



INFORMING A NEW MEXICO CHILD AND FAMILY SERVICES SYSTEM BLUEPRINT

Shared Challenges and Solutions to Inform Policy and Practice



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EXECUTIVE SUMMARY

The *Child and Family Services System Blueprint* (hereafter referred to as “the Blueprint”) is a statewide initiative to strengthen supports for New Mexico families and improve connections to the resources they need to thrive. While New Mexico offers a range of services addressing housing, food, child care, transportation, medical and dental care, and behavioral health, many residents face barriers when attempting to access these services.

By collecting community input, stories, and experiences, the Blueprint describes service access and solutions proposed across the state. Insights may help in developing clear policy and service recommendations to enhance accessibility for families throughout New Mexico. Across six counties, focus groups and town halls engaged residents and providers in identifying barriers to meeting families’ essential needs and in recommending local and policy solutions.

Residents named the following challenges hindering services access: complex eligibility criteria, lengthy application processes, documentation requirements, limited service hours, and transportation challenges. These factors are compounded by systems that residents and providers frequently described as underfunded, fragmented, difficult to navigate, and operating without full consideration of families’ lived realities.

In addition, workforce shortages affect nearly every sector, reducing service availability and further limiting access. Low wages and rising living costs make it increasingly difficult to recruit and retain teachers, health care providers, and case managers. As a result, families experience long wait times, few or inconvenient service hours, and inconsistent care quality. Families reported staff interactions that increased their feelings of shame and stigma while seeking services. In this report, findings by county are presented on pages 3–5. Challenges and potential solutions voiced by participants are presented for each service sector on pages 6–11. Chapin Hall’s analysis of data collected for the Blueprint and local solutions suggest the following overall directions:



Reduce disincentives to pursue training, post-secondary education, and higher paying jobs related to the risk of abrupt changes in critical public benefits among families with children.



Strengthen recruitment and retention of the service workforce through continuing or enhancing incentive programs, workforce housing, school-to-work pipeline, and wage increases.



Bolster the availability of crisis services in mental health, addiction, and housing.



Remove obstacles to retaining medical providers in the state.



Reexamine eligibility for food assistance and housing that takes into account other essential expenses to live and work, for example, car payments, phones, and internet.



Raise expectations of the service workforce to provide high-quality, accurate, and non-shaming customer service for families seeking assistance in times of need.

INTRODUCTION

In 2024, New Mexico launched the Child and Family Services System Blueprint (“the Blueprint”), established through House Bill 2 for fiscal years 2025–26.¹ This effort emerged to address statewide concerns that while multiple resources are available in New Mexico to support families with critical needs such as housing, food assistance, and behavioral health care, far too many are unable to access these services. The Blueprint is a multi-year project to identify actionable policy recommendations to strengthen services for New Mexico’s residents in six areas: [Medical and Dental Care](#); [Child Care](#); [Housing Assistance](#); [Food Assistance](#); [Transportation](#); and [Behavioral \(Mental\) Health Care](#). This research brief presents the results from six of seven counties that participated in town halls and focus groups between March and June 2025 and September 2025 in Bernalillo County.

What We Did

Across New Mexico, service providers participated in town halls and consumers participated in focus groups facilitated by the Blueprint team.² Families and providers in 7 counties shared their experiences accessing, using, or providing services. Sessions were audio recorded for analysis. In each, the discussion focused on two questions: accessing services across the 6 sectors and ideas for solutions to address barriers or gaps in services coverage.

Town halls lasted 2 hours and focus groups lasted 1 to 2 hours. In total, 293 individuals representing a wide range of providers participated in town halls and 200 participated in focus groups in 7 counties. Participants shared experiences, positive and negative, about accessing or providing these services and changes or improvements they recommend in each sector.

In Bernalillo County, data collection was structured differently due to the county’s large and diverse geographic area. Focus groups and town halls were organized across four geographic quadrants defined by Interstate 25 and Interstate 40 to support representation from communities throughout the county. Twelve focus groups and four town halls were conducted across the quadrants. In Bernalillo county, 94 residents participated in the focus groups and 79 providers participated in the town halls.

