



# Informing a New Mexico Child and Family Services System Blueprint Voices from Rio Arriba

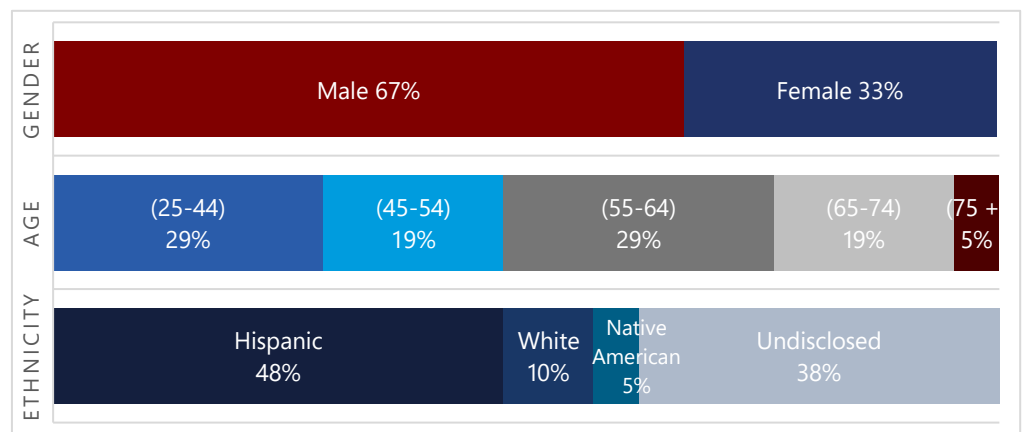
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Across New Mexico, Town Halls and Focus Groups are being held to guide the development of a Child and Family Services System Blueprint. This project was proposed by House Majority Floor Leader Gail Chasey. It is funded by Governor Michelle Lujan Grisham.

Families and service providers in six counties are sharing their stories about using or providing services. This document shares the results of Rio Arriba's Town Hall (49 participants) and two focus groups (21 participants). This document presents the findings from these engagements, highlighting the diverse perspectives within the community.

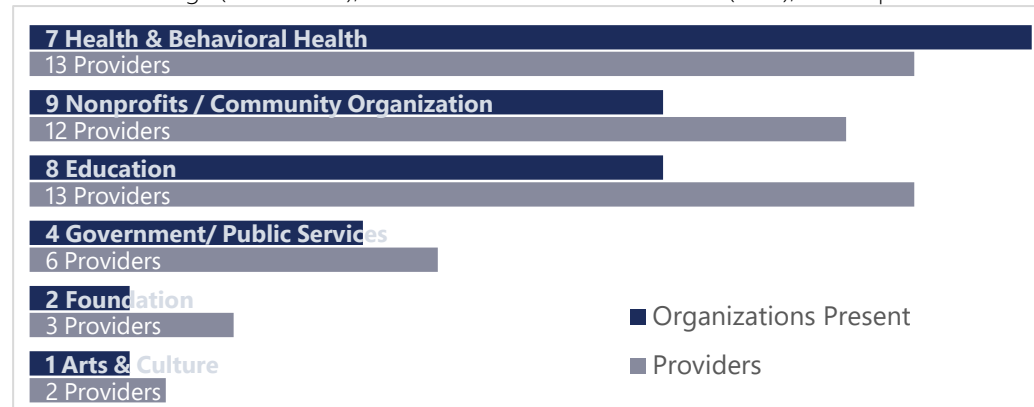
The Town Hall and Focus Groups were audio recorded and analyzed by Chapin Hall.

Focus group participants (see Figure 1) were individuals who could speak to accessing at least one of the following services: housing assistance, public transportation, food assistance, medical and dental care, behavioral healthcare, and child care. The Focus Group included 21 individuals who shared their experiences with local services. Participants ranged in age from 25 to over 75, with the majority between 25–44 and 55–64. The group comprised 14 women and 7 men. Regarding racial and ethnic identification, 1 participant identified as Native American, 2 as White, 10 as Hispanic, and 1 as Non-Hispanic; several participants chose not to disclose this information. Additionally, two participants were Spanish speakers and required interpretation services.



**Figure 1 Background of Focus Group Participants from Rio Arriba (21 People)**  
This figure shows the gender, age groups, and ethnicity of the participants from Rio Arriba County who chose to share this information.

Town Hall attendees (see Figure 2) included a diverse mix of 29 county organizations. Most individuals worked in schools or education settings (about 26%), health or mental health services (23%), or nonprofit and community-based organizations (29%).



