

Informing a New Mexico Child and Family Services System Blueprint Voices from Valencia

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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 Valencia County’s Town Hall (34 participants) and focus group (16 participants). These participants offered insights into navigating services across the county. The sessions 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 childcare. The group included 16 adults. Most were women (13 people) and identified as White (13 people). The group also included 2 men, 1 genderqueer participant, 2 people who identified as Mexican American race, and 1 person who identified as Native American.

Mexican American race is counted as “Other” in analysis. Most participants were between the ages of 25 and 64, with 2 between 18 and 24 and 1 between 65 and 74. The table shows the full percentage breakdowns, all based on this group of 16.

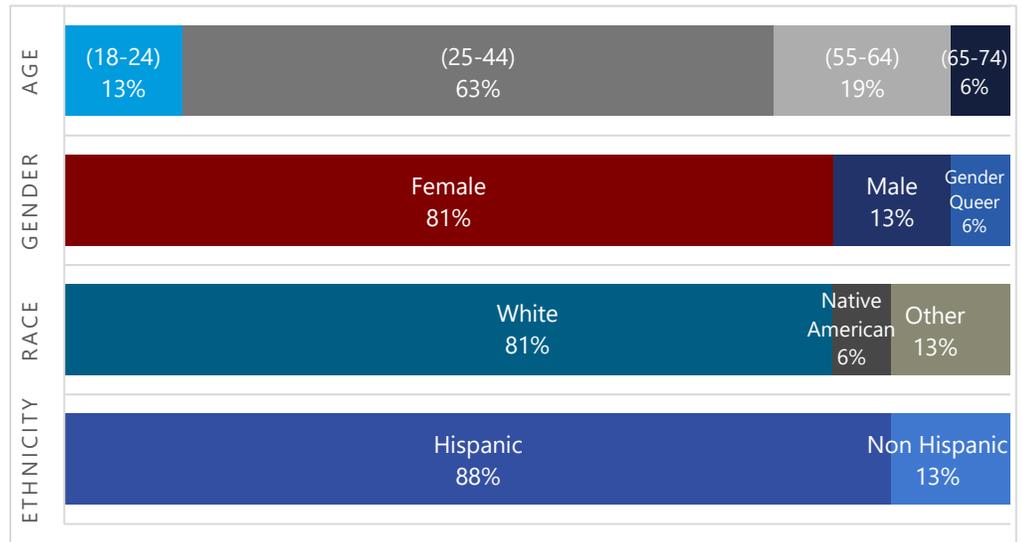


Figure 1 Background of Focus Group Participants from Valencia

This figure shows the gender, age groups, race and ethnicity of the participants from Valencia County who chose to share this information. Note: there were no participants ages 45-54.



Figure 2 Town Hall Provider Attendees by Sector in Valencia County

The figure represents the proportion of individuals affiliated with various service sectors. A total of 34 provider staff attended from 18 organizations.

Town Hall attendees (see Figure 2) included representatives from 18 organizations serving Valencia County. Together, these attendees contributed valuable insights into how services are coordinated, accessed, and delivered across the county. These participants represented different sectors, with the largest representation from nonprofit and community-based organizations (37%), followed by health and behavioral health organizations (26%) and education (21%). A smaller proportion of attendees represented government or public services, arts and culture, and other sectors (5% each). The Town Hall brought together 34 provider staff from a mix of sectors. This included 15 participants from nonprofit and community organizations (44%), 7 from health or behavioral health organizations (21%), 6 from education (18%), 3 from arts and culture (9%), and 1 from a government or public service agency (3%). Two participants (6%) did not report their organization or sector.

PERSPECTIVE POINTS FROM THE COMMUNITY

This section reflects key themes from the focus groups and highlights the challenges community members face when accessing services, resources, and support.

Key takeaways: Residents of Valencia County face major barriers to food, health care, transportation, and safe infrastructure—especially in rural areas. They describe public systems as broken and unresponsive, often forcing individuals and families to take on the work of service provision themselves. Despite these challenges, the community remains strong, resourceful, and committed to supporting one another.