For more details on our methods and participation data, see the [Blueprint Implementation Brief](#).

How the Data were Analyzed

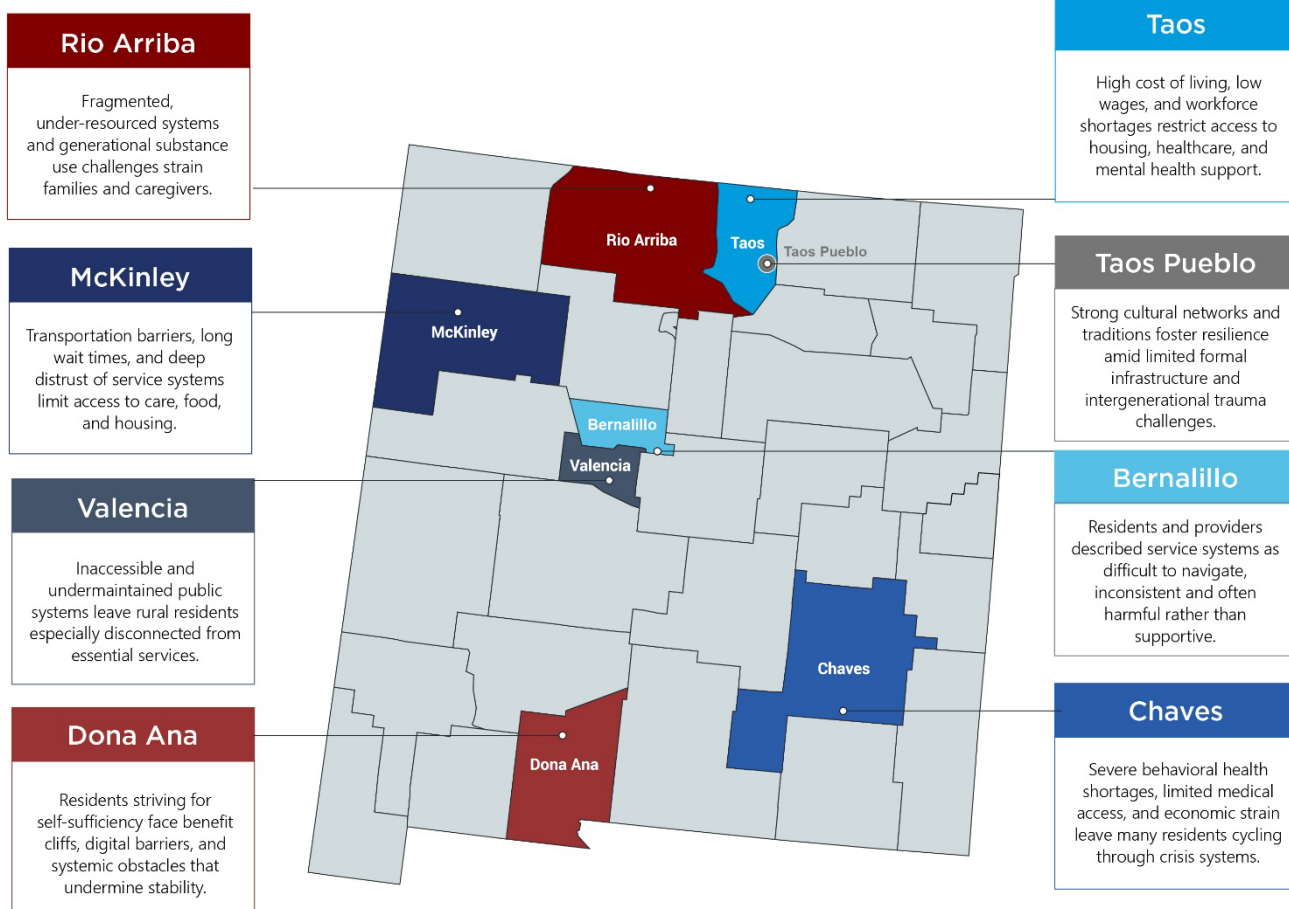
Chapin Hall researchers audio recorded each focus group and town hall meeting and had the recordings transcribed for analysis. Three research team members reviewed and coded each transcript to identify key topics and themes. Coding combined a set of predefined categories based on the service sectors with additional codes that emerged from the transcripts. The team refined and tested the coding framework on a subset of data to ensure accuracy and consistency in interpreting the transcripts. Codes were grouped into themes to synthesize findings. In this report, we first report on findings by county, followed by cross-sector findings and potential solutions. Solutions that participants identified as being needed across multiple service areas or being broadly applicable to all sectors are found in [Appendix A](#). Complete county reports are available at

