New Mexico youth ages 0 to 19 years * Multiplier to increase workforce needed to provide access to mental health care in New Mexico
		Annual increase in the number of community health workers per 100,000 youth ages 0 to 19 years by year 5 of the Abatement Period	19.9	(Number of community health workers per 100,000 youth ages 0 to 19 years by year 5 – Number of community health workers per 100,000 youth ages 0 to 19 years in 2025) / 6 years
IV. Treatment	[E7b]	Community health worker FTEs for youth ages 11 to 17 years	Yearly estimate	Number of community health workers per 100,000 youth ages 0 to 19 years in New Mexico (input [E7a]) * Annual proportion of youth population ages 0 to 19 years that are ages 11 to 17 years (from Table C of '3. Population Projections')

IV. Treatment	[E8]	Number of licensed or certified clinical support staff for behavioral health providers in New Mexico	Yearly estimate	Licensed or certified clinical support staff per psychiatrist, physician, and nurse practitioner. Informed by: (1) Health Resources and Services Administration. Clinical Staffing. Available at https://bphc.hrsa.gov/compliance/site-visits/site-visit-protocol/clinical-staffing. Accessed on June 29, 2025. (2) Reeves CS. How many staff members do you need?. Family Practice Management. 2002;9(8):45-9. (3) Expert opinion.
		Number of licensed or certified FTE clinical support staff per clinician	0.05	Assuming one licensed or certified FTE clinical support staff per 20 eligible clinicians. Informed by: (1) Health Resources and Services Administration. Clinical Staffing. Available at https://bphc.hrsa.gov/compliance/site-visits/site-visit-protocol/clinical-staffing. Accessed on June 29, 2025. (2) Reeves CS. How many staff members do you need?. Family Practice Management. 2002;9(8):45-9. (3) Expert opinion.
IV. Treatment	[E9]	Number of secretaries and billing specialist clinical support staff for behavioral health providers in New Mexico	Yearly estimate	Secretaries, billing specialist, and scheduling clinical support staff for psychiatrists, physicians, nurse practitioners, psychologists, and social workers. Informed by: (1) Health Resources and Services Administration. Clinical Staffing. Available at https://bphc.hrsa.gov/compliance/site-visits/site-visit-protocol/clinical-staffing. Accessed on June 29, 2025. (2) Reeves CS. How many staff members do you need?. Family Practice Management. 2002;9(8):45-9. (3) Expert opinion.
		Number of non-licensed or non-certified clinical support staff FTE per clinician	0.2	Non-licensed or non-certified clinical support staff may include secretaries, scheduling, and billing specialists. Assuming one non-licensed or non-certified clinical support staff per six eligible clinicians. Informed by: (1) Health Resources and Services Administration. Clinical Staffing. Available at https://bphc.hrsa.gov/compliance/site-visits/site-visit-protocol/clinical-staffing. Accessed on June 29, 2025. (2) Reeves CS. How many staff members do you need?. Family Practice Management. 2002;9(8):45-9. (3) Expert opinion.
IV. Treatment	[E10a]	Number of family support workers for youth ages 0 to 19 years in New Mexico	Yearly estimate	Informed by: (1) Substance Abuse and Mental Health Services Administration. Family Peer Support Services: Broadening the View, A Discussion with Family Members. Available at https://library.samhsa.gov/sites/default/files/family-peer-support-pep24-08-009.pdf. Accessed on July 1, 2025. (2) New Mexico Credentialing Board Behavioral Health Professionals. Certified Family Support Worker. Available at https://nmcbbhp.org/certified-family-peer-support-worker-cfpsw/. Accessed on July 1, 2025. (3) Doyle O, Hegarty M, Owens C. Population-based system of parenting support to reduce the prevalence of child social, emotional, and behavioural problems: Difference-in-differences study. Prevention science. 2018;19:772-81. (4) Substance Abuse and Mental Health Services Administration. 2025 National Guidelines for a Behavioral Health Coordinated System of Crisis Care. Published January 15, 2025. Available at https://library.samhsa.gov/sites/default/files/national-guidelines-crisis-care-pep24-01-037.pdf. Accessed on June 26, 2025. (5) Expert opinion.
		Number of certified family support workers in New Mexico in 2025	50.0	Number of individuals who have an active Certified Family Peer Support Worker certification in New Mexico. Source: New Mexico Credentialing Board. Credentialling Registry. Available at https://nmcbbhp.certemy.com/public-registry/b5d82fe3-e7f8-4c31-9d49-e3615226f216. Accessed on July 1, 2025.
		Proportion of New Mexico's population that are youth ages 0 to 19 years in 2025	23.3%	New Mexico population ages 0 to 19 years in 2025 / Total New Mexico population in 2025
		Estimated number of family support workers in 2025 per 100,000 youth ages 0 to 19 years in New Mexico	2.3	[(Proportion of New Mexico's population that are youth ages 0 to 19 years in 2025 * Number of certified family support workers in New Mexico in 2025) / New Mexico population ages 0 to 19 years in 2025] * 100,000
		Multiplier to increase the number of family support workers by year 5 of the Abatement Period	3.22	The Health Resources and Services Administration (HRSA) reports that only 18.99% of the New Mexican population had mental health care needs met in 2025 (2). Los Alamos County is not considered a mental health practitioner shortage area (MHPSA) and Bernallio County is considered a partial MHPSA, accounting for 0.9% and 29.9% of the youth population ages 0 to 19 years, respectively (4, 5). Informed by: (1) American Psychological Association. Technical Report for Psychologist Workforce Projections for 2015-2030: Addressing Supply and Demand. Available at https://www.apa.org/workforce/publications/supply-demand/technical-report.pdf. Accessed on June 25, 2025. (2) Health Resources and Services Administration. State of the Behavioral Health Workforce. Published November 2024. Available at https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/state-of-the-behavioral-health-workforce-report-2024.pdf. Accessed on June 25, 2025. (3) Health Resources and Services Administration. Designated Health Professional Shortage Areas Statistics, Quarterly Report. Dated March 31, 2025. Available at https://data.hrsa.gov/Default/GenerateHPSAQuarterlyReport. Accessed on June 26, 2025. (4) Rural Health Information Hub. Health Professional Shortage Areas: Mental Health, by County. 2025. Available at https://www.ruralhealthinfo.org/data-explorer?id=209&state=NM. Accessed on September 6, 2025. (5) Refer to Table G of '3. Population Projections'. (6) Expert opinion.
		Number of certified family support workers per 100,000 youth ages 0 to 19 years in New Mexico by year 5 of the Abatement Period	7.5	Estimated number of family support workers in 2025 per 100,000 youth ages 0 to 19 years in New Mexico * Multiplier to increase in the number of family support workers by year 5 of the Abatement Period
		Annual increase in the number of certified family support workers per 100,000 youth ages 0 to 19 years in New Mexico by year 5 of the Abatement Period	0.9	(Number of certified family support workers per 100,000 youth ages 0 to 19 years in New Mexico by year 5 of the Abatement Period – Estimated number of family support workers in 2025 per 100,000 youth ages 0 to 19 years in New Mexico) / 6 years
IV. Treatment	[E10b]	Family support worker FTEs providing services to youth ages 11 to 17 years	Yearly estimate	Number of family support workers per 100,000 youth ages 0 to 19 years in New Mexico (input [E10a]) * Annual proportion of youth population ages 0 to 19 years that are ages 11 to 17 years (from Table C of '3. Population Projections')