**Figure 2 Town Hall Provider Attendees by Sector in Rio Arriba County**  
Shows the number and percentage of individuals representing education, health, community nonprofits, government, foundations, and arts. A total of 45 provider staff were present from 29 different organizations.

Others represented government and public services (13%), foundations (6%), and the arts and culture sector (3%). In total, Town Hall participants included 13 individuals from education, 13 from health and behavioral health, and 12 from nonprofit and community organizations. Additional representation included 6 individuals from government, 3 from foundations, and 2 from arts and culture.

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## PERSPECTIVE POINTS FROM THE COMMUNITY

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*This section reflects key themes from the focus groups, highlighting the challenges faced by residents accessing services and managing caregiving responsibilities.*

**Gaps in Local Services:** Many services—like healthcare, mental health, housing, and social programs—are not well connected, making it hard for families to know where to go for help. People described the system as confusing, with complicated rules and no clear starting point. There's often no follow-up after asking for help, which adds to frustration. For example, to get child care or food assistance, families often have to talk to many different people and fill out the same information multiple times. Mental health services are especially difficult to access due to high staff turnover, forcing families to retell their stories to new providers. These disconnects cause emotional and financial stress. Some suggested creating a "clearing house" to help families find and apply for services in one place.

**Challenges Accessing Services:** Families reported long wait times, limited staff, and poor service quality—especially in rural areas. Inconsistent public transportation makes it hard to attend appointments, and missed pickups leave people stranded. Food programs don't have flexible hours, and fresh food is often too expensive or unavailable. Parents expressed that after-school care is unaffordable, limited in hours, and lacks transportation. Some guardians also struggled to access benefits for children in their care because the biological parents were still listed as recipients. Insurance often doesn't cover needed medications, adding another barrier to care. Some participants who had experienced homelessness also described barriers due to strict residency rules—for example, not being able to apply for services in a nearby town because they didn't have an address within city limits.

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"WE'VE ASKED CONGRESS, AND IT'S MINIMAL, BUT THERE IS SOMETHING THAT NEEDS TO BE DONE. THE DRUG CRISIS HAS MADE IT HARD FOR GRANDPARENTS TO RAISE KIDS WITHOUT SUPPORT."

— County Resident

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**Caregivers Feel Overwhelmed:** Grandparents raising grandchildren shared how overwhelming caregiving can be—especially when their adult children are struggling with addiction or homelessness. Many said they never expected to become full-time caregivers again. Some had to quit jobs, leading to financial strain and increased reliance on welfare. Even with legal guardianship, they often faced challenges accessing benefits like SNAP or TANF because they were not their biological parents. Many expressed a strong reluctance to trust others with their grandchildren's care, saying they feel solely responsible. The emotional and physical toll of caregiving at an older age is heavy, and some felt that

their role is not recognized or supported enough by the system, as one grandparent described, *"We're old and we're tired and we're struggling, and there's no help for us."*

**Impacts of Substance Abuse and Alcoholism:** Substance use deeply affects families. Many caregivers described addiction as a generational cycle that adds trauma and makes caregiving harder. Families also said there are no nearby detox or rehab centers with qualified staff—some even have to go to jail to detox. Strict detox requirements and limited access to medications delay treatment. Lack of medical staff to help detox also limit access to rehabilitation. Treatment centers focus on opioids and not alcoholism. Group therapy settings don't work for everyone, especially those with PTSD.

These barriers were described as making recovery harder and leaving families without needed support.

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"[PARENTS WITH ADDICTION] ARE LOOKING FOR HELP. THEY CAN'T DO IT ON THEIR OWN. I'M GOING THROUGH THIS RIGHT NOW AND IT'S GETTING HARD AND IT'S GETTING TO THE POINT WHERE I JUST DON'T CARE ANYMORE. AND THE THING IS, IT HURTS MORE FOR THEM AND ME, BUT WHERE'S THAT DOOR THAT'S SUPPOSED TO BE OPEN TO GET SOME HELP? THEY JUST KEEP SHUTTING THAT DOOR ALL THE TIME."

— County Resident

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"NOW THEY DON'T HAVE NOTHING TO PROVIDE THAT TYPE OF THING. BECAUSE MY BROTHER'S AN ALCOHOLIC AS WELL AND HE GETS SEIZURES WHEN HE DOESN'T HAVE HIS ALCOHOL AND WHEN HE GETS ARRESTED AND THROWN IN JAIL, THEY ACTUALLY GIVE HIM MEDICATION BECAUSE HE IN JAIL. BUT THEY CAN'T DO THAT AT A TREATMENT FACILITY?"