Broken System: Community members describe public systems as fundamentally broken because they are inaccessible, unresponsive, poorly maintained, and designed without the realities of rural life in mind. Participants felt that rather than serving residents, these systems shift the burden onto individuals, leaving many without reliable access to food, health care, transportation, or safety. Participants described a daily struggle to navigate services that are either inaccessible or insufficient, compounded by a lack of meaningful investment in rural areas. Despite their resilience and resourcefulness, residents conveyed a strong sense of abandonment, broken promises, and a desire for equitable, reliable access to essential services.

Rural Areas Are Left Out: People who live in remote parts of the county—like Meadowlake or El Cerro—feel forgotten. They reported unpaved roads, missing street signs, lack of sidewalks or lighting, and slow or absent emergency response. Some even described situations where ambulances took so long to arrive that families resorted to driving loved ones to the hospital themselves. Public transportation is limited and unreliable—requiring advance scheduling, only running on weekdays, and often bypassing entire communities. These gaps in infrastructure affect daily life including accessing food, school, work, and healthcare.

"THEY'RE BUILDING ALL THOSE NICE HOUSES AND FIXING ROADS OVER THERE—BUT WHAT ABOUT US? WE STILL DON'T HAVE LIGHTS, SIDEWALKS, OR EVEN A STOP SIGN. WE'VE LIVED HERE FOR YEARS, AND IT'S LIKE WE DON'T EXIST."

— County Resident

but being told no providers would accept them. There are long waiting times for mental health services and a lack of psychiatrists who can prescribe medications. Residents described being passed between providers, misdiagnosed, or denied help altogether.

Behavioral Health & Housing Instability: Participants raised serious concerns about the lack of services and support for people experiencing homelessness, mental illness, and substance use. They noted the absence of emergency shelters or transitional housing in the area, leaving people—especially those on fixed incomes or struggling with rising rents—without safe places to go. Substance use and addiction were described as widespread problems, with few treatment centers available and services that are difficult to locate. Mental health challenges were said to

"THERE ARE PEOPLE LIVING IN THE BUSHES OR DOWN BY THE RIVER, AND THEY DON'T HAVE A PLACE TO GO. SOME OF THEM ARE USING, AND SOME OF THEM JUST NEED HELP—BUT THERE'S NOT MUCH OUT HERE FOR THEM."

— County Resident

Strained Services: The local health system is stretched thin. Participants reported few medical and dental providers, especially those accepting Medicaid or offering specialty services like orthodontics or root canals. Some adults described needing urgent care for chronic pain or dental infections

"WE'RE GRATEFUL FOR WHAT WE GET, BUT IT'S NOT ENOUGH. THAT'S WHY WE VOLUNTEER, WE HELP EACH OTHER. IF THEY'RE NOT GOING TO FIX IT, WE TRY TO MAKE IT BETTER FOR OURSELVES."

— County Resident

intensify these issues, often contributing to housing instability or addiction. One participant shared, *"If you can't get your medications... that's gonna lead to some big trigger points nonstop that can create this huge, massive explosion... nightmare of a situation that can affect all kinds of people, big ripple effects."* Residents described treatment options as harsh and unwelcoming. One county resident stated, *"Substance abuse treatment here is really, kind of, cruel... almost prison-like, or militaristic, or entirely fatalist."* While outreach efforts were appreciated, participants said there are few recovery programs and not enough long-term support. Many stressed the need for counselors and recovery staff with lived experience. Some described seeing people in public who appeared to be in crisis—wandering into traffic or acting erratically—adding to a sense of fear and urgency around improving access to care.

COMMUNITY-IDENTIFIED CHALLENGES WITH SERVICES

This section combines insights from both residents and service providers who participated in the sessions, outlining experiences with delivering or accessing vital services across sectors.