IV. Treatment	[E11]	Total number of behavioral health providers eligible for hiring and retention incentives	Yearly estimate	Child and adolescent psychiatrists, child and adolescent psychologists, primary care physicians, psychiatric/mental health nurse practitioners, social workers, mental health technicians, community health workers, and family support workers will be eligible for hiring and retention incentives.
		Estimated number of new behavioral health workers per 100,000 New Mexico youth ages 11 to 17 years for each year between years 1 and 5 of the Abatement Period	66.8	Number of new child and adolescent psychiatrists, child and adolescent psychologists, primary care physicians, psychiatric/mental health nurse practitioners, social workers, mental health technicians, community health workers, and family support workers per 100,000 New Mexico youth ages 0 to 19 years for each year between years 1 and 5 of the Abatement Period * Annual proportion of youth population ages 0 to 19 years that are ages 11 to 17 years (from Table C of '3. Population Projections')
		Estimated number of new behavioral health workers per 100,000 New Mexico youth ages 11 to 17 years for each year between years 6 and 7 of the Abatement Period	36.2	Number of new child and adolescent psychiatrists, child and adolescent psychologists, primary care physicians, psychiatric/mental health nurse practitioners, and social workers per 100,000 New Mexico youth ages 0 to 19 years for each year between years 6 and 7 of the Abatement Period * Annual proportion of youth population ages 0 to 19 years that are ages 11 to 17 years (from Table C of '3. Population Projections')
		Estimated number of new behavioral health workers per 100,000 New Mexico youth ages 11 to 17 years for each year between years 8 and 10 of the Abatement Period	3.8	Number of new child and adolescent psychiatrists per 100,000 New Mexico youth ages 0 to 19 years for each year between years 8, 9, and 10 of the Abatement Period * Annual proportion of youth population ages 0 to 19 years that are ages 11 to 17 years (from Table C of '3. Population Projections')
IV. Treatment	[F1]	Total number of trained adult CSEC survivors to provide mentorship and prevention programming	Yearly estimate	Informed by: (1) My Life My Choice. Prevention. Available at https://www.mylifemychoice.org/prevention. Accessed on July 1, 2025. (2) New Mexico Credentialing Board Behavioral Health Professionals. CertifiedYouth Peer Support Specialists. Available at https://nmcbbhp.org/certified-youth-peer-support-specialist/. Accessed on July 1, 2025. (3) Substance Abuse and Mental Health Services Administration. 2025 National Guidelines for a Behavioral Health Coordinated System of Crisis Care. Published January 15, 2025. Available at https://library.samhsa.gov/sites/default/files/national-guidelines-crisis-care-pep24-01-037.pdf. Accessed on June 26, 2025. (4) Dr. Jennifer O'Brien's Expert Report. (5) Expert opinion.
		Estimated number of trained adult CSEC survivors to provide mentorship and prevention programming in year 1 of the Abatement Period	0.0	Informed by: Informational interviews with Victim Advocates from the New Mexico Department of Justice.
		Annual increase in the number of trained adult CSEC survivors to provide mentorship and prevention programming between years 2 and 7 of the Abatement Period	4.2	As of 2025, there were 30 Certified Youth Peer Support Specialists with active license in New Mexico. Informed by: (1) My Life My Choice. Prevention. Available at https://www.mylifemychoice.org/training. Accessed on July 1, 2025. (2) New Mexico Credentialing Board Behavioral Health Professionals. Directory of CertifiedYouth Peer Support Specialists. Available at https://nmcbbhp.certemy.com/public-registry/b5d82fe3-e7f8-4c31-9d49-e3615226f216. Accessed on July 1, 2025.
		Number of trained adult CSEC survivors to provide mentorship and prevention programming beginning in year 7 of the Abatement Period	25.0	By year 7 of the Abatement Period, there will be five trained adult CSEC survivors in the metro region and five in each of the remaining four geographic regions in New Mexico. Informed by: (1) Table C of '2. Reference Estimates'. (2) Expert opinion.
IV. Treatment	[F2]	Total number of transportation vouchers for caregivers of youths treated in intensive outpatient programs, partial hospitalization, inpatient, or residential care facilities	Yearly estimate	A voucher represents payment for gas or taxi/rideshare transportation to a healthcare facility. The number of vouchers for each treatment level is multiplied by the number of facilities or programs (inputs [D1-D4]). Informed by: (1) Centers for Medicare and Medicaid Services. Let Medicaid Give You a Ride. Available at https://www.cms.gov/medicare-medicaid-coordination/fraud-prevention/medicaid-integrity-education/downloads/nemt-factsheet.pdf. Accessed on July 1, 2025. (2) Expert opinion.
		Number of transportation vouchers per year per intensive outpatient program	383	There are typically 8-12 youth served at any one time in an intensive outpatient program, with 3-days a week of programming. It is estimated that 25% will require transportation assistance. Informed by: (1) State of New Mexico Human Services Department. Human Services Register Vol. 32, No. 27. Published July 28, 2009. Available at https://www.hsd.state.nm.us/wp-content/uploads/FileLinks/5f2c7ec62d6f427eb1d7b4f710cb7367/MAD_PR_Vol_32_No_27_IOP_services.pdf. Accessed on July 1, 2025. (2) City of Albuquerque Department of Family and Community Services. Albuquerque Minimum Standards for Substance Abuse Treatment and Prevention Services. Available at https://www.cabq.gov/health-housing-homelessness/documents/minimumstandardsfy09final.pdf. Accessed on July 1, 2025. (3) Expert opinion.
		Number of transportation vouchers per year per partial hospitalization program	1,275	There are typically 8-12 youth served at any one time in an partial hospitalization program, with 5-days a week of programming. Two vouchers will be provided, one for travel to the facility and another for the return trip. It is estimated that 25% will require transportation assistance. Informed by: (1) State of New Mexico Human Services Department. Human Services Register Vol. 32, No. 27. Published July 28, 2009. Available at https://www.hsd.state.nm.us/wp-content/uploads/FileLinks/5f2c7ec62d6f427eb1d7b4f710cb7367/MAD_PR_Vol_32_No_27_IOP_services.pdf. Accessed on July 1, 2025. (2) City of Albuquerque Department of Family and Community Services. Albuquerque Minimum Standards for Substance Abuse Treatment and Prevention Services. Available at https://www.cabq.gov/health-housing-homelessness/documents/minimumstandardsfy09final.pdf. Accessed on July 1, 2025. (3) Expert opinion.