¹ This project was proposed by House Majority Floor Leader Gail Chasey. It is funded by Governor Michelle Lujan Grisham.

² The Blueprint team is led by the Anna, Age Eight Institute at New Mexico State University. Chapin Hall, a national research and policy thinktank, led data collection, data analysis, writing of the report, and adherence to protection of human subjects procedures of study activities.

RESULTS

County Summaries: Highlights on Accessing Services



The following section summarizes the main findings and provides county-specific context to ground those findings. While there are commonalities in how residents access services and how providers engage with them across counties, each county exhibits unique characteristics. We discuss these unique characteristics and then present aggregated findings across all counties.

Chaves County residents described deep frustration with shortages in behavioral/mental health providers to support individuals of all ages, especially for individuals managing more than one mental health diagnosis. Residents who did access care described providers as being quick to prescribe medication without exploring alternatives. People experiencing substance use, addiction, and homelessness, and the absence of trained substance abuse providers found services harder to access, leaving many in crisis to cycle through emergency

Economic strain, workforce shortages, and eligibility rules compound barriers to self-sufficiency—yet communities demonstrate strong informal support networks.

rooms or jails. Workforce shortages mirror broader statewide patterns, as low wages and high living costs push mental health workers to seek employment elsewhere. One provider observed how economic strain that is occurring across the county acts as a “negative push,” placing residents struggling with financial insecurity at risk of being exploited or trafficked. Residents also described there being limited medical and dental care providers, leading residents to travel to other counties or states to access services. Affordable housing and healthy food were cited as pressing needs, with several participants calling the local system “broken.” For example, the process of calculating income thresholds to determine eligibility for food stamps or housing does not include expenses like car payments, internet, or cell phone.

In Doña Ana County, residents expressed a desire for self-sufficiency but noted that existing requirements to receive needed public benefits often make it harder to achieve. For example, residents pursuing a college degree noted that financial aid counts as “income,” making them ineligible for food stamps and housing assistance. The same is true when residents pursue higher paying jobs, leaving many having to choose between self-sufficiency and being able to cover the costs of housing or food for their family. Residents were aware of local programs that help people and families buy homes by covering the down payment, but they could not afford monthly mortgage payments and many affordable homes are low quality and fail to meet basic standards of living.

Residents described systemic problems such as online applications with links that expire, website crashes, and few ways to apply for supports without access to a smart phone or the internet. Participants said they felt judged or disrespected when seeking help. Residents seeking citizenship must demonstrate self-sufficiency, but many residents feel their self-sufficiency is threatened when they seek assistance. Undocumented immigrants face additional challenges, including where they could seek services due to checkpoints. Many of these residents work but struggle to prove their income which prevents them from accessing childcare or housing assistance, even when their children are U.S. citizens who qualify for support.

McKinley County residents face challenges accessing services due to transportation barriers, limited resources, and deep distrust of service systems. Distance, poor infrastructure and limited transportation make it difficult for residents to access medical care, food, and schools. Some residents travel over 30 miles for appointments or miss those appointments when rides from friends or family are unavailable. Unpaved and poorly maintained roads make driving a challenge, while pedestrians and cyclists shared safety concerns related to lack of bike paths and poor-quality sidewalks. During summer breaks, children miss out on free meals because they are unable to get to the distribution centers. Residents reported years-long waits for housing, months-long waits for medical or behavioral health care, and limited childcare options that force some parents to quit working. Food programs do not meet demand and walk-in healthcare slots are so limited that residents line up hours before clinics open.