Food: Residents acknowledged and appreciated that food services like food banks and distributions are available in the community, especially for families and seniors. At the same time, residents and providers raised concerns about how difficult it is to access these services. Providers noted that food pantries were never meant to serve as long-term solutions and called for upstream policy changes to address the root causes of hunger. Providers described the food system as uncoordinated and dependent on volunteer-run pantries, with inconsistent quality and availability. Residents echoed these concerns noting that pantry services operate on limited schedules; lack transportation options; limit clients to one-box-per-month; and only provide weekday distributions. While one town hall participant made a critical remark about families taking more food than needed, this assumption did not match what most residents described. Instead, they shared stories of receiving too little food for the size of their households. As one resident explained, *"They ask you how much is in your household... but the food that they give you doesn't pertain to what you told them...It's the same amount for everybody across."*

Residents and providers emphasized the need for better communication. Some residents said they had not heard of certain services unless they were already connected to other support programs. Providers acknowledged this, noting that families often rely on word-of-mouth or flyers to learn about food distributions. Residents and providers emphasized that food access should be handled with more dignity. Residents described receiving large quantities of perishable items they couldn't use in time, food items that had already expired, and poor-quality foods such as canned goods their children wouldn't eat or boxes of items that spoiled quickly. Providers agreed, one stated, *"We need to make sure food isn't just leftovers from somewhere else. It needs to be food that makes people feel respected."* Residents described challenges with SNAP (food stamps). While some found the benefits helpful, many said this benefit didn't last through the month—especially for larger families or households with fluctuating incomes. One resident said they received only \$15 in SNAP after gaining employment and had to rely entirely on pantries for meals. Others described losing benefits during re-registration periods, which caused unexpected gaps in support and led to food insecurity.

Transportation: Providers and residents identified transportation as one of the largest barriers to accessing services in Valencia County. Common challenges included long wait times, limited schedules (one or two buses or trains per day), no weekend service, and unreliable pickups, such as drivers arriving too early or not showing up at all. One participant reported being charged \$75 for a missed medical appointment because the ride never arrived. Most transportation services require 24 to 72 hours' advance notice, which does not accommodate emergencies or unpredictable needs. Coverage is especially limited in rural areas, with few destinations served. Several residents were confused about how the systems work—one asked during a focus group, *"Do you have to call from the bus stop?"* Providers echoed these concerns, describing unclear scheduling processes and a general lack of public awareness. One provider noted, *"I find that it's very difficult for our clients that we're servicing to schedule any kind of transportation, or even to get to us at any time of the day or night."* Another described the difficulty of reaching nearby towns like Belen due to the absence of buses. Many residents do not own cars and rely on family, neighbors, or transit. Others said they lived on unpaved roads or in areas without sidewalks, making it dangerous to walk or be picked up. Participants stressed the need for more frequent, flexible, and regionally tailored transportation options to connect people with food, jobs, and health care.

Housing: Providers and residents expressed concerns about the high cost and lack of regulation in the housing market. Providers said landlords often charge \$1,400 to \$2,000 for small apartments and refuse to accept Section 8 vouchers. One provider shared, *"If I say it's a voucher, I don't even get a hello."* They explained that the Section 8 program does not work anymore, with waitlists that are closed or have not changed in years. Even income-based housing is too expensive. Many families don't qualify for shelter or housing programs due to strict eligibility rules. One provider pointed out that "there's nothing holding the landlord... from inflating these numbers," and said housing authorities don't offer much support or oversight. Providers criticized how poorly different agencies work together and how plans for public housing or better transportation often fall through. Some said their clients give up applying for help because the system is confusing and hard to deal with.

Residents described what it feels like to live in this housing system. Some said they are stuck in overcrowded, unsafe, or run-down apartments—like one person who pays \$1,000 for a studio crawling with cockroaches and mice. Families reported feeling ashamed of their living conditions, which affected their self-esteem and their children's. Others were denied home loans because of low or no credit, even if their spouse is a veteran. Several participants shared stories of past homelessness or having to move

into shelters before getting housing. One person said even income-based apartments can cost \$1,200 a month, and it's common for families with kids to squeeze into small two-bedroom units. Residents discussed how economic instability, including job loss and insufficient income, directly impacted participants' ability to afford housing. Many felt trapped in their current situations due to the high costs of living and lack of support systems.

