



100% Community Survey Doña Ana County: Need and Access to Youth Mentor and Mental Health Services at School

2019 TO 2024

Prepared by: Center for Community Analysis
New Mexico State University



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Responses (2024)

- Total valid responses: 1,106
- 331 on paper, 775 online
- 76 responses (23% of paper responses) from Mesilla Valley County of Hope



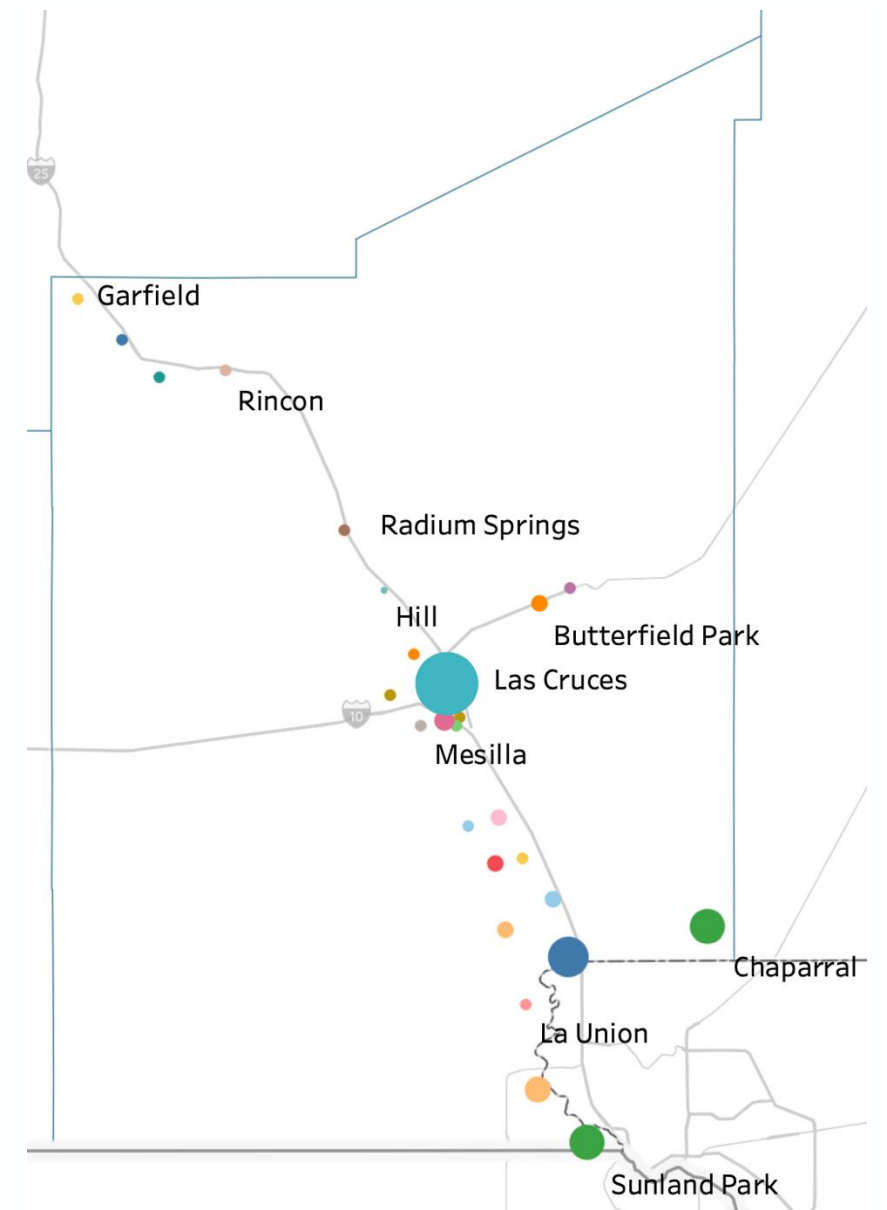
Responses by subgroup

Demographic	Subgroup	Count	Percent
Race/Ethnicity	Asian alone (non-Hispanic)	5	1%
	Black or African American alone (non-Hispanic)	18	2%
	Hispanic or Latino (of any race)	696	73%
	Middle Eastern or North African alone (non-Hispanic)	10	1%
	Native American or Alaska Native alone (non-Hispanic)	18	2%
	Native Hawaiian or Other Pacific Islander alone (non-Hispanic)	9	1%
	White alone (non-Hispanic)	178	19%
	Some other race alone, or mixed race (non-Hispanic)	13	1%
	Total	947	
Language Spoken at Home	English Only	537	53%
	Other Language/Bilingual	478	47%
	Total	1015	
Nativity	US-born	633	64%
	Foreign-born	360	36%
	Total	993	
Gender Identity	Woman	673	67%
	Man	307	31%
	Other	26	3%
	Total	1006	
Household Income	\$24,999 or less	304	33%
	\$25,000 - \$54,999	355	39%
	\$55,000 or more	257	28%
	Total	916	
Age	18 - 24	41	4%
	25 - 29	100	14%
	30 - 39	314	31%
	40 - 49	230	23%
	50 - 59	140	14%
	60 or older	182	18%
	Total	1007	
Household with Children	Responsible for children under 18	653	60%
	No children under 18	427	40%
	Total	1080	