		Number of transportation vouchers per year per inpatient program	284	In 2019, there were 32,700 inpatient hospitalizations for youth ages 0-17 years in New Mexico (Table 3 of AHRQ report), an estimated 12% of these stays were for adolescents ages 11 to 17 years (Table 1 of AHRQ report); approximately 14.5% of those stays were for depressive disorders, mood disorders, trauma- and stressor-related disorders, or suicidal or self-harm (Table 2 of AHRQ report). Two vouchers will be provided, one for travel to the facility and another for the return trip. It is estimated that 25% will require transportation assistance. Informed by: (1) Agency for Healthcare Research and Quality (AHRQ). Overview of Hospital Stays Among Children and Adolescents, 2019. Published November 2022. Available at https://hcup-us.ahrq.gov/reports/statbriefs/sb299-Hospital-Stays-Children-2019.pdf. Accessed on July 1, 2025. (2) Expert opinion.
		Number of transportation vouchers per year per residential treatment facility	158	On average, each residential facility has capacity for 26 beds; patients are typically treated for 30 days. Two vouchers will be provided, one for travel to the facility and another for the return trip. It is estimated that 25% of families will require transportation assistance. Informed by: (1) List of Youth-Serving Residential Treatment Centers in New Mexico (NMSocial_REV_0165958). (2) Whitten T, Cale J, Nathan S, Hayen A, Williams M, Shanahan M, Ferry M. Duration of stay and rate of subsequent criminal conviction and hospitalisation for substance use among young people admitted to a short-term residential program. Drug and alcohol review. 2023;42(6):1450-60. (3) Expert opinion.
IV. Treatment	[F3]	Total number of accomodation vouchers for caregivers of youths in inpatient or residential treatment	Yearly estimate	Accomodation vouchers for an overnight stay in family housing include for a Ronald McDonald House or nearby motel/hotel. The number of accomodation vouchers for inpatient or residential treatment facilities are multiplied by the number of those facilities (inputs [D3-D4]). Sources: (1) Ronald McDonald House Charities New Mexico. Yale Ronald McDonald House. Available at https://www.rmhcnm.org/our-program/yale-ronald-mcdonald-house/. Accessed on July 1, 2025. (2) Discussions with local stakeholders. (3) Expert opinion.
		Number of accomodation vouchers per year per inpatient program	284	In 2019, there were 32,700 inpatient hospitalizations for youth ages 0-17 years in New Mexico (Table 3 of AHRQ report), an estimated 12% of these stays were for adolescents ages 11 to 17 years (Table 1 of AHRQ report); approximately 14.5% of those stays were for depressive disorders, mood disorders, trauma- and stressor-related disorders, or suicidal or self-harm (Table 2 of AHRQ report). The minimum stay is typically 4 days for stabilization during an inpatient hospitalization episode. Two accomodation vouchers will be provided, one for drop-off at the facility and another for pick-up from the facility. It is estimated that 25% will require transportation assistance. Informed by: (1) Agency for Healthcare Research and Quality (AHRQ). Overview of Hospital Stays Among Children and Adolescents, 2019. Published November 2022. Available at https://hcup-us.ahrq.gov/reports/statbriefs/sb299-Hospital-Stays-Children-2019.pdf. Accessed on July 1, 2025. (2) Dr. Kimothi Cain Treatment Protocol for Depression in Adolescents. (3) Expert opinion.
		Number of accomodation vouchers per year per residential treatment facility	158	On average, each residential facility has capacity for 26 beds; patients are typically treated for 30 days. Two accomodation vouchers will be provided, one for drop-off at the facility and another for pick-up from the facility. It is estimated that 25% of families will require transportation assistance. Informed by: (1) List of Youth-Serving Residential Treatment Centers in New Mexico (NMSocial_REV_0165958). (2) Whitten T, Cale J, Nathan S, Hayen A, Williams M, Shanahan M, Ferry M. Duration of stay and rate of subsequent criminal conviction and hospitalisation for substance use among young people admitted to a short-term residential program. Drug and alcohol review. 2023;42(6):1450-60. (3) Expert opinion.
V. Implementation, Continuous Quality Improvement (CQI), and Evaluation	[A1]	Total number of implementation and coordination project managers	1.0	Informed by: (1) Substance Abuse and Mental Health Services Administration. 2025 National Guidelines for a Behavioral Health Coordinated System of Crisis Care. Published January 15, 2025. Available at https://library.samhsa.gov/sites/default/files/national-guidelines-crisis-care-pep24-01-037.pdf. Accessed on June 26, 2025. (2) Expert opinion.
V. Implementation, Continuous Quality Improvement (CQI), and Evaluation	[A2]	Total number of implementation and coordination workgroup leads	5.0	One implementation workgroup lead for Schools, Program Development, Technological Development and Maintenance, Community Outreach, and Communication and Dissemination. Informed by: (1) Substance Abuse and Mental Health Services Administration. 2025 National Guidelines for a Behavioral Health Coordinated System of Crisis Care. Published January 15, 2025. Available at https://library.samhsa.gov/sites/default/files/national-guidelines-crisis-care-pep24-01-037.pdf. Accessed on June 26, 2025. (2) Expert opinion.
V. Implementation, Continuous Quality Improvement (CQI), and Evaluation	[A3]	Total number of tribal liaisons	5.0	Two for the northwest quadrant of New Mexico and one for the remaining three quadrants of New Mexico. Informed by: (1) New Mexico Department of Health. Office of the Tribal Liaison. Available at https://www.nmhealth.org/about/asd/ohe/otl/. Accessed on July 8, 2025. (2) New Mexico Indian Affairs Department. State of New Mexico Tribal Liaisons. Available at https://www.iad.nm.gov/programs/tribal-consultation-and-collaboration/tribal-liaisons/. Accessed on July 8, 2025. (3) Coalition to Stop Violence Against Native Women. Available at https://csvanw.org/. Accessed on July 8, 2025. (4) Substance Abuse and Mental Health Services Administration. 2025 National Guidelines for a Behavioral Health Coordinated System of Crisis Care. Published January 15, 2025. Available at https://library.samhsa.gov/sites/default/files/national-guidelines-crisis-care-pep24-01-037.pdf. Accessed on June 26, 2025. (5) Expert opinion.
V. Implementation, Continuous Quality Improvement (CQI), and Evaluation	[A4]	Total number of school liaisons	5.0	One for the metro region in New Mexico and one for the remaining four geographic quadrants in New Mexico. Informed by: (1) Substance Abuse and Mental Health Services Administration. 2025 National Guidelines for a Behavioral Health Coordinated System of Crisis Care. Published January 15, 2025. Available at https://library.samhsa.gov/sites/default/files/national-guidelines-crisis-care-pep24-01-037.pdf. Accessed on June 26, 2025. (2) Expert opinion.