Across counties, residents described systems as fragmented, under-resourced, and difficult to navigate.

McKinley County residents reported a deep lack of trust in medical staff due to high turnover and that few medical staff share their cultural or ethnic identities. Residents did not trust childcare providers and worried that their child would be mistreated or left unattended. In addition, residents feared applying for childcare assistance through the Children, Youth and Families Department (CYFD) because they believed this would be used against them and could result in losing child custody.

Families in Rio Arriba County described experiencing fragmented and under-resourced systems for health care, housing, behavioral/mental health, and public benefits. Participants said they often faced confusing rules, excessive paperwork, long waits, little follow-up, and

high staff turnover, making it difficult to receive consistent help. Adding to the challenge, food programs lack flexible hours and fresh food is expensive. Parents shared that after-school care is unaffordable, has limited hours, and lacks transportation. Strict eligibility program rules fail to support families' food needs. Guardians struggled to access benefits for children in their care when the biological parents were listed as the recipients. Even with legal guardianship, many were unable to access child benefits or other supports. Many caregivers described substance use and addiction as a generational cycle that complicates caregiving. Grandparents raising grandchildren felt overwhelmed, especially when their adult children struggled with addiction or homelessness. They said they do not trust others with their grandchildren's care and spoke about the emotional and physical toll of caregiving at an older age.

Participants also highlighted the county's limited detox or rehabilitation centers with qualified staff. In some cases, individuals detox in jail. Treatment centers focus on opioids, not alcohol use. While group therapy is available, it is not for everyone, particularly individuals with posttraumatic stress disorder. Service costs like medical, dental, and mental health care are too high, even with insurance. Housing costs are also very high, and public assistance is not enough.

Valencia County residents describe public systems as fundamentally broken because they are inaccessible, unresponsive, and poorly maintained. Residents felt that the current systems burdened residents, leaving many without reliable access to food, health care, transportation, or safety, with greater impacts in more rural areas. Despite strong community resilience and resourcefulness, residents felt abandoned. Rural residents felt especially excluded and "forgotten." Rural areas in Valencia County have unpaved roads, missing street signs, a lack of sidewalks, limited lighting, and slow emergency response. Public transportation is limited and unreliable, requiring advance scheduling, only running on weekdays, and often bypassing entire communities. There are few medical and dental providers, especially ones that accept Medicaid. Mental health services have long wait times and there are not enough psychiatrists. Residents described being passed around, misdiagnosed, or denied help. Residents raised serious concerns about the lack of support for people experiencing homelessness, mental illness, and substance use. There was widespread substance use and addiction, intensified by untreated mental health challenges, and few treatment centers available. Many residents stressed the need for counselors and skilled recovery staff who had experienced similar mental health challenges.

In Taos County, the high cost of living, driven by rising property values, tourism, and low wages, affects food access, healthcare, housing, employment, and mental health. Residents struggle to afford nutritious food, healthcare, and housing. Some said local grocery stores feel like a luxury, with prices too high for many. Wages fail to keep pace with rising costs and available jobs rarely cover basic expenses. Participants shared that financial strain causes stress and anxiety, yet mental health care remains inaccessible and stigmatized. The high cost of living and low-wage jobs make it hard to attract and retain a skilled workforce. Residents described as “broken” systems that are under-resourced and lack culturally responsive staff. Taos residents mentioned staff shortages and high staff turnover among medical, dental, and behavioral health providers. Elders remain on long waiting lists for in-home care. There are limited services for youth, especially in mental health, education, and transportation. Residents described strong informal community support networks, including neighbors, friends, and extended family members who offer rides, check on elders, and help with day-to-day needs. Some grandparents are raising children while their adult children struggle with untreated mental illness or addiction. Recovery programs were praised for fostering connection, healing, and cultural continuity.