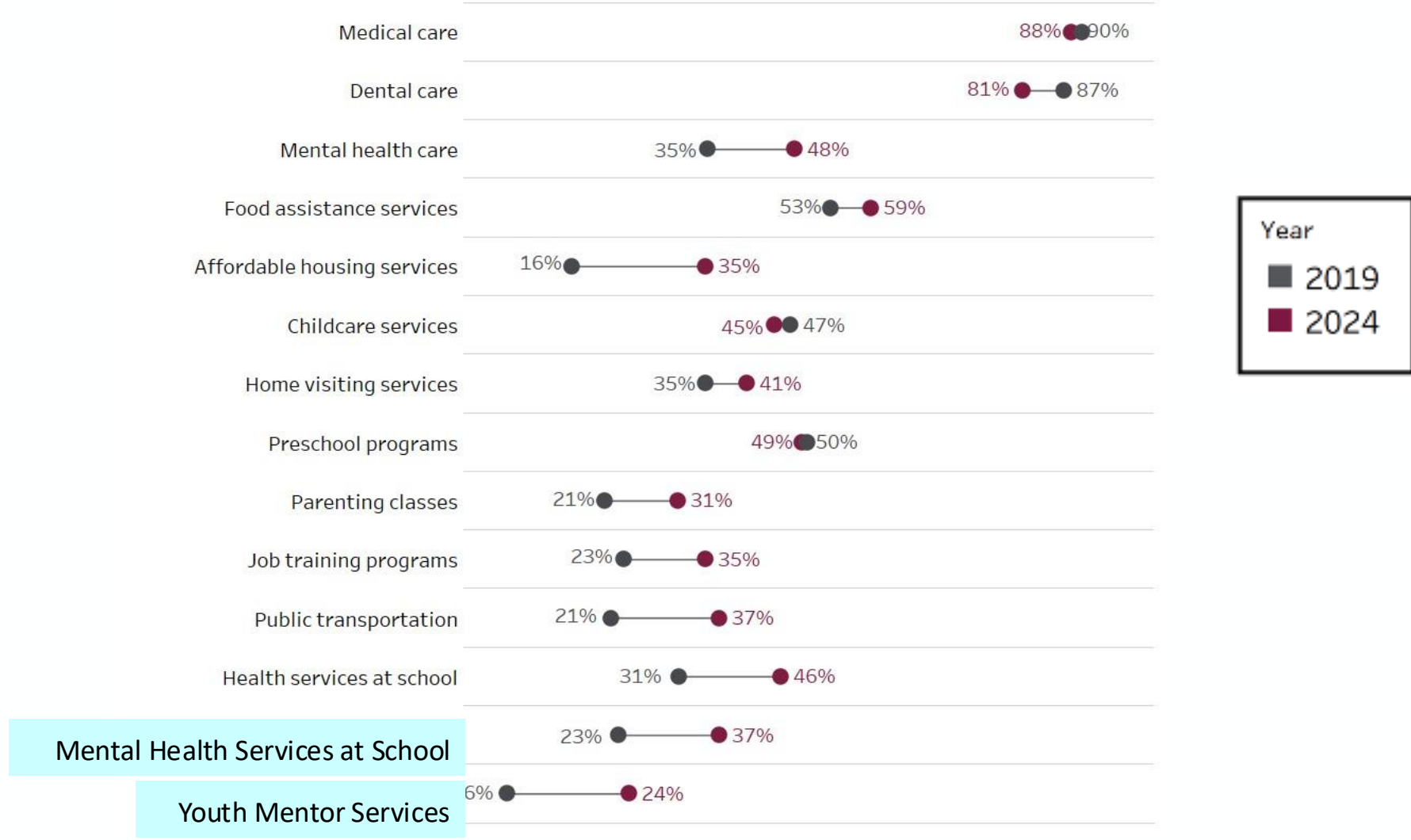
Responses by neighborhood

Neighborhood	N	%
Las Cruces	311	29%
Anthony	130	12%
Sunland Park	95	9%
Chaparral	93	9%
Santa Teresa	51	5%
Mesilla Park	37	3%
Mesquite	22	2%
Butterfield Park	20	2%
Berino	20	2%
La Mesa	17	2%
Chamberino	17	2%
Rincon	14	1%
Radium Springs	14	1%
La Union	13	1%
Fairacres	12	1%
Salem	11	1%