— County Resident

**Financial Strain:** Families said the cost of important services like medical, dental, and mental health care is too high. Even with insurance, out-of-pocket costs are unaffordable. Housing is also very expensive, and public assistance doesn't go far enough. Strict rules and low benefit amounts leave many without enough food support. For example, one family only received \$25 in food stamps for a household of eight.

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## COMMUNITY-IDENTIFIED CHALLENGES WITH SERVICES

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*This section combines insights from both residents and service providers, outlining experiences with delivering or accessing vital services across sectors.*

**Food Services:** There are challenges with families getting fresh, healthy foods. Things like eligibility restrictions (not qualifying due to income limits), insufficient food assistance (not enough food for the money they have), and cost of produce limit families' access to needed support. Stigma around seeking aid further discourages participation. Families face difficulties with limited-service hours and transportation challenges, especially in rural areas. At the same time, providers are dealing with operational challenges, such as staff shortages and resource limitations, making it difficult to meet the growing demand. Providers mentioned the needs of some agencies like access to well equipped kitchens to prepare and distribute hot food, creating further obstacles in providing healthier options. Despite these challenges, programs like soup kitchens and food pantries are valued for their positive impact and contributions to the community.

**Transportation:** Limited awareness of transportation options, financial barriers, safety concerns, and rural area challenges limit access to essential services. Generational differences in attitudes toward public transportation and a strong sense of community—where residents often offer each other rides—help fill some gaps but are not a reliable substitute. Additionally, operational challenges such as driver shortages, limited funding, and uncoordinated services hinder the ability to offer consistent and reliable transportation in rural areas.

**Housing:** Significant concerns include the lack of access to eligible housing or landlords willing to accept housing vouchers, with long waitlists and strict eligibility restrictions, such as criminal record limitations and extended waiting periods, making it difficult for many to secure stable housing when they need it. Residents perceived a history of public housing options that were previously plagued by poor living conditions, including infestations and neglected repairs, with little accountability for maintaining these spaces. Residents expressed frustration over the lack of oversight and government follow-up, leading to ongoing issues in the housing system, such as landlords not accepting housing vouchers. In addition to these issues, providers identified the need for adequate transition services for youth aging out of foster care, leaving them without support. Efforts to build new affordable housing are frequently met with community pushback due to concerns about property values, infrastructure strain, and loss of land for charter schools in cases where there may be development. Despite initiatives to improve housing availability, strong resistance and insufficient government action have left housing needs unmet, worsening the homelessness crisis.

**Child Care:** Access to affordable child care is a major issue, compounded by trust concerns, administrative or operational delays, high costs, and limitations in after-school programs for older children. Families face complex assistance programs and bureaucratic hurdles, leaving many without the support they need for reliable child care. Frequent staff turnover and transportation barriers, such as lack of transportation to before and after-care programs further hinder reliable access. Providers identified the need for more support in offering flexible, affordable child care options, especially for working parents and those in rural areas. Additionally, resources and financial limitations for providers, combined with a need for training and certification to provide licensed care, lead to insufficient capacity in the system to meet demand.

**Medical & Dental:** In addition to general access challenges (transportation, affordability, insurance), the medical and dental sectors face specific issues that exacerbate these barriers. A shortage of specialists and healthcare providers leads to long delays in care. Dental services are described as a frustrating "runaround," with referrals and treatment delays caused by poor system coordination. Recruitment and retention, especially in rural areas, are hindered by lack of affordable housing and low salaries. Pipeline programs, aimed at training local students, are underperforming, resulting in high failure rates and limiting the workforce supply. These shortages, along with infrastructure gaps, have overburdened the system, with many providers concerned about burnout and the growing demand for services.

**Mental Health:** Key issues include insufficient therapy services (e.g. lack of variety or number of sessions covered), lack of continuity of care, and inadequate emergency response, which particularly affects families with grandparents raising grandchildren. Insurance barriers and fee-for-service models further complicate access, deterring many from seeking care. There was strong mention of the cultural stigma that discourages seeking mental health care, especially in rural areas, where mental health services are harder to access. Providers pointed to shortages of therapists, frequent provider turnover, and geographic challenges that limit access, especially for those living far from local resources. These combined factors result in a system that struggles to provide timely, consistent support, exacerbating the emotional and financial strain on families.

## COMMUNITY GENERATED IDEAS

This section presents a summary of potential ideas to enhance or improve several sectors based on suggestions from both focus group participants and providers to strengthen services in the community.