Child Care: Child care in Valencia County is a significant challenge for both families and providers. Families stressed that childcare gaps force difficult decisions that affect their ability to work, study, and meet daily needs. Many residents commute to jobs outside the county, estimating that *"80% of people employed work outside of Valencia County,"* and struggle to find care that fits their long or irregular schedules.¹ (Residents and providers agreed that most child care centers close too early, typically by 5:30 or 6:00 PM, and too few stay open later. In rural areas like El Cerro, families experience long drives to reach a daycare. Others highlighted the lack of emergency or drop-in options, which are critical for appointments or part-time needs. Cost was another major issue. Several parents said it was cheaper to stay home than pay for daycare, despite New Mexico greatly expanding its coverage for child care and decreasing or eliminating co-pays.² Other residents took jobs at child care centers so they could bring their kids with them. One provider emphasized that many families lose benefits when they work for an employer, making it financially impossible to afford daycare. The Child Care Assistance Program meant to help with child care costs, but residents and providers said this program was difficult to navigate, with confusing applications, sudden documentation demands, and long delays. One parent said she was required to provide income documents but was later asked for more paperwork without warning. Others were denied support for not meeting strict eligibility rules. Providers acknowledged that these barriers are especially hard on families in crisis.

Families of children with developmental delays or disabilities felt excluded from care altogether due to a lack of qualified, patient staff. Trust and safety were recurring concerns, with parents reluctant to leave their children with caregivers they didn't know or who lacked experience. One mother who spoke of the struggles of having a child with undiagnosed autism said it was hard to trust childcare staff, while others said they'd rather stay home than risk unsafe care. The closure of trusted programs such as UNM-Valencia's daycare and local Head Start sites was a major concern, with residents saying it reduced the child care options. Both groups highlighted the child care workforce crisis. Providers explained that while training and certification requirements have increased, wages remain too low to retain staff, leading to shortages and burnout. One provider noted, *"The state requires more and more... but there's no money to pay them."* Consumers agreed, pointing out that many centers are full due to understaffing, meaning that parents are often turned away. They also expressed frustration with unrealistic expectations: some centers require associate degrees yet only offer \$12/hour.

Medical & Dental: Residents and providers in Valencia County described the local healthcare system as deeply strained, citing major issues with access, affordability, provider shortages, and transportation. Many families struggle to find primary or specialized care within the county due to clinic closures, limited hours, and long wait times. Urgent care clinics are overcrowded and often function as makeshift primary care centers, especially for people with Medicaid. Emergency rooms were described as overwhelmed, with patients being treated in hallways or triaged outside due to limited space. Patients frequently reported being referred to Albuquerque, Rio Rancho, or even Santa Fe for specialists, trauma centers, pediatric eye care, or dental treatment—placing a disproportionate burden on those without reliable transportation. For example, families in Meadow Lake or El Cerro face long travel times and barriers to emergency care. Rio Metro transit riders were sometimes penalized for missed appointments due to delayed or absent buses. Some providers expressed concern that the planned hospital site would be hard to access due to frequent traffic congestion and limited roadways. Amid these systemic challenges, a striking exchange during the Town Hall revealed a divide in perspectives. One participant expressed frustration that residents seem to "expect to be rescued," attributing some challenges to a lack of personal responsibility. However, a provider immediately pushed back, emphasizing that most families are navigating incredibly complex systems with minimal support and that their frustration is valid.