V. Implementation, Continuous Quality Improvement (CQI), and Evaluation	[A5]	Total number of community outreach liaisons	15.0	Three for the metro region in New Mexico and three for the remaining four geographic quadrants in New Mexico. Informed by: (1) Substance Abuse and Mental Health Services Administration. 2025 National Guidelines for a Behavioral Health Coordinated System of Crisis Care. Published January 15, 2025. Available at https://library.samhsa.gov/sites/default/files/national-guidelines-crisis-care-pep24-01-037.pdf. Accessed on June 26, 2025. (2) Expert opinion.
V. Implementation, Continuous Quality Improvement (CQI), and Evaluation	[B1]	Total number of evaluation project managers	1.0	Informed by: (1) Substance Abuse and Mental Health Services Administration. 2025 National Guidelines for a Behavioral Health Coordinated System of Crisis Care. Published January 15, 2025. Available at https://library.samhsa.gov/sites/default/files/national-guidelines-crisis-care-pep24-01-037.pdf. Accessed on June 26, 2025. (2) Expert opinion.
V. Implementation, Continuous Quality Improvement (CQI), and Evaluation	[B2]	Total number of epidemiologists	1.0	Informed by: (1) Substance Abuse and Mental Health Services Administration. 2025 National Guidelines for a Behavioral Health Coordinated System of Crisis Care. Published January 15, 2025. Available at https://library.samhsa.gov/sites/default/files/national-guidelines-crisis-care-pep24-01-037.pdf. Accessed on June 26, 2025. (2) Expert opinion.
V. Implementation, Continuous Quality Improvement (CQI), and Evaluation	[B3]	Total number of policy analysts	2.0	Informed by: (1) Substance Abuse and Mental Health Services Administration. 2025 National Guidelines for a Behavioral Health Coordinated System of Crisis Care. Published January 15, 2025. Available at https://library.samhsa.gov/sites/default/files/national-guidelines-crisis-care-pep24-01-037.pdf. Accessed on June 26, 2025. (2) Expert opinion.
V. Implementation, Continuous Quality Improvement (CQI), and Evaluation	[B4]	Total number of data managers	1.0	Informed by: (1) Substance Abuse and Mental Health Services Administration. 2025 National Guidelines for a Behavioral Health Coordinated System of Crisis Care. Published January 15, 2025. Available at https://library.samhsa.gov/sites/default/files/national-guidelines-crisis-care-pep24-01-037.pdf. Accessed on June 26, 2025. (2) Expert opinion.
V. Implementation, Continuous Quality Improvement (CQI), and Evaluation	[B5]	Total number of research analysts	3.0	Informed by: (1) Substance Abuse and Mental Health Services Administration. 2025 National Guidelines for a Behavioral Health Coordinated System of Crisis Care. Published January 15, 2025. Available at https://library.samhsa.gov/sites/default/files/national-guidelines-crisis-care-pep24-01-037.pdf. Accessed on June 26, 2025. (2) Expert opinion.

2. Reference Estimates

Table A. Trend Ratio to Reflect Reduction in Harms Following Abatement Interventions

	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040
Trend Ratio Reflecting Reduction in Harms following Abatement Interventions	1.00	1.00	1.00	1.00	1.00	0.99	0.98	0.97	0.96	0.95	0.94	0.93	0.92	0.91	0.90

Table B. Estimated Number of New Mexico Youth with Behavioral Health Conditions, Assuming No Additional Mental Health Interventions (provided by Zachary Ward, MPH, PhD)