Mesilla	11	1%
Hatch	11	1%
Vado	10	1%
University Park	10	1%
Tortugas	8	1%
San Miguel	8	1%
Organ	8	1%
Garfield	8	1%
San Ysidro	6	1%
Hill	4	0%



Needs

Difference in percentage of respondents who **reported needing services** by year (Percent of respondents who answered “Yes”):



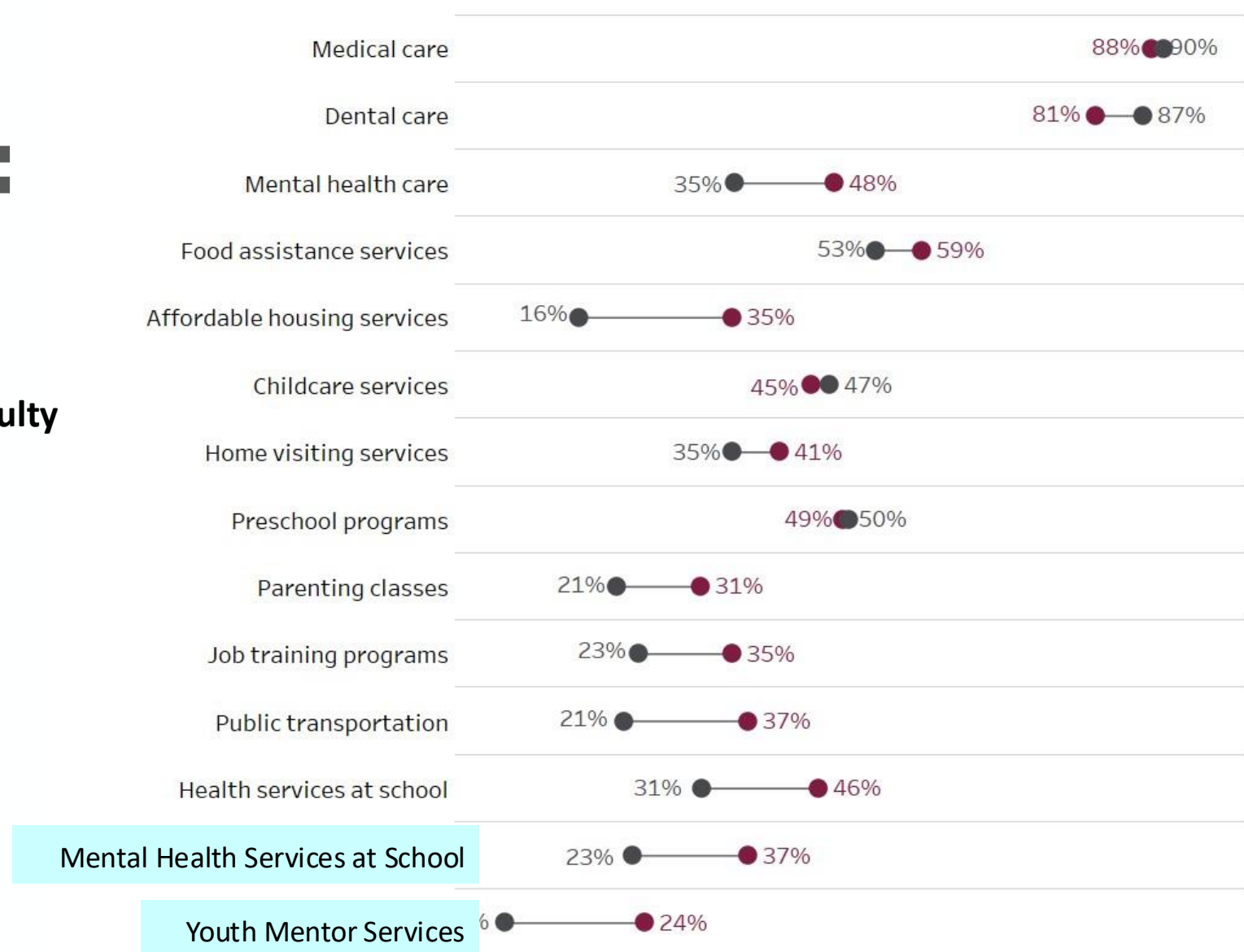
Significance testing for need 2019 vs 2024