### Food Services

#### Coordination & Centralization:

- Coordinate efforts among all food service providers, pooling resources together to reduce duplication and improve the use of existing resources and better serve the community.
- Enhance collaboration and access to funding, supporting initiatives like the Food Action Team (Rio Arriba Health Council) to ensure services are targeted where they are most needed, especially in rural areas.
- Putting all the food distribution dates and times on a calendar to make sure there is coverage.
- Create a "one-stop-shop" where individuals can apply for food services or obtain information for these services.
- Create a centralized online platform where individuals can apply for food assistance, and once approved, they can conveniently order their groceries for home delivery.

#### Increase Access to Services:

- Expand food distributions to rural areas through mobile services or transportation to food services.
- Increase access and availability of regular services or expand operational hours to services.
- Expand funding opportunities to improve services in rural areas, particularly for initiatives like mobile delivery services or transportation services to food services that currently face limited financial support.
- Review qualification for food stamps, including family dynamics and income eligibility.
- Enhancing prevention on misuse of benefits.

*"I ONLY GET \$20 FOR FOOD STAMPS. I HAVE A LITTLE GIRL TO FEED. USUALLY, I GO TO THE LOCAL FOOD PANTRY TO GET MORE FOOD, BUT THEY RARELY HAVE FRESH FRUITS AND VEGETABLES."*

*— County Resident*

#### Expand Nutritional Options:

- Improve access to fresh food options within food services.
- Expand availability and hours of service to Farmers Markets.
- Enhance meal distribution infrastructure by providing support for ready-to-eat meal programs and investing in facilities where meals can be prepared, such as community kitchens.

#### Increase Awareness:

- Ensure that people, especially in rural areas, know about the available food services by improving communication efforts.
- Address the digital divide by providing access to information offline, such as through guides and physical resources, for those without internet access.

### Transportation Services

#### Improving Access to Transportation:

- Expand countywide and rural transit routes, ensuring transportation is available, particularly in underserved areas.
- Collaborate with school districts to use transportation during off-hours (e.g., summer).

#### Enhancing Awareness and Utilization:

- Launch marketing campaigns to promote existing transportation services, such as the Blue Bus and Medicaid options, focusing on underserved communities.
- Educate and improve service visibility by offering multiple ways (physical schedules, hotlines) for residents to find out bus routes and schedules.
- Address safety concerns and negative perceptions to create a more welcoming and secure environment for passengers.

*"THEY TELL YOU; THEY HAVE TRANSPORTATION BUT WHEN YOU NEED IT... THEY'LL CALL YOU AND SAY, WELL, WE DON'T HAVE NOBODY TO GO PICK YOU UP"*

*— County Resident*

#### Boosting Operational Capacity:

- Recruit more drivers and provide better training to ensure a higher quality of service.
- Adjust public transit schedules to be more responsive to community needs, offering more convenient times.

## Housing

### Leadership and Collaboration

- Advocate for housing issues at the state level, involving senators and representatives in prioritizing housing solutions.
- Enhanced collaboration among government entities, tribes, and non-profits to address housing needs.

*THEY PUT YOU ON A **WAITING LIST**  
AND **YOU DON'T KNOW WHEN**  
**YOU GOING TO GET IN. I'VE BEEN**  
**ON IT FOR TWO TO THREE YEARS.***

*– County Resident*

### Improve Infrastructure and Planning:

- Develop a comprehensive master plan for growth and public service to address limited land and infrastructure available.
- Focus on sustainable housing solutions including improving water, sewer, and road infrastructure.
- Improve accountability and standards for public housing projects, with stronger oversight and follow-up on how housing funds are used.
- Renovate condemned or underused buildings in Española to increase housing availability.

### Support Affordable Housing:

- Provide consistent government support for affordable housing projects and address community pushback through transparent communication, particularly regarding property values, infrastructure concerns, and misconceptions.
- Increase outreach so residents know about affordable housing programs.
- Help people understand that these programs aren't the same as low-income subsidies. They're tools to support working families in buying homes and building financial stability.

## Child Care Services

### Maximizing Existing Child Care Programs:

- Strengthen and invest in current child care programs, like those already offered by local organizations, to support families without the need to create entirely new services.
- Expand awareness and better inform families about existing child care services and programs that are already available in the community, such as respite care and financial aid for child care.