	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040
All youth ages 11 to 17 years															
Problematic social media use/addiction	35,272	36,241	37,245	38,283	39,351	40,474	41,624	42,796	43,987	45,192	46,945	48,751	50,606	52,508	54,450
Mild (2-3 hours daily)	25,672	26,377	27,108	27,863	28,641	29,458	30,295	31,148	32,015	32,892	34,167	35,482	36,832	38,216	39,629
Moderate (4-6 hours daily)	6,472	6,650	6,834	7,024	7,221	7,427	7,637	7,853	8,071	8,292	8,614	8,945	9,286	9,634	9,991
Severe (>6 hours daily)	3,128	3,214	3,303	3,395	3,490	3,590	3,692	3,796	3,901	4,008	4,164	4,324	4,488	4,657	4,829
Depression	26,811	27,680	28,502	29,277	30,003	30,711	31,371	31,983	32,546	33,060	33,978	34,874	35,748	36,598	37,425
Non-suicidal self injury	30,468	29,828	29,192	28,560	27,932	27,322	26,716	26,115	25,517	24,923	24,570	24,220	23,871	23,525	23,181
Suicidal ideation	21,103	20,884	20,660	20,430	20,196	19,973	19,745	19,513	19,275	19,031	19,042	19,052	19,060	19,068	19,075
Suicidal ideation with plan/intent	19,688	19,745	19,792	19,829	19,857	19,891	19,914	19,927	19,930	19,921	20,148	20,373	20,596	20,817	21,036
Suicide attempt	9,950	9,832	9,714	9,594	9,474	9,362	9,249	9,135	9,020	8,903	8,915	8,929	8,945	8,963	8,983
Anxiety	69,942	71,606	73,275	74,943	76,605	78,323	80,024	81,701	83,346	84,951	87,582	90,231	92,891	95,557	98,223
Body Dysmorphic Disorder	4,453	4,415	4,376	4,336	4,294	4,254	4,212	4,170	4,125	4,080	4,080	4,080	4,079	4,078	4,076
Eating disorders	14,303	14,584	14,857	15,121	15,374	15,624	15,861	16,086	16,297	16,492	16,826	17,153	17,471	17,780	18,080
Sleep deprivation (<8 hours)	127,227	126,952	126,561	126,052	125,422	124,749	123,962	123,061	122,050	120,932	121,125	121,257	121,328	121,340	121,294
Bullying (electronic)	36,401	36,473	36,540	36,598	36,647	36,729	36,801	36,861	36,908	36,939	37,543	38,160	38,788	39,426	40,072
Girls ages 11 to 17 years															
Problematic social media use/addiction	17,269	17,731	18,210	18,704	19,212	19,751	20,302	20,864	21,434	22,009	22,868	23,753	24,663	25,596	26,549
Mild (2-3 hours daily)	12,568	12,905	13,254	13,613	13,983	14,375	14,776	15,185	15,600	16,018	16,644	17,288	17,950	18,629	19,323
Moderate (4-6 hours daily)	3,169	3,253	3,341	3,432	3,525	3,624	3,725	3,828	3,933	4,038	4,196	4,358	4,525	4,696	4,871
Severe (>6 hours daily)	1,532	1,573	1,615	1,659	1,704	1,752	1,801	1,851	1,901	1,952	2,028	2,107	2,187	2,270	2,355
Depression	20,813	21,194	21,543	21,859	22,142	22,413	22,653	22,860	23,035	23,177	23,613	24,033	24,435	24,821	25,189
Non-suicidal self injury	20,488	20,080	19,673	19,267	18,863	18,478	18,093	17,710	17,328	16,948	16,735	16,523	16,311	16,101	15,891
Suicidal ideation	14,772	14,628	14,480	14,328	14,171	14,024	13,873	13,718	13,559	13,395	13,424	13,452	13,480	13,507	13,534
Suicidal ideation with plan/intent	14,169	14,240	14,303	14,359	14,406	14,460	14,505	14,542	14,570	14,589	14,788	14,986	15,182	15,376	15,568
Suicide attempt	7,194	7,129	7,063	6,995	6,926	6,862	6,796	6,729	6,661	6,590	6,619	6,648	6,679	6,711	6,744
Anxiety	48,117	48,811	49,507	50,199	50,886	51,612	52,328	53,030	53,714	54,374	55,725	57,088	58,461	59,841	61,224
Body Dysmorphic Disorder	2,180	2,160	2,140	2,118	2,097	2,076	2,055	2,033	2,010	1,987	1,988	1,988	1,988	1,988	1,987
Eating disorders	9,259	9,478	9,691	9,897	10,094	10,291	10,478	10,655	10,820	10,973	11,218	11,456	11,686	11,907	12,120
Sleep deprivation (<8 hours)	65,997	65,878	65,683	65,409	65,057	64,690	64,249	63,735	63,153	62,504	62,581	62,619	62,618	62,581	62,509
Bullying (electronic)	22,188	22,037	21,881	21,721	21,554	21,404	21,247	21,084	20,914	20,736	20,903	21,074	21,250	21,431	21,615
Boys ages 11 to 17 years															
Problematic social media use/addiction	18,004	18,510	19,035	19,579	20,139	20,723	21,321	21,932	22,554	23,183	24,077	24,998	25,943	26,912	27,901
Mild (2-3 hours daily)	13,103	13,472	13,854	14,250	14,658	15,083	15,518	15,963	16,415	16,873	17,524	18,194	18,882	19,587	20,307
Moderate (4-6 hours daily)	3,303	3,396	3,493	3,592	3,695	3,802	3,912	4,024	4,138	4,254	4,418	4,587	4,760	4,938	5,119
Severe (>6 hours daily)	1,597	1,642	1,688	1,737	1,786	1,838	1,891	1,945	2,000	2,056	2,135	2,217	2,301	2,387	2,475
Depression	5,998	6,486	6,959	7,418	7,861	8,298	8,719	9,123	9,511	9,883	10,365	10,841	11,312	11,777	12,236
Non-suicidal self injury	9,980	9,748	9,519	9,292	9,068	8,845	8,624	8,405	8,189	7,976	7,836	7,697	7,560	7,425	7,291
Suicidal ideation	6,330	6,255	6,179	6,102	6,025	5,949	5,872	5,794	5,716	5,636	5,618	5,600	5,581	5,562	5,542
Suicidal ideation with plan/intent	5,519	5,505	5,489	5,471	5,451	5,431	5,409	5,386	5,360	5,332	5,360	5,388	5,415	5,441	5,467
Suicide attempt	2,756	2,703	2,651	2,599	2,549	2,500	2,453	2,405	2,359	2,313	2,296	2,281	2,266	2,252	2,238
Anxiety	21,826	22,794	23,768	24,744	25,720	26,711	27,696	28,671	29,632	30,577	31,857	33,143	34,430	35,716	36,999
Body Dysmorphic Disorder	2,273	2,255	2,237	2,217	2,198	2,178	2,158	2,137	2,115	2,093	2,093	2,092	2,091	2,090	2,088
Eating disorders	5,045	5,106	5,166	5,224	5,280	5,333	5,383	5,431	5,477	5,520	5,609	5,697	5,785	5,873	5,960
Sleep deprivation (<8 hours)	61,231	61,074	60,879	60,643	60,365	60,059	59,713	59,326	58,897	58,427	58,544	58,638	58,710	58,759	58,784
Bullying (electronic)	14,213	14,436	14,658	14,878	15,093	15,325	15,554	15,777	15,994	16,203	16,641	17,086	17,537	17,995	18,457

Table C. Estimated Number of New Mexico Youth Experiencing Technology-Facilitated Sexual Abuse and Commercial Sexual Exploitation of Children (CSEC) (provided by Jennifer O'Brien, PhD)

	2023
Number of children who have experienced technology-facilitated sexual abuse in New Mexico	70,784
Number of children who have experienced Commercial Sexual Exploitation of Children (CSEC) in New Mexico	7,713

Table D. Number of New Mexico CyberTips Related to Facebook (2016-2023), Instagram (2016-2023), or WhatsApp (2018, 2020-2023) and non-Meta Platforms

	2016	2017	2018	2019	2020	2021	2022	2023
Number of CyberTips of Commercial Sexual Exploitation of Children (CSEC) from Facebook, Instagram, or WhatsApp in New Mexico	56	99	396	336	450	588	756	765
Number of CyberTips of CSEC from non-Meta platforms in New Mexico	324	665	541	371	847	1,386	2,058	2,778
Total number of CSEC CyberTips in New Mexico	380	764	937	707	1,297	1,974	2,814	3,543
Estimated number of investigatable CyberTips	95	191	234	177	324	494	704	886

Sources: Excel Workbooks summarizing CyberTips from 2016 through 2023 (NMAG-SM-0187369, NMAG-SM-0187370, NMAG-SM-0187371, NMAG-SM-0187372, NMAG-SM-0187373, NMAG-SM-0187374, NMAG-SM-0199119, NMAG-SM-0187798)

Notes: Special Agent Ben Zweibel reports that approximately 25% of CyberTips are investigatable as potential crimes.

Table E. Law Enforcement Hours per CyberTip (provided by ICAC Special Agent Ben Zweibel)

Task	Professionals	Hour Range	Median Hours per Professional
CyberTip State Investigator review	State Investigator		1.0
CyberTip Agent review	Special Agent/Law Enforcement		1.0
ESP search warrant writing	Special Agent/Law Enforcement		2.0
ESP return review	Special Agent/Law Enforcement	2 to 8	5.0
Open-Source Intelligence (OSINT)	Special Agent/Law Enforcement	1 to 4	2.5
Surveillance	Special Agent/Law Enforcement	2 to 6	4.0
Search warrant execution	Special Agent/Law Enforcement (6)		4.0
Evidence processing and input	Special Agent/Law Enforcement		1.0
Digital forensics	Forensic Examiner	4 to 80	42.0
Image Review	Special Agent/Law Enforcement	2 to 80	41.0
Report Writing	Special Agent/Law Enforcement	2 to 4	3.0
Discovery preparation	Special Agent/Law Enforcement	1 to 2	1.5
Grand Jury/Prelim	Special Agent/Law Enforcement		2.0
Pre-Trial Interviews	Special Agent/Law Enforcement (6)		1.0
Median Hours per CyberTip			
State Investigator			1.0
Special Agent*			93.0
Local Law Enforcement* (may include: local police departments, tribal police, sheriff offices)			93.0
Forensic Examiners			42.0
Summary Estimates per CyberTip			
Minimum			51.0
High-end average			221.0
Median			136.0

Abbreviations: ICAC, internet crimes against children; ESP, email service provider

* It is assumed that half (50%) of CyberTips are split between the NMDOJ Special Agents and local law enforcement.