Need - Item	p-value	Result
Medical care	0.4083	Not Significant
Dental care	0.0004	Significant
Mental health care	<0.0001	Significant
Affordable housing services	<0.0001	Significant
Food assistance services	0.0063	Significant
Public transportation	<0.0001	Significant
Job training programs	<0.0001	Significant
Home visiting services	0.0284	Significant
Childcare services	0.3643	Not Significant
Preschool programs	0.8262	Not Significant
Parenting classes	<0.0001	Significant
Youth mentor services	<0.0001	Significant
Mental health services at school	<0.0001	Significant
Health services at school	<0.0001	Significant



Difficulties:

Difference in Percentage of respondents who **reported needing services and had difficulty getting services** by year
(Percent of respondents who answered “Yes”):



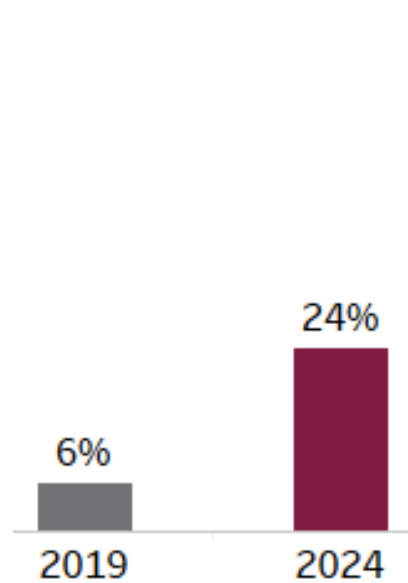
Significance testing for difficulties 2019 vs 2024

Having Difficulty - Item	p-value	Result
Medical care	0.0148	Significant
Dental care	0.0039	Significant
Mental health care	0.0267	Significant
Affordable housing services	0.0188	Significant
Food assistance services	0.0027	Significant
Public transportation	0.2696	Not significant
Job training programs	0.6506	Not significant
Home visiting services	<0.0001	Significant
Childcare services	0.0091	Significant
Preschool programs	0.0022	Significant
Parenting classes	0.0134	Significant
Youth mentor services	0.3064	Not significant
Mental health services at school	0.8342	Not significant
Health services at school	0.0886	Significant