*"I WILL NOT HAVE ANYONE  
ELSE TAKE CARE OF THEM...  
I JUST DON'T TRUST ANYBODY  
WITH MY GRANDKIDS."*

*– County Resident*

### Improving Access, Communication and Implementation:

- Improve local coordination in communication of child care requirements, streamlining processes to reduce delays and administrative barriers for families seeking assistance.
- Focus on effective distribution of funding to ensure child care services are accessible, well-coordinated, and reach families in need.
- Provide a navigator to help families access available financial resources for child care.
- Build stronger connections between caregivers for mutual support.
- Provide safe transportation options for children to get to child care facilities and improve transportation.

### Supporting Informal and Formal Providers:

- Increase wages for child care workers and professionals to attract and retain quality staff.
- Expand support for respite care services, ensuring they accommodate older children and continue as children age out of current programs.
- Help informal caregivers, helping them access funding or become licensed.

## MEDICAL AND DENTAL

### Workforce Shortages & Retention:

- Increasing Medicaid reimbursement to attract more providers.
- Offer higher salaries or housing allowances for healthcare providers and expand loan forgiveness programs to attract young professionals to the area.
- Expand affordable housing for healthcare providers.
- Support better schools and family-friendly environments to attract healthcare providers with children.
- Increase salaries to make the area competitive.
- Strengthen pipeline programs to better prepare local students.

### Access to Services

- Improve transportation options or offer travel stipends for accessing medical and dental care.
- Utilize mobile clinics to reach underserved areas or offer on-the-go providers (e.g., dentists, nurses) who visit patients.
- Expand financial support for patients to reduce out-of-pocket costs.

*"THERE ISN'T ANY... THE AVAILABILITY AND THE TIMES AND THE COUNSELORS ARE, THEY'RE JUST MAXED OUT."*

– County Resident

### Service Awareness & Coordination

- Increase marketing and outreach to raise awareness about available services.
- Encourage collaboration between nonprofits and healthcare providers to streamline referrals and provide additional support for underserved populations.
- Improve system coordination to streamline referrals and reduce delays in treatment.

## Mental Health

### Workforce & Retention

- Increase wages and offer loan forgiveness to retain professionals.
- Provide affordable housing and housing incentives for healthcare staff.
- Hire more qualified providers, including those who speak multiple languages (e.g., Spanish).
- Provide training and development for future mental health professionals.

### Access to Services

- Expand city planning and infrastructure to accommodate growth and improve access to mental health services.
- Increase access to therapy alternatives, such as arts-based or cultural counseling or expand peer support programs.
- Normalize mental health care to reduce stigma, particularly in rural areas.
- Improve marketing and outreach to increase awareness of available mental health services.
- Increase funding for mental health services and reduce costs for individuals.
- Provide clear information about insurance and service costs to reduce confusion.

*"THERE IS ONLY ONE PHARMACY BY ME, IF YOU GO THERE AND THEY DON'T HAVE YOUR PRESCRIPTION SOMETIMES YOU HAVE TO WAIT A WEEK. I RELY ON THIS MEDICATION."*

– County Resident



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## IDENTIFIED INTEGRATION NEEDS ACROSS ALL SERVICES

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*This section highlights the key factors that emerged across all service areas, revealing shared challenges.*

**Collaboration Across Services:** Participants expressed the need for different organizations, especially nonprofits, healthcare providers, and social services, to work together rather than operate in silos. One significant challenge identified was the tendency for organizations to focus on their specific mandates (e.g., distributing food or providing healthcare) without much communication with other organizations, leading to duplication of efforts. A suggestion was made to create more regular meetings or a shared system for coordinating these services, though it was acknowledged that organizations are often overworked and understaffed, making it difficult to attend coordination meetings.

**Challenges with Funding Models:** The town hall showed that one reason services don't work well together is how funders give out money. Funders usually want to see clear results, like how many pounds of food were given out. But they don't give money to support teamwork between different groups. Without funding for working together, it's hard for organizations to stay connected and help families in a smooth and organized way.

**Resource Guides:** Multiple resource guides exist, but they are not consistently shared among organizations. Participants called for better sharing of these guides and the creation of a more centralized, unified directory that could be easily accessed by both service providers and residents.

**Systemic Barriers to Collaboration:** Some participants emphasized that while there is a desire for better integration, systemic issues like high staff turnover, burnout, and time constraints prevent more meaningful collaboration. As a solution, some proposed establishing a more streamlined system where organizations could share information and resources, potentially through an online platform or more centralized resource centers.

*"We need to have resources that tell us what's available to us."*  
- County Resident

### Suggested Citation

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