Note: Above estimates do not include recommendation for a clerical support staff, which are estimated by the overall law enforcement staff.

3. New Mexico Population Projections, 2025-2040

Table A. New Mexico population estimates and projections, all ages

	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040
New Mexico	2,130,256	2,143,658	2,147,255	2,150,852	2,154,449	2,158,046	2,161,645	2,162,272	2,162,899	2,163,526	2,164,153	2,164,780	2,162,617	2,160,454	2,158,291	2,156,128	2,153,964

Source: (1) University of New Mexico. Geospatial and Population Studies: Population Projections, 2010-2050. Published August 2024. Available at https://gps.unm.edu/pop/population-projections.html. Accessed on May 21, 2025.
(2) United States Census Bureau. New Mexico Quick Facts. Available at https://www.census.gov/quickfacts/fact/table/NM/PST045224. Accessed on June 26, 2025.

Table B. Population estimates and projections by age group

Age group, years	2025	2030	2035	2040	Annual % Change (2025-2040)
0-4	106,487	106,087	105,848	102,707	-0.2%
5-9	118,144	107,415	107,010	106,769	-0.6%
10-14	131,454	119,465	108,616	108,202	-1.2%
15-19	143,985	132,502	120,408	109,485	-1.6%
20-24	147,571	143,597	132,154	120,083	-1.2%
25-29	142,463	147,336	143,351	131,931	-0.5%
30-34	142,567	143,961	148,921	144,885	0.1%
35-39	141,598	144,276	145,703	150,698	0.4%
40-44	138,641	141,999	144,672	146,130	0.4%
45-49	124,073	138,115	141,457	144,113	1.1%
50-54	116,799	123,389	137,346	140,664	1.4%
55-59	117,552	116,265	122,812	136,696	1.1%
60-64	133,281	116,630	115,341	121,847	-0.6%
65-69	131,311	129,271	113,166	111,877	-1.0%
70-74	116,106	121,679	119,673	104,830	-0.6%
75-79	91,490	100,325	105,092	103,202	0.9%
80-84	53,735	71,764	78,656	82,335	3.5%
≥85	46,402	57,570	74,555	87,509	5.9%

Sources: (1) University of New Mexico. Geospatial and Population Studies: Population Projections, 2010-2050 - Long Format by 5-Year Age Group. Published Spring 2024. Available at https://gps.unm.edu/pop/population-projections.html. Accessed on May 21, 2025.
(2) Informed by: United States Census Bureau. 2023 American Community Survey: Table S0101, Age and Sex Population Estimate Table for New Mexico. Available at https://data.census.gov/table/ACSST1Y2023.S0101?q=american+community+survey&g=040XX00US35. Accessed on May 21, 2025.

Table C. Pediatric and adult population estimates and projections, grouped by intervention target populations

Age group, years	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040
0-9	224,631	222,405	220,179	217,953	215,727	213,502	213,373	213,244	213,115	212,986	212,858	212,182	211,506	210,830	210,154	209,476
10	25,379	24,916	24,453	23,990	23,527	23,064	22,645	22,226	21,807	21,388	20,970	20,954	20,938	20,922	20,906	20,890
11-17	192,537	189,222	185,907	182,592	179,277	175,962	172,759	169,556	166,353	163,149	159,946	158,567	157,188	155,809	154,430	153,051
11-13	79,821	78,365	76,909	75,454	73,998	72,542	71,224	69,907	68,589	67,272	65,954	65,904	65,854	65,803	65,753	65,703
14-17	112,715	110,856	108,997	107,139	105,280	103,421	101,535	99,649	97,763	95,878	93,992	92,663	91,335	90,006	88,677	87,349
18-19	57,523	56,607	55,691	54,775	53,859	52,941	51,975	51,009	50,043	49,078	48,108	47,235	46,362	45,489	44,616	43,746
≤19	500,070	493,150	486,230	479,310	472,390	465,469	460,752	456,035	451,318	446,601	441,882	438,938	435,994	433,050	430,106	427,163
≥11	1,893,649	1,899,935	1,906,221	1,912,507	1,918,793	1,925,080	1,926,254	1,927,429	1,928,604	1,929,778	1,930,953	1,929,482	1,928,011	1,926,540	1,925,069	1,923,597
≥18	1,701,112	1,710,713	1,720,314	1,729,915	1,739,516	1,749,118	1,753,495	1,757,873	1,762,251	1,766,629	1,771,007	1,770,915	1,770,823	1,770,731	1,770,639	1,770,546

Source: Refer to sources for Table B.
Age-specific population estimates are provided in Dr. Zachary Ward's expert materials.

Table D. Projected number of students enrolled in New Mexico Public Schools, by grade

Grades	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040
Kindergarten	21,435	20,739	19,684	19,742	19,615	19,489	19,364	19,240	19,116	18,994	18,872	18,751	18,630	18,511	18,392	18,274	18,157	18,040	17,924
First	21,174	22,014	20,917	20,053	19,924	19,796	19,669	19,543	19,418	19,293	19,169	19,046	18,924	18,802	18,682	18,562	18,443	18,324	18,207
Second	21,902	21,462	21,983	21,053	20,918	20,784	20,650	20,518	20,386	20,255	20,125	19,996	19,868	19,740	19,613	19,487	19,362	19,238	19,115
Third	22,214	22,085	21,390	22,109	21,967	21,708	21,452	21,199	20,949	20,702	20,458	20,217	19,978	19,743	19,510	19,280	19,052	18,828	18,606
Fourth	22,358	22,509	21,999	21,577	21,323	21,071	20,823	20,577	20,334	20,095	19,858	19,624	19,392	19,163	18,937	18,714	18,493	18,275	18,060
Fifth	23,029	22,692	22,479	22,196	21,934	21,676	21,420	21,167	20,918	20,671	20,427	20,186	19,948	19,713	19,481	19,251	19,024	18,800	18,578