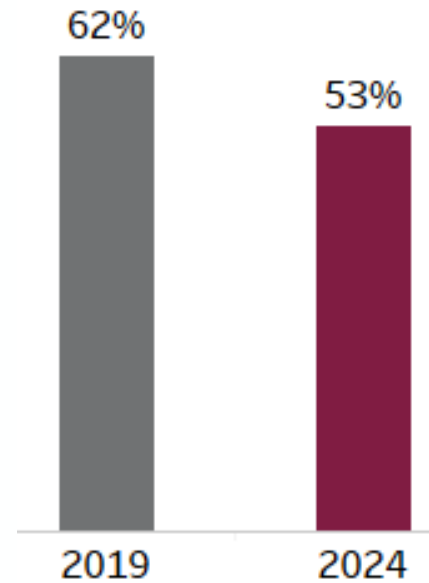
Youth Mentor Services

Needing:
Youth Mentor Services



Significant Difference

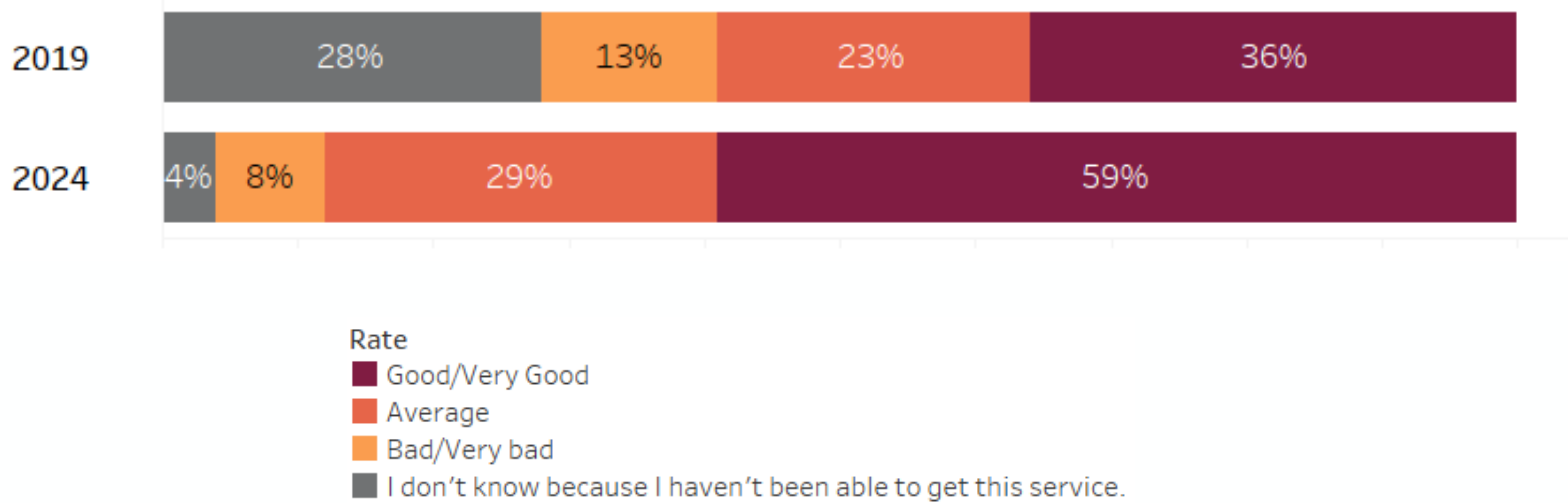
Difficulty Accessing:
Youth Mentor Services



Not Significant

Youth Mentor Services Quality:

In general, how would you rate the quality of youth mentor services you have received?



Youth Mentor Barriers:

Some open-ended answers by respondents:

“Provide youth mentorship programs and activities.”

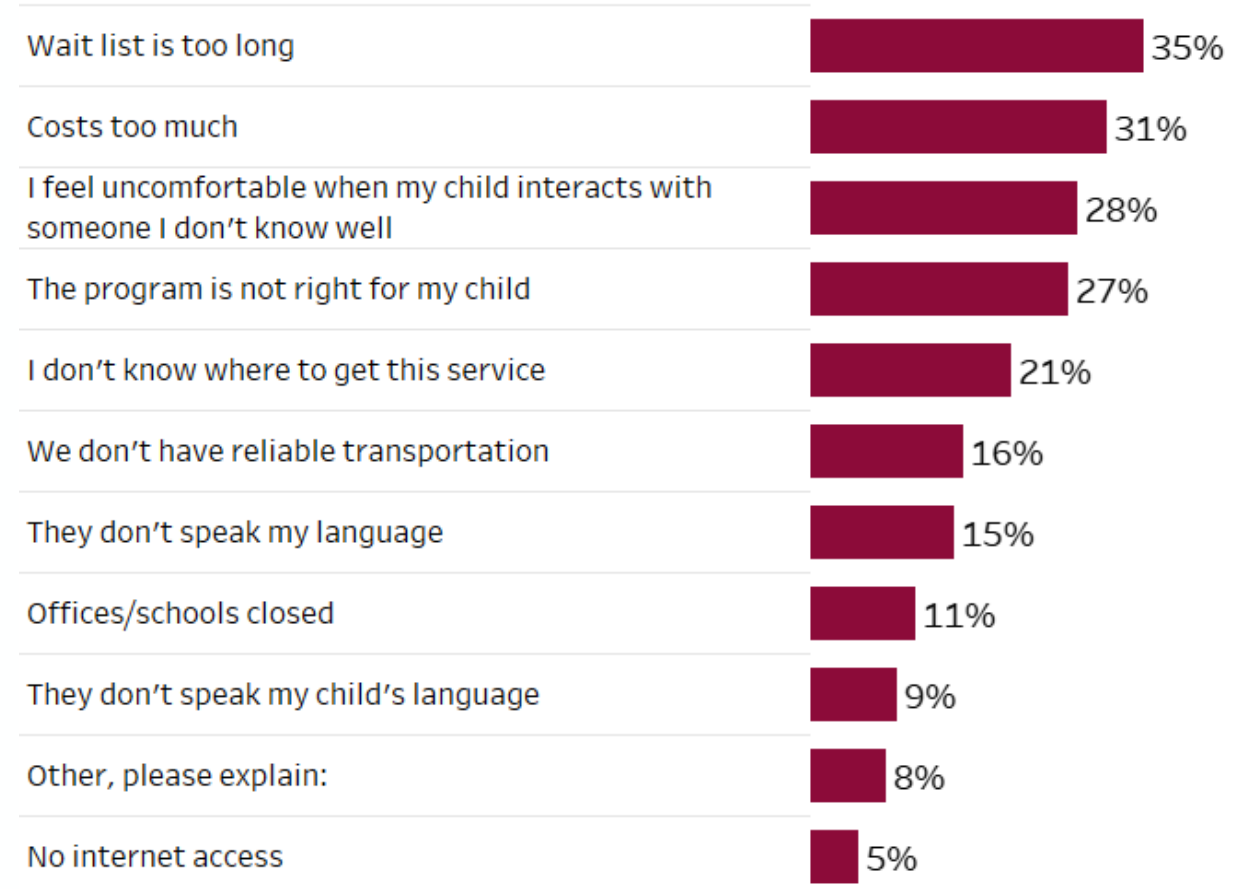
“The community provides tutoring and extracurricular activities for children and teenagers.”