Cost and insurance were noted as major obstacles. Participants expressed that care (even with Medicaid or sliding scale programs like First Choice) is expensive, with high co-pays, unexpected out-of-pocket expenses, and frequent gaps in coverage. Several participants reported having a hard time navigating Medicaid, including long enrollment delays, or difficulty finding in-network providers. Dental care was noted as particularly inaccessible for adults on fixed incomes. Medicaid was said to cover braces under strict criteria, and even then, few orthodontists would accept Medicaid. One participant delayed care for six years due to cost. Others described needing thousands in upfront payments for treatment like root canals, even when a provider or service was

¹ *Approximately 77% of employed residents commute outside the county for work, according to the Valencia County Comprehensive Plan.*
<https://www.co.valencia.nm.us/DocumentCenter/View/28285/2022-Valencia-County-Comprehensive-Plan>

² <https://www.hcn.org/issues/56-8/how-new-mexico-made-child-care-free-for-most-families/>

originally in-network. Trust and respect during interactions with medical and dental care providers were recurring concerns. Several residents felt judged, especially when they were perceived as low-income, disabled, overweight, or part of a marginalized group. Some participants avoided care altogether after feeling dismissed, disrespected, or shamed by staff. Others reported that assistance often depended on knowing someone in the system. Language and technology were named as barriers for many families. Providers noted that translation services were not always easy to access, and that few staff are bilingual. Telehealth was especially challenging for families without reliable internet, private space, or familiarity with online platforms, leading some to stop participating in services altogether.

Mental Health: Residents and providers across Valencia County described major barriers to mental health care, including long waitlists, overcrowded facilities, and a shortage of psychiatrists who can prescribe medication. Although therapy services are visible in the community, many participants reported being turned away or placed on months-long waitlists. Participants noted that mental health providers were inaccessible, and this led to delays in care, with one person unable to see their doctor for over a year and forced to obtain psychiatric medication at urgent care. Others described calling multiple local clinics, only to be told none were accepting new patients. Residents and providers felt these gaps contributed to emotional breakdowns, crisis episodes, and broader community harm, particularly when psychiatric medications were delayed, denied, or incompatible with their needs. One participant described being prescribed a medication that worsened their condition, saying it left them feeling “even more” worn down and mentally distressed before they could get it changed at their next appointment. Cost was another barrier. With public insurance or no insurance, psychiatric medications can exceed \$1,000 per month; even with insurance, out-of-pocket costs remained high. Some residents traveled to Albuquerque and paid student clinic fees to renew prescriptions. One participant said their mental health stability depended on insurance covering \$1,500 in monthly psychiatric medications.

Many residents reported negative experiences with providers, describing therapy as rushed, overly focused on prescriptions, or lacking emotional support. One person waited months only to be told, *“You can see me in six months and I’m just gonna give you some pills.”* Another said they ended up consoling their own therapist during a session. Participants called for more trauma-informed, culturally responsive care, especially from providers with lived experience. As one resident shared, *“You’re in this field because of your trauma, and you wanna make a difference for everybody else.”* Trust was low when providers lacked empathy or real-world understanding. Stigma was another barrier, especially for youth. Some residents described children refusing therapy due to shame or fear, while others said parents discouraged kids from speaking up, reinforcing a culture of silence.

Providers discussed how gaps in mental health services result in missed opportunities to intervene before symptoms escalate and placed undue pressure on police and emergency rooms. Providers explained that because Valencia County lacks a dedicated mental health crisis response team, people in psychiatric crisis, (such as those experiencing suicidal thoughts, panic attacks, or psychosis) have limited options for support including calling 911, the emergency room, or be transported to Albuquerque. Providers shared that even teams trained in severe mental illness are not equipped to respond immediately or take on acute cases. Law enforcement often assumes the only available mental health team in Valencia will “just handle it,” but they have limited capacity and authority when someone is suicidal or homicidal. One provider noted they had 86 clients across three counties and couldn’t follow up for two weeks. One provider explained that frequent staff turnover of law enforcement—especially in some counties—makes it difficult to retain professionals with crisis response experience, and ongoing training requirements are hard to keep up. They emphasized that effective response depends on inter-agency networking, repeated cross-training, and ensuring that law enforcement knows what resources are available and who to call in a crisis. Without this coordination, even well-intentioned services struggle to respond consistently or effectively.