Taos Pueblo community members described a strong community connected by culture and tradition that reinforces resilience through longstanding cultural practices and community identity. Intergenerational bonds and Pueblo traditions strengthen resilience and reflect longstanding cultural systems of caregiver and knowledge sharing. Participants emphasized sovereignty and self-sufficiency, highlighting farming, hunting, traditional foods, and land stewardship as ways to sustain independence and cultural traditions. They also spoke of trauma cycles and lasting effects of intergenerational and historical trauma on mental health, parenting, and substance use. Community members also noted a need for clearer communication and collaboration in Tribal decision making about housing and community planning.

Across Bernalillo County, residents and providers described service systems as difficult to navigate, inconsistent and often harmful rather than supportive. Across sectors participants emphasized that public assistance, healthcare, housing, child care, transportation, and other social services systems are shaped by rigid eligibility rules, repetitive paperwork, long waiting times, poor conditions and inconsistent communication. Many residents describe the system as “broke,” noting that small income changes or household circumstances can lead to benefits being lost even though families still could not meet basic needs. Participants also described feeling judged, dismissed or stigmatized when seeking help, discouraging some from continuing to access services. Across sectors these barriers contributed to cycles of instability chronic stress, worsening mental health and long-term harm for children and families. Residents mentioned long waitlists for primary, specialty, dental, prenatal and mental health care, with many relying on emergency rooms when outpatient care was unavailable. In accessing food, residents described rising costs, inadequate benefits, limited culturally appropriate options, and difficulty in reaching distribution sites without reliable transportation. Participants described housing as unaffordable, limited housing assistance, burdensome screening requirements, and unsafe living conditions. Transportation was described as limited and unreliable, with residents reporting long travel times, infrequent service, safety concerns, and the high costs associated with owning and maintaining a vehicle. Childcare was described as difficult to access due to provider shortages, complex enrollment requirements, and mismatches between childcare hours and families’ work schedules.

Cross-County Summary: Challenges and Solutions reported by Town Hall and Focus Group Participants

The following figures (Figures A–F) summarize key themes that emerged across counties, organized by sector. The challenges and solutions reflect issues and ideas raised by residents, providers, and other participants during focus groups and town halls. The solutions represent community-generated ideas based on participants' experiences interacting with local systems and services. While participants shared valuable insights, they are not responsible for resolving broader structural or policy challenges. Because these figures summarize themes across multiple counties, the solutions may not correspond directly to each specific challenge listed. Additional ideas unique to particular locations are documented in the corresponding county-level report.

Figure A-1. Medical and Dental Care: Key Challenges and Community Generated Solutions

Summary of Challenges

Summary of Community Generated Solutions

Navigation and Access

Residents face long wait times and limited local options.

- Some residents report clinic closures, limited hours.
- Appointment wait times can be months, and residents frequently travel to multiple clinics to seek care.
- Walk-in appointments are extremely limited, requiring people to arrive hours early and sometimes try for several days to be seen.
- Establishing primary care can take many months, while specialty care and adult dental appointments may require waits of six months to more than a year.
- Missed appointments, insurance changes, or administrative lapses can force residents to restart the process of obtaining care.
- Referrals are often slow, difficult to track, or stalled without explanation, requiring persistent self-advocacy from patients.
- Poor coordination between providers can lead to repeated appointments, delayed treatment, and inconsistent care.

Emergency care is often used as the default entry point.

- When timely outpatient care is unavailable, residents often rely on emergency rooms or urgent care for issues that would normally be handled in primary care.
- Emergency departments are used not only for acute illness but also for follow-up care, pain management, prenatal needs, and unresolved chronic conditions.

Dental care is particularly difficult for adults to access.

- Adult dental coverage is often limited, with preventive services sometimes covered but restorative treatment frequently denied or unaffordable.
- Residents often delay care until pain becomes severe, leading to tooth extraction as the only accessible or affordable treatment.
- Dental services are described as a frustrating "runaround," with referrals and treatment described as difficult to navigate contributing to treatment delays caused by poor system coordination.