“Support reading programs and educational activities in schools and libraries.”

“Necesitamos programas de arte o deportivos para los niños y cursos para padres, para aprender algún oficio y clases de inglés presenciales” (Translation: We need art programs or sports for kids and classes for parents, to learn a certain skill or job and in person english classes)

“More support and resources for the teachers and all responsible for my children during school. Maybe some additional after school programs.”

Difficulties accessing youth mentor services (% of respondents 2024):



Youth Mentor Services Need: Statistically significant differences by subgroup

- Parents of children aged 3-4 were more likely to report needing youth mentor services (62%).
- Respondents with children attending private schools or at Hatch Valley Public Schools reported the highest need for youth mentor services, 64% and 48%, respectively, compared to 12% in Gadsden and 23% in Las Cruces Public Schools.
- Respondents living in a Tribal community (58%) reported a much higher need than those who do not (19%).
- Foreign-born respondents were more likely to report a need for youth mentor services (37%) than U.S.-born respondents (21%).

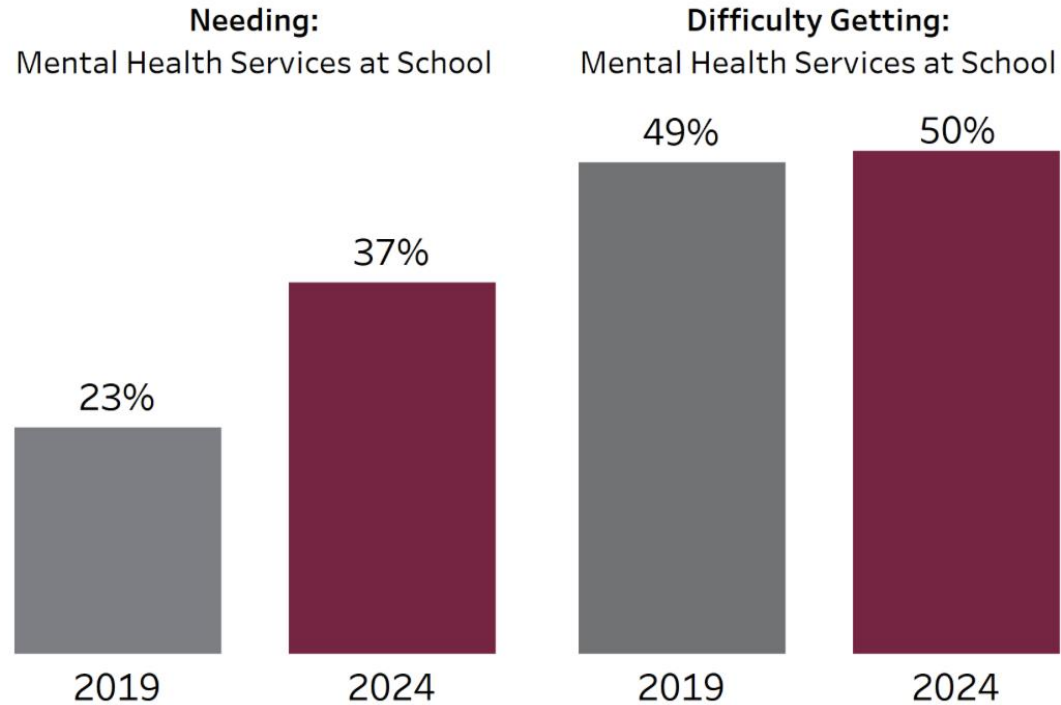


Youth Mentor Services Difficulty: Statistically significant differences by subgroup

- Respondents with a household income of \$24,999 or less were more likely to report difficulties accessing youth mentor services (71%).
- Respondents who speak English "Not at all" or "Not well" were more likely to experience difficulties (87%) compared to those who speak English "Well" or "Very well" (49%).
- Respondents living in a Tribal community were more likely to report difficulties accessing services (63%) than those who do not (44%).