COMMUNITY GENERATED IDEAS

This section presents a summary of ideas to enhance or improve access to service or strengthen service delivery based on suggestions from focus group and town hall participants and providers.

Transportation

- Prioritize medical transportation over recreational routes like trips to casinos.
- Change funding allocation to prioritize transportation.
- Adjust service boundaries (use zip codes) to reach more areas and to broaden service eligibility or routing
- Build a monorail
- Create express train routes that skip stops to speed up trips.
- Establish regular transportation routes, especially on main streets.
- Provide more affordable options for accessing services.
- Offer on-demand or flexible ride services rather than requiring pre-scheduled appointments. Reduce reliance on hard-to-schedule ride services like Twin Transit, which require calls and appointments far in advance.
- Establish a bus route along Meadow Lake, especially to connect people to train stations.
- Distribute train schedules by mail to improve awareness and planning.
- Foster collaboration between municipalities and counties to subsidize transportation efforts.
- Change funding allocation to prioritize transportation.
- Increase funding for Rio Metro to obtain more buses and hire more drivers.

"THERE'S LIMITED TRANSPORTATION. LIKE, ALL THE TRANSPORTATION THAT'S HERE, YOU HAVE TO CALL 24-HOURS AHEAD OF TIME TO SCHEDULE. AND IT'S LIKE SOMETIMES MAYBE THERE'S AN EMERGENCY AND, YOU KNOW, YOU HAVE YOUR CAR BROKE AND YOU HAVE TO GET TO WORK. YOU DON'T HAVE THAT 24-HOURS TO CALL."

– County Resident

Housing

- Conduct community housing needs analysis.
- Build more housing with low-income units, consider rent control, lower rent or mortgage requirements.
- Expand low-income housing availability to reduce long waits.
- Add more senior housing options locally.
- Provide more assistance or benefits for housing loans. Rethink how credit/background affects housing access.
- Hold planners and developers accountable to build accessible housing.
- Emphasize legislative action to improve oversight and accountability in the housing market, such as the needed zoning and regulations that encourage accessibility or reforming for "a real housing authority."
- Petition for inclusionary development or blended housing developments that include a mixture of high-, mid-, and low-cost housing" and incentives for multi-housing structures.
- Create secret/emergency safe houses for women and single fathers. Consider buying and converting vacant homes into these safe houses.
- Establish building to home unhoused, build more housing for people experiencing homelessness. Create housing spaces like a tiny house community to Valencia County to help with the unhoused.

"MORE ASSISTANCE FOR LOANS, YOU KNOW, HOUSING LOANS. OR AT LEAST GIVE US A LITTLE BIT OF MORE BENEFITS. BECAUSE NOT EVERYBODY IS ABLE TO [GET] AHEAD. SOME PEOPLE LOSE THEIR CREDIT DUE TO THE FACT OF NO MONEY.

– County Resident

Food

"RENT IS NOT AFFORDABLE IN LOS LUNAS OR BELEN. IT'S CHEAPER TO LIVE IN ALBUQUERQUE, AND THAT'S SAD."

– County Resident

- Ensure more frequent pantry availability—ideally more than once per month and **easily accessible** (near homes or schools, on bus lines).
- Hold indoor farmers markets to ensure year-round access to fresh produce,
- Expand available pantry hours to accommodate for after work hours or on weekends.
- Provide more protein, culturally relevant, and perishable items
- More food rescue efforts are needed to recover perishable or surplus items—such as fruits and vegetables— that would otherwise go to waste, and redirect them to people in need.
- Simplify and streamline apps for WIC and Double Up Food Bucks
- Offer Double Up Bucks year-round and at stores like Walmart.
- Adjust qualification thresholds for benefits. For example, expand WIC eligibility to include all caregivers (e.g., single dads,

“AND THEY DON'T HAVE IT ON THE WEEKEND... IT WOULD BE NICE IF THEY WOULD HAVE, LIKE, MAYBE HAVE A BUILDING OR WHATEVER THAT, YOU KNOW, THAT THEY WOULD HAVE FOOD AND YOU COULD, IN NEED, YOU COULD GO AND PICK UP, YOU KNOW, SOMETHING.”