Sixth	23,510	23,120	22,529	22,327	22,064	21,804	21,546	21,292	21,041	20,793	20,548	20,306	20,066	19,830	19,596	19,365	19,136	18,911	18,688
Seventh	25,106	23,667	22,965	22,557	22,291	22,028	21,768	21,512	21,258	21,007	20,760	20,515	20,273	20,034	19,798	19,564	19,333	19,105	18,880
Eighth	25,693	25,140	23,512	23,146	22,776	22,412	22,054	21,702	21,355	21,014	20,679	20,348	20,023	19,703	19,389	19,079	18,774	18,474	18,179
Ninth	31,200	30,230	27,444	26,986	26,555	26,131	25,713	25,303	24,898	24,501	24,109	23,724	23,345	22,972	22,605	22,244	21,889	21,539	21,195
Tenth	25,511	27,264	26,364	26,170	25,752	25,341	24,936	24,537	24,146	23,760	23,380	23,007	22,639	22,278	21,922	21,572	21,227	20,888	20,554
Eleventh	22,934	22,664	23,721	24,106	23,721	23,342	22,969	22,602	22,241	21,886	21,536	21,192	20,854	20,521	20,193	19,870	19,553	19,241	18,933
Twelfth	21,917	21,796	22,646	23,017	22,649	22,288	21,932	21,581	21,236	20,897	20,563	20,235	19,912	19,594	19,281	18,973	18,670	18,371	18,078

Source: (1) 2022-2025 data. New Mexico Public Education Department. Enrollment by District by Grade. Available at https://web.ped.nm.gov/bureaus/information-technology/stars/. Accessed on June 22, 2025.
(2) Table B projected annual population change.

Table E. Projected number of students enrolled in New Mexico Private Schools, by grade

Grades	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040
Kindergarten	1,596	1,586	1,576	1,565	1,555	1,545	1,536	1,526	1,516	1,506	1,496	1,487	1,477	1,468	1,458	1,449	1,440	1,431	1,421
First	1,404	1,395	1,386	1,377	1,368	1,360	1,351	1,342	1,334	1,325	1,316	1,308	1,300	1,291	1,283	1,275	1,267	1,258	1,250
Second	1,298	1,290	1,281	1,273	1,265	1,257	1,249	1,241	1,233	1,225	1,217	1,209	1,201	1,194	1,186	1,178	1,171	1,163	1,156
Third	1,242	1,227	1,213	1,199	1,184	1,170	1,157	1,143	1,130	1,116	1,103	1,090	1,077	1,065	1,052	1,040	1,027	1,015	1,003
Fourth	1,300	1,285	1,270	1,255	1,240	1,225	1,211	1,196	1,182	1,168	1,155	1,141	1,128	1,114	1,101	1,088	1,075	1,063	1,050
Fifth	1,254	1,239	1,225	1,210	1,196	1,182	1,168	1,154	1,140	1,127	1,114	1,101	1,088	1,075	1,062	1,050	1,037	1,025	1,013
Sixth	1,285	1,270	1,255	1,240	1,225	1,211	1,197	1,183	1,169	1,155	1,141	1,128	1,115	1,101	1,088	1,076	1,063	1,050	1,038
Seventh	1,385	1,369	1,353	1,337	1,321	1,305	1,290	1,275	1,260	1,245	1,230	1,216	1,201	1,187	1,173	1,159	1,146	1,132	1,119
Eighth	1,440	1,417	1,394	1,372	1,350	1,329	1,307	1,286	1,266	1,246	1,226	1,206	1,187	1,168	1,149	1,131	1,113	1,095	1,078
Ninth	1,233	1,213	1,194	1,175	1,156	1,138	1,119	1,102	1,084	1,067	1,050	1,033	1,016	1,000	984	968	953	938	923
Tenth	1,113	1,095	1,078	1,061	1,044	1,027	1,010	994	978	963	947	932	917	903	888	874	860	846	833
Eleventh	1,280	1,260	1,239	1,220	1,200	1,181	1,162	1,144	1,125	1,107	1,090	1,072	1,055	1,038	1,022	1,005	989	973	958
Twelfth	1,167	1,148	1,130	1,112	1,094	1,077	1,060	1,043	1,026	1,010	993	978	962	947	931	917	902	888	873

Source: (1) 2021-2022 data. U.S. Department of Education. National Center for Education Statistics. List of Private Schools in New Mexico from the PSS Private School Universe Survey data, 2021-2022 school year. Available at:
(2) Table B projected annual population change.

Table F. Projected number of students enrolled in New Mexico Public and Private Schools, by grade

Grades	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040
Kindergarten	23,031	22,325	21,260	21,307	21,171	21,035	20,900	20,766	20,632	20,500	20,368	20,238	20,108	19,979	19,850	19,723	19,596	19,471	19,346
First	22,578	23,409	22,303	21,430	21,293	21,156	21,020	20,885	20,751	20,618	20,486	20,354	20,223	20,094	19,965	19,837	19,709	19,583	19,457
Second	23,200	22,752	23,264	22,326	22,183	22,040	21,899	21,758	21,619	21,480	21,342	21,205	21,069	20,934	20,799	20,666	20,533	20,401	20,271
Third	23,456	23,312	22,603	23,308	23,152	22,879	22,609	22,342	22,079	21,818	21,561	21,307	21,056	20,807	20,562	20,319	20,080	19,843	19,609
Fourth	23,658	23,794	23,269	22,832	22,562	22,296	22,033	21,774	21,517	21,263	21,012	20,765	20,520	20,278	20,039	19,802	19,569	19,338	19,110
Fifth	24,283	23,931	23,704	23,406	23,130	22,857	22,588	22,321	22,058	21,798	21,541	21,287	21,036	20,788	20,543	20,301	20,061	19,825	19,591
Sixth	24,795	24,390	23,784	23,567	23,289	23,015	22,743	22,475	22,210	21,948	21,689	21,433	21,181	20,931	20,684	20,440	20,199	19,961	19,726
Seventh	26,491	25,036	24,318	23,894	23,612	23,333	23,058	22,786	22,518	22,252	21,990	21,730	21,474	21,221	20,971	20,723	20,479	20,238	19,999
Eighth	27,133	26,557	24,906	24,518	24,126	23,741	23,362	22,989	22,621	22,260	21,904	21,555	21,210	20,871	20,538	20,210	19,887	19,569	19,257
Ninth	32,433	31,443	28,638	28,161	27,711	27,268	26,833	26,404	25,982	25,567	25,159	24,757	24,362	23,972	23,589	23,213	22,842	22,477	22,118
Tenth	26,624	28,359	27,442	27,231	26,796	26,368	25,946	25,532	25,124	24,723	24,328	23,939	23,557	23,180	22,810	22,446	22,087	21,734	21,387
Eleventh	24,214	23,924	24,960	25,326	24,921	24,523	24,131	23,746	23,366	22,993	22,626	22,265	21,909	21,559	21,215	20,876	20,542	20,214	19,891
Twelfth	23,084	22,944	23,776	24,129	23,744	23,364	22,991	22,624	22,262	21,907	21,557	21,212	20,874	20,540	20,212	19,889	19,572	19,259	18,951
Enrolled middle and high school students	184,774	182,653	177,824	176,825	174,199	171,612	169,065	166,555	164,084	161,650	159,253	156,892	154,566	152,275	150,019	147,797	145,608	143,452	141,329

Source: Tables D and E.