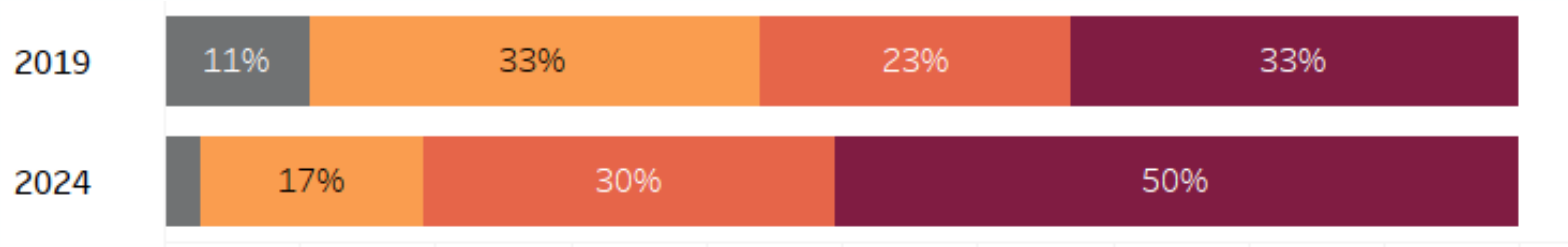


Mental Health Services at School



Mental Health Services at School Quality:

In general, how would you rate the quality of mental health services at your child's school?



Rate

■ Good/Very Good

■ Average

■ Bad/Very bad

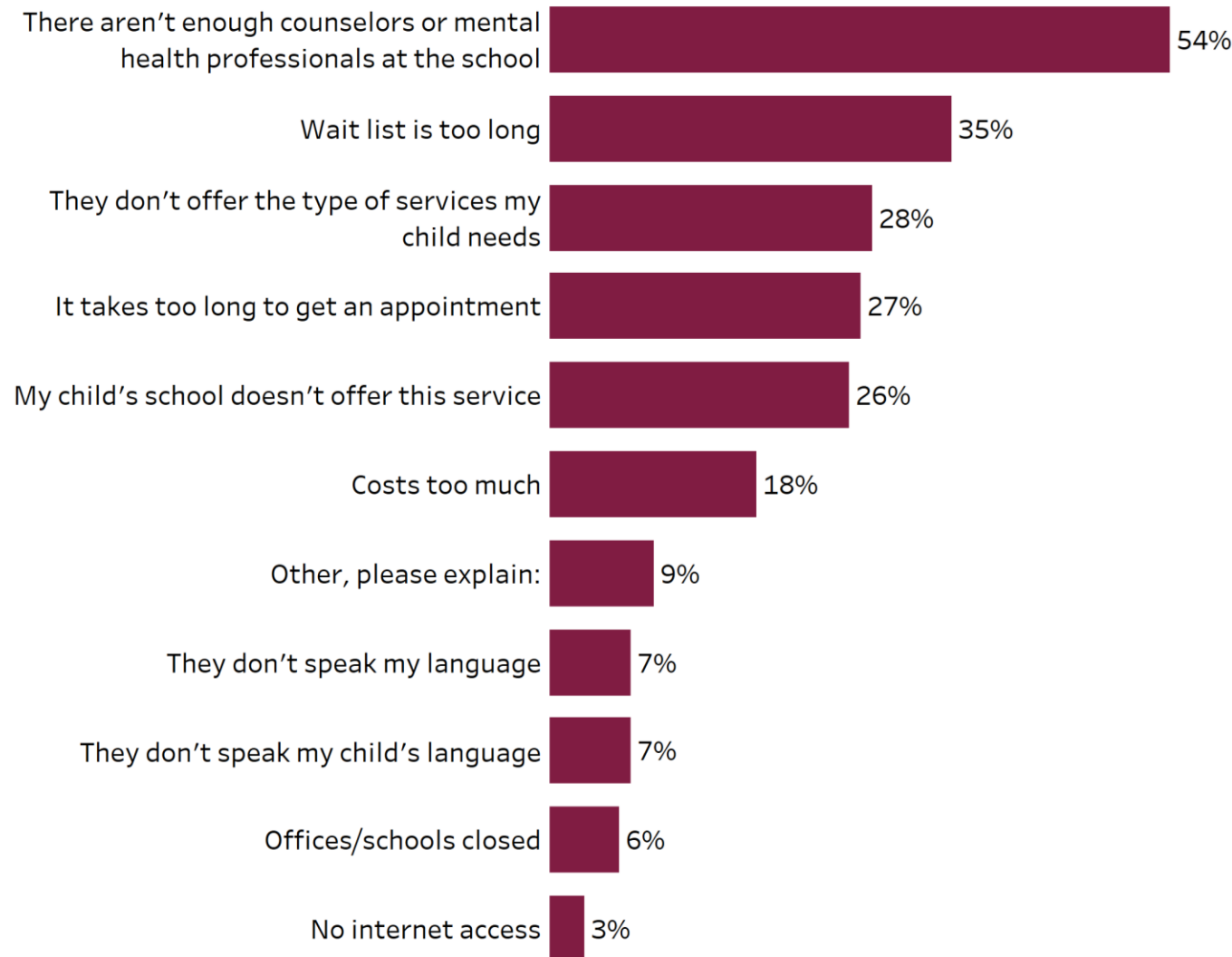
■ I don't know because I haven't been able to get this service.