– County Resident

“THE WIC SHOULDN'T JUST BE FOR WOMEN. IT SHOULD ALSO BE FOR SINGLE DADS AS WELL OR GRANDPARENTS.”

– County Resident

grandparents)

- Consider a sliding scale instead of firm limitations or cutoffs for benefit eligibility.
- Regularly update the resource directory (or keep up with a shared calendar among providers and volunteers for coordination) and

distribute printed versions.

- Better inform community of where to go. Use more communication strategies to inform residents of pantry dates, times, and locations.
- Avoid “one size fits all” policies—allow flexibility in pickup rules (e.g., no penalties for needing help more than once, allow more than one food source).
- Allow more than one food source without punishment or accusations of “double-dipping.”
- No limitations on what's provided. If people need help they need help and if there's options then there won't be as much concern for "misuse" of services
- Connecting with people in need to help address some of the barriers in accessing food, such as transportation, and the negative stigma tied to receiving these services.
- Design food pantries to reduce stigmas (e.g., open kitchen concept where clients choose items).
- The pantries should be paid for the data. Advocate for pantries to be compensated for collecting and sharing data with agencies like USDA.
- Collect Data to improve accountability and tailor solutions by tracking what is needed or missing, justify food request, and understand practical barriers to access.
- Support programs like Farm to Table, which connected local food sources to families.
- Create medium-scale food services focused on producing and distributing healthy meals.
- Explore or expand alternative models like mobile food services or coordinated food delivery.

Child Care Services

- Provide proper funding to prioritize high-quality providers. There is a call for better compensation for child care providers to retain staff and ensure quality care.
- Create emergency or short-term child care options for parents when needed
- Fill the need for child care providers that operate outside of standard hours to accommodate working parents, especially in a commuter community.
- Leverage advocacy resources like Think New Mexico to support child care and education reform.
- There was emphasis on more outreach and case management to help families navigate services.

“THE REASON WHY A LOT OF THE DAY CARES ARE FULL IS BECAUSE THEY'RE SHORT STAFFED BECAUSE NOBODY WANTS TO WORK FOR MINIMUM WAGE TO TAKE CARE OF KIDS.”

– County Resident

MEDICAL AND DENTAL

- Create programs to subsidize healthcare costs for people with fixed incomes (e.g., cover half the cost, or fully cover dental/orthodontic care).
- Reduce emergency response delays by expanding urgent care access so people don't have to wait for ambulances.
- Improve emergency healthcare access in all communities by establishing accessible clinics (24-hour or 24/7) for emergencies and after-hours care.
- Reintroduce or expand school-based health services, to provide consistent healthcare access to students such as in-school vaccinations and nurse-administered care.
- Consider alternative methods of accessing care such as home visits or mobile services (e.g., portable dental and medical stations)
- Inform the community more about services available locally.
- Address why doctors are leaving the state. Fill the need for more pediatricians.
- Promote internships in Valencia County and provide incentives to stay.
- Work with hospitals on rotating specialists for outpatient services.
- Staff emergency rooms with on-call general surgeon and pediatrician

"MEDICAL CARE IS A LUXURY"