- Offer more mobile health clinics to serve rural and underserved areas.
- Expand school-based health centers (including dental and vision care) to students, staff, and families in single locations.
- Conduct quarterly medical visits or provide transportation for preventive health checks and specialized care in elder care homes and assisted living.
- Expand transportation options and travel stipends for accessing medical and dental care.
- Expand urgent care and after-hours clinics to reduce emergency response delays and improve access.
- Provide more evening and weekend clinic hours so working families can access care.
- Expand telehealth and virtual medical services.
- Allow patients to access mental health services directly without requiring a primary care referral.
- Staff emergency rooms with on-call specialists.
- Create centralized community resource hubs or community forums where residents can get help connecting to health and social services.
- Enhance coordination among nonprofits and healthcare providers to streamline referrals and reduce treatment delays.

Figure A-2. Medical and Dental Care, Continued

Summary of Challenges

Summary of Community Generated Solutions

Workforce and Provider Capacity

There are not enough medical, dental, and vision providers, especially in rural areas.

- Gaps in medical, dental, and vision service providers.
- Shortages of specialists and healthcare providers lead to long delays in care.
- Medical and dental staff recruitment and retention, especially in rural areas, are hindered by lack of affordable housing and low salaries.
- Workforce shortages are also driven by lower pay, malpractice insurance costs, reimbursement rates compared with neighboring states, and providers leaving after completing training.
- High provider turnover leads to frequent provider changes, brief or rushed visits, and the need for multiple appointments to address a single issue.

- Partner with colleges and training programs to grow local healthcare workers and support bilingual and culturally responsive providers.
- Increase wages and provide training opportunities for healthcare workers, including community health workers.
- Support workforce development by increasing affordable housing, competitive salaries, loan forgiveness, and training local students for healthcare roles.
- Continue to offer incentives to attract and retain healthcare providers, such as housing assistance and loan forgiveness.
- Encourage license reciprocity for doctors licensed in neighboring states to practice in New Mexico.
- Support pathways for internationally trained healthcare professionals to practice in New Mexico.
- Prioritize lowering the cost of medical malpractice insurance statewide.

Cost and Coverage

Cost is a barrier to medical and dental services.

- Residents who seek care outside the county or the state require transportation that can take days or weeks to arrange and can involve a hotel stay. This can be expensive if not covered by insurance.
- Some clinics have programs to help reduce costs but these often have long waitlists.
- Residents report long waits, crowded conditions, and limited privacy in emergency settings, especially when seeking care with children.

Gaps in reimbursement and regulation create major system-level challenges.

- Many residents qualify for Medicaid, but recent cuts have reduced coverage for some services.
- Low reimbursement rates from Medicaid and other insurers make it difficult for clinics to sustain services

- Reduce copays and out-of-pocket costs
- Create sliding-scale coverage options for families who earn too much for Medicaid but still cannot afford insurance.
- Expand Medicaid and insurance coverage for adult dental care beyond basic or emergency services.
- Expand transportation options and travel stipends for accessing medical and dental care.
- Use patient navigators or advocates to connect families to Medicare, Medicaid, and dual enrollment programs.
- Improve Medicaid reimbursement.
- Prioritize lowering the cost of medical malpractice insurance statewide.

Communication and Patient Experience

Communication and trust challenges affect care experiences.

- Some residents report feeling dismissed, judged, or disrespected during medical encounters.
- Concerns include rushed visits, limited explanations, inconsistent medical advice, and treatment focused heavily on medication without full evaluation.
- Gaps in language access and interpretation can undermine consent, safety, and trust, particularly for immigrant and refugee families.

- Strengthen provider accountability, listening, and communication to improve patient experiences and trust in care.
- Provide education to help patients understand how to navigate the healthcare system and what questions to ask providers.
- Expand plain-language communication and interpretation services so patients clearly understand their care and treatment options.
- Improve culturally relevant care and increase incentives for bilingual healthcare providers.

Figure B. Behavioral Health: Summary of Challenges and Community Generated Solutions

Summary of Challenges

There are limited services and provider shortages.

- Specialized mental and behavioral health care is lacking for children and adolescents.
- Long wait times, delays in crisis services, and limited follow-up were commonly reported
- Waitlists were described as lengthy, particularly for children, court-involved youth, individuals with serious mental illness, addiction and trauma, and people experiencing homelessness.
- As a result, residents described needs escalating before support became available when services could not be accessed in time.

System navigation barriers exist when accessing services.

- Mental and behavioral health services are difficult to locate and poorly advertised, even when need is clear.
- Service information is scattered, leaving residents unsure where to start or how to move forward when seeking mental health care.
- Programs may open, change, or close without clear communication, forcing residents to navigate access on their own during periods of stress or crisis.
- Requirements to establish a primary care provider before accessing mental health services can delay care during critical periods.

There are recruitment and retention challenges.

- Providers noted workforce shortages, high turnover, and limited funding for care.
- Burdensome state certification requirements make it difficult to recruit and retain mental health professionals.
- Many clinicians are overworked and burned out, leading to appointment delays, canceled sessions, and inconsistent care.

Cost is major barrier, with or without insurance.

- Residents said they can't afford care unless it is free.
- Providers noted that many residents rely on Medicaid, which not all clinics accept due to low reimbursement rates.
- Many people struggle to find care because their insurance doesn't cover enough services, or because payment systems make it hard for clinics to offer affordable, flexible treatment options.

Summary of Community Generated Solutions

Navigation and Access

- Increase the use of mobile clinics and outreach workers to extend services to rural and underserved areas and expand tele-mental health to improve access to care.
- Develop flexible inpatient and outpatient programs allowing patients to work during the week with weekend inpatient options.
- Expand 24-hour mental health crisis centers and promote centralized crisis lines like 988.
- Increase the number of residential detox and rehabilitation facilities statewide.
- Improve transportation options to mental health and rehab services.

Workforce and Provider Capacity

- Support increased wages, housing assistance, loan forgiveness, and training programs to recruit and retain the workforce.
- Expand youth career pathways and scholarships to grow the mental health workforce

Cost and Coverage

Figure C-1. Food Security: Summary of Challenges and Community Generated Solutions

Summary of Challenges

Summary of Community Generated Solutions

Navigation and Access

Access is limited by resource awareness, location, and transportation.

- Food insecurity was described as shaped by where people live and knowledge of existing available resources.
- Some people relied on word of mouth or internet searches to find resources.
- Residents and providers identified persistent food deserts.
- Limited pantry hours often conflict with work schedules or caregiving responsibilities, making it difficult for some households to access resources.
- Few food distribution sites provide transportation, which is especially challenging for rural residents.
- Distance to pantries and limited transportation options.
- Lack of access to a personal vehicle.
- Physical limitations make travel difficult.
- Challenges carrying large food boxes, particularly when using public transit or traveling with children.

- Promote and expand awareness of centralized food resource navigation tools (e.g., NM Food Finder) to help residents locate available food programs.
- Create local and centralized calendar or online platforms with specific information to access resources.
- Share pantry and food service information at hospitals, clinics, schools, and grocery stores.
- Build grocery stores and markets within walking distance of where people live, work, and play.
- Public or community-owned grocery store models where private retailers will not invest.
- Expand mobile and community-based food distribution within neighborhoods.
- Extend hours for food pantries and markets to accommodate different schedules, including evenings and weekends.
- Expand food distribution to rural areas through mobile services and provide transportation assistance.
- Expand school-based food access programs.
- Provide food support for children and families during weekends and holidays.

Resource Operations and Service Experiences

Capacity constraints and experiences at food distribution sites create additional barriers.