Mental Health Services at School Barriers:

Some open-ended answers by respondents:

- *“School administration wasn’t helpful”*
- *“The counselor was not available”*
- *“Services are mediocre at best”*
- *“Not enough therapists”*
- *“Schools do not want to address issues of bullying or death threats made against my child, so I had to pull her out from that school.”*
- *“My child prefers an El Paso counselor; my child did not feel comfortable it’s the idea of therapy over the phone while at the school.”*
- *“at the charter school they have Catholic Charities providing mental health!! Big no no what about separation between church and state??”*
- *“School said we need a doctor's input if the child needs the service the doctor said we need the schools input before I can assess your child 7 yrs of this before my child saw a school psychologist.”*

Difficulties Accessing Mental Health Services at School
(% of respondents 2024)



Mental Health Services at School Need: Statistically significant differences by subgroup

- Parents of children from Hatch Valley Public Schools were more likely to report that their child needed mental health services at school (74%) than those from other school districts (46% at LCPS and private schools, 32% at GISD).
- Respondents who live with an extended or multigenerational family were more likely to report that their child needed mental health services at school (57%) than those who did not (36%).
- Respondents who live in a Tribal community were more likely to report that their child needed mental health services at school (60%) than those who do not (38%).



Mental Health Services in School Difficulty:

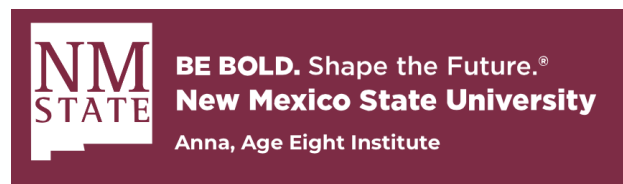
Statistically significant differences by subgroup

- Respondents that live in a tribal community were more likely to report difficulty accessing mental health services at school for their children (68%) than those who do not (43%).
- U.S.-born respondents were more likely to report difficulty accessing mental health services at school for their children (56%) than foreign-born respondents (37%).



About this survey

The **100% New Mexico** is an initiative of [NMSU's Anna Age Eight Institute](#). The 100% Community Survey for Doña Ana County was first conducted in 2019. The survey was conducted again between April and August 2024. The surveys were available in Spanish and English, online and on paper. The [Doña Ana County Resilience Leaders](#) promoted the survey through personal contacts, community events, and locations providing services, such as medical and behavioral health centers and food distribution sites. The survey was distributed through school district, city, and county outreach methods. An initial sample of 1,338 survey responses was collected. [NMSU's Center for Community Analysis](#) collected responses and analyzed the results. After eliminating responses from those who did not consent, did not answer any service-related questions, or reported living in another county, the final sample consisted of 1,106 valid respondents (775 online and 331 on paper). The survey aims to understand the level of need and access to basic surviving and thriving services. We hope the results serve as a jumping-off point, providing insight into areas that may merit further exploration. Visit the [Doña Ana County Resilience Leaders to learn more](#).



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