– County Resident

Mental Health

- Need more crises help and more crisis response options, especially for those experiencing psychosis.
- Partner with law enforcement to be more crisis-response ready for severe mental illness cases.
- Utilize 988 as both a crisis response line and a referral connection system. Use 988 as a central referral source to connect families with local mental health providers and enable follow-up.
- Improve awareness of available mental health resources so families understand what support is available.
- Create a logic flow map or flow chart for mental health response—for both providers and the public.
- Educate providers and the community about what services exist and how to refer across systems.
- Increase public awareness of available mental health services. Ensure day support services are available and visible.
- Establish 24-hour services for mental health care and improve after-hours care access for behavioral health crises.
- Coordinate through state platforms like OpenBeds, where providers list availability and receive direct referrals.
- Create residential detox and rehabilitation options.
- Expand inpatient services – many noted there is no inpatient care currently.
- Make services more economically accessible.
- Offer walk-in therapy options, especially for postpartum mothers experiencing distress.
- Address transportation barriers – promote reliable transportation for mental health appointments.
- Use community health workers to share and contribute to service maps and navigation tools.
- Encourage collaboration rather than competition between providers—coordinate referrals instead of siloed approaches.
- Expand housing, employment, and recreation supports tied to behavioral health.
- Address long wait lists for mental health services.
- Improve frontline phone response – current approach is described as unwelcoming and discouraging.
- Ensure kids without insurance can still access help for mental health needs.
- Begin mental health engagement in schools, where students feel safe enough to open up before escalating concerns to parents.
- Make counselors more approachable during school and parent meetings so children feel safe and supported.

"THEY NEED A CASE MANAGER, THEY NEED A SOCIAL WORKER, THEY NEED SOMEONE THAT WILL, KIND OF, GUIDE THEM THROUGH"

– County Provider

IDENTIFIED INTEGRATION NEEDS ACROSS ALL SERVICES

This section summarizes common themes that cut across all service areas.

Navigation and Technology: Across sectors like mental health, food, housing, and social services, participants described the service system as fragmented, and difficult to navigate. Many people don't know where to go to get services, how to qualify, or who to ask. Even when services are available, the burden falls on individuals to figure it out. To improve access, participants recommended creating a centralized, regularly updated service map or flowchart and sharing it widely through platforms that residents use (like Facebook) They also suggested training case managers and local partners to guide residents and alert of service availability in community spaces.

Participants emphasized the role of technology in expanding access, highlighting tools like 24/7 Telehealth services for medical and mental health care. However, they cautioned that technology can also create barriers for those without reliable internet or digital literacy. For tech-based solutions to be effective, they must be paired with efforts to improve connectivity in rural areas.

Make Services Accessible and Flexible: Access to services often depends on geography, income, and identity.

Participants called for equity in service distribution—both demographically and geographically. They recommended revising rigid eligibility criteria and expanding grant guidelines to better reflect current situations. Transportation access between towns and service availability during weekends were highlighted as critical gaps.

Promote Advocacy and Policy Change: To achieve lasting improvements, participants called for stronger advocacy and public accountability. Strategies included organizing public comment at county meetings, educating residents about influencing funding decisions, and holding local officials accountable for inaction. There were also concerns about restrictive funding structures that exclude many in need—for example, grants that only serve narrowly defined household types. Participants urged expanding eligibility criteria and increasing flexibility in how funds are used. They also emphasized the need for increased public investment to support grassroots efforts, noting that many community members are forced to cover essential service costs without adequate government support.

"I THINK IF THEY UNDERSTOOD THAT THAT WAS AVAILABLE TO THEM, THIS WOULD BE LESS OF A PROBLEM... THERE'S PLENTY OF SERVICES WHERE THERE'S CASE MANAGERS AND SOCIAL WORKERS AND THERAPISTS AND OTHER RESOURCES HERE IN THIS COUNTY....WE JUST NEED TO GET OUT AND LET THEM KNOW."

– County Provider

Suggested Citation

Baquedano, J., Makousky, K., DiPetrillo, B., & McCrae, J.S., (2025). *Informing a New Mexico Child and Family Services System Blueprint: Voices from Valencia*. Chapin Hall.

Contributors. In addition to the authors, we wish to recognize Melissa Moyer Katherine Courtney, and Veronica Krupnick for their support with the data collection process, and Marangellie Trujillo for her assistance with coordination and logistics. Their collaboration was instrumental to the completion of this report.

Acknowledgement. This brief was prepared by Chapin Hall with input from the Anna, Age Eight Institute. We thank members of the Valencia County community for sharing their experiences with us towards the betterment of services for individuals in need. For additional information, contact Dr. Julie McCrae, jmccrae@chapinhall.org

May 7th, 2025