- In some areas, food resources are running out of food to distribute and turn residents away.
- Staffing shortages and budget constraints strain food providers, who often depend on volunteers and face financial challenges maintaining operations.
- Schools are valuable resources for food as they provide breakfast and lunch during the year and sometimes food boxes (or backpack programs) for families over breaks.
- Families may not access services if they do not feel comfortable.
- Participants described long lines, unclear rules, inconsistent intake procedures, and being turned away at food pantries or distribution sites, sometimes after waiting with children.

- Revise policy to expand food rescue efforts to recover more perishable surplus foods and redirect them to those in need.
- Support volunteers involved in food distribution through training, recognition, and workforce support.
- Encourage community engagement in food distribution operations.
- Design food pantry systems to reduce stigma, such as open-kitchen-style markets where clients select their own items.
- Allow more flexibility in pickup rules and remove penalties for using multiple food sources.
- Eliminate gatekeeping and unfair distribution practices at food distribution sites.

Figure C-2. Food Security, Continued.

Summary of Challenges

Summary of Community Generated Solutions

Alignment of Available Foods

Food resources offer limited fresh, healthy food or culturally appropriate choices.

- Fresh and healthy food choices are too expensive to access consistently.
- Community gardens can provide fresh food but require time and effort to maintain, which has been a struggle during the summer.
- Pantries often lack fresh food and instead offer highly processed packaged foods.
- Food quality concerns were reported, including expired or moldy items or little variety offered, such as large quantities of a single item at food pantries or food banks.
- Food available at food resources does not always meet dietary needs, including medical dietary restrictions (e.g., diabetes).
- Foods or meaningful ingredients that reflect familiar dietary practices or preferences (e.g., halal) are often limited, increasing the burden for immigrant and refugee families.
- Participants emphasized that food assistance often does not align with the realities of being unhoused.
- Many food distributions rely on items that require cooking, refrigeration, or storage, making them unusable for people without kitchens.

- Prioritize fresh, nourishing foods such as fruits, vegetables, and protein in food distribution programs.
- Enhance fresh food availability by expanding farmers market hours and fresh food programs for seniors.
- Establish food hubs equipped with cold storage for fresh produce distribution.
- Support local agriculture through programs like Farm to Table.
- Plant edible gardens in shared green spaces like parks and greenways for residents to forage.
- Ensure school and community gardens engage residents and plan for summer upkeep.
- Ensure food assistance programs offer medically appropriate and diet-specific food options.
- Increase availability of culturally familiar food options.
- “Food as Medicine” partnerships between healthcare providers and food programs to address diet-related health issues.
- Ensure food boxes support complete meals (e.g., grains, dairy, protein).
- Provide recipes or cooking guidance for foods distributed through food programs.

Public Benefits and Affordability

Public benefits are difficult to access and do not meet needs.

- Major challenges include difficult online applications, long holds on phone calls, inconsistent staff expectations, lengthy processing times, and eligibility rules that overlook key expenses.
- Participants emphasized sharp price increases for basic items such as fruits, vegetables, eggs, and other essentials, with food assistance benefits often lasting only part of the month.
- Amount received by family is often not enough to cover the cost of groceries.
- Families do not receive benefits on time.
- Stigma associated with seeking assistance discourages some families from accessing food assistance.

- Reduce paperwork and administrative burden when accessing food assistance.
- Streamline benefit applications and extend programs like Double Up Food Bucks year-round at more retail locations.
- Ensure eligibility requirements for food assistance programs like Electronic Benefit Transfer (EBT) / Supplemental Nutrition Assistance Program (SNAP) are transparent and easily understood.
- Advocate for expanded eligibility and increased funding for SNAP, WIC (including extending Senior Food Bucks or Senior Farmers’ Market Nutrition Program).
- Adjust benefit eligibility to allow sliding scales.
- Re-design benefit programs to better support individuals seeking college degrees and entering better/higher wage jobs, with more gradual, rather than sudden, decreases in public benefits.
- Address situations where small increases in income cause families to lose food assistance benefits all at once.
- Establish policies requiring grocery stores to offer affordable, healthy food options.

Figure D-1. Housing: Summary of Challenges and Community Generated Solutions

Summary of Challenges

Summary of Community Generated Solutions