Table G. Population of Youth Ages 0-19 Years and Health Professional Shortage Areas (HPSA) Designation by County

	County designated as Primary Care HPSA	County designated as Mental Health HPSA	2020 population, ages 0-19 years	2030 population projection, ages 0-19 years	2025 population estimate, ages 0-19 years	Proportion of New Mexico population, ages 0-19 years
Bernalillo County	Yes	**Partial**	161,904	137,086	149,495	29.9%
Dona Ana County	**Partial**	Yes	62,278	54,625	58,452	11.7%
Sandoval County	**Partial**	Yes	37,618	33,511	35,565	7.1%
San Juan County	Yes	Yes	34,834	27,199	31,017	6.2%

Santa Fe County	Yes	Yes	30,285	25,380	27,833	5.6%
Lea County	Yes	Yes	24,829	24,451	24,640	4.9%
McKinley County	Yes	Yes	22,602	18,127	20,365	4.1%
Valencia County	Yes	Yes	19,730	16,681	18,206	3.6%
Chaves County	Yes	Yes	18,933	15,933	17,433	3.5%
Eddy County	Yes	Yes	18,247	18,714	18,481	3.7%
Otero County	Yes	Yes	17,120	15,789	16,455	3.3%
Curry County	Yes	Yes	14,175	13,210	13,693	2.7%
Rio Arriba County	Yes	Yes	10,335	8,803	9,569	1.9%
Luna County	Yes	Yes	7,394	6,995	7,195	1.4%
Cibola County	Yes	Yes	7,140	5,981	6,561	1.3%
Taos County	Yes	Yes	6,687	5,640	6,164	1.2%
Grant County	Yes	Yes	6,236	4,802	5,519	1.1%
San Miguel County	Yes	Yes	5,679	4,286	4,983	1.0%
Roosevelt County	Yes	Yes	5,603	4,991	5,297	1.1%
Los Alamos County	**None**	**None**	4,697	4,331	4,514	0.9%
Socorro County	Yes	Yes	4,429	3,556	3,993	0.8%
Lincoln County	Yes	Yes	4,123	3,688	3,906	0.8%
Torrance County	Yes	Yes	3,560	2,711	3,136	0.6%
Colfax County	Yes	Yes	2,385	1,773	2,079	0.4%
Quay County	Yes	Yes	2,067	1,803	1,935	0.4%
Sierra County	Yes	Yes	2,025	1,841	1,933	0.4%
Guadalupe County	Yes	Yes	1,033	797	915	0.2%
Hidalgo County	Yes	Yes	1,024	734	879	0.2%
Union County	Yes	Yes	941	774	858	0.2%
Mora County	Yes	Yes	813	596	705	0.1%
Catron County	Yes	Yes	466	320	393	0.1%
De Baca County	Yes	Yes	406	270	338	0.1%
Harding County	Yes	Yes	78	75	77	0.0%
New Mexico					500,070	100%

Data Note: Population estimate data of youth ages 11-17 years were not available, or possible to be derived, for all counties. Therefore the county-level youth populations presented here were standardized to ages 0-19 years.

Sources: (1) University of New Mexico. Geospatial and Population Studies: Population Projections, 2010-2050. Published August 2024. Available at https://gps.unm.edu/pop/population-projections.html. Accessed on May 21, 2025.
(2) Rural Health Information Hub. Health Professional Shortage Areas: Primary Care, by County. 2025. Available at https://www.ruralhealthinfo.org/data-explorer?id=210&state=NM. Accessed on September 6, 2025.
(3) Rural Health Information Hub. Health Professional Shortage Areas: Mental Health, by County. 2025. Available at https://www.ruralhealthinfo.org/data-explorer?id=209&state=NM. Accessed on September 6, 2025.

4. Workforce Estimates

Table A. New Mexico Workforce Population, Wages, and Growth

Abatement Description	Estimated Population (2022)	Growth Rate (2022-2032)	Occupation Code	Occupation Description
Elementary school teachers	9,722	0.54%		
	7,524	0.57%	252021	Elementary School Teachers, Except Special Education
	1,240	0.56%	252012	Kindergarten Teachers, Except Special Education
	958	0.49%	252052	Special Education Teachers, Kindergarten And Elementary School
Middle and high school teachers	12,297	0.54%		
	211	0.51%	252032	Career/Technical Education Teachers, Secondary School
	3,994	0.58%	252022	Middle School Teachers, Except Special and Career/Technical Education
	6,481	0.61%	252031	Secondary School Teachers, Except Special and Career/Technical Education
	447	0.48%	252057	Special Education Teachers, Middle School
	1,164	0.52%	252058	Special Education Teachers, Secondary School
School counselors	1,774	1.03%	211012	Educational, Guidance, and Career Counselors and Advisors
Primary care physicians	894	1.65%		
	693	1.91%	291215	Family Medicine Physicians
	201	1.40%	291221	Pediatricians, General
Healthcare professionals	3,051	3.08%		
	693	1.91%	291215	Family Medicine Physicians
	1,591	5.10%	291171	Nurse Practitioners
	201	1.40%	291221	Pediatricians, General
	566	3.90%	291071	Physician Assistants
Psychologists	624	1.77%		
	297	2.22%	193033	Clinical and Counseling Psychologists
	327	1.32%	193039	Psychologists, All Other
Social workers	4,266	1.27%		
	2,401	1.24%	211021	Child, Family, and School Social Workers
	767	2.02%	211022	Healthcare Social Workers
	497	1.38%	211023	Mental Health and Substance Abuse Social Workers
	601	0.42%	211029	Social Workers, All Other
Mental health technicians	546	1.70%	292053	Psychiatric Technicians
Community health workers	1,082	2.14%	211094	Community Health Workers

Sources: (1) New Mexico Department of Workforce Solutions Economic Research and Analysis Bureau. Occupational Employment Projections, Long Term 2022-2032. Available at https://www.jobs.state.nm.us/vosnet/analyzer/resultsNew.aspx?enc=L3Rx1LKHF+xq6eiD/TQsJZZmZQCIt7fjphgyF0SSW5Q=. Accessed on May
(2) New Mexico Department of Workforce Solutions Economic Research and Analysis Bureau. 2022-2032 New Mexico Employment Projections: Introduction, Definitions, and Methodology. Available at https://www.jobs.state.nm.us/admin/gsipub/htmlarea/uploads/ProjectionsMethodology2032.pdf. Accessed on

Data Note: Workforce projections and employment do not distinguish between full-time and part-time positions. (Source: Bureau of Labor Statistics. Frequently Asked Questions. Available at https://www.bls.gov/emp/frequently-asked-questions.htm. Accessed on June 27, 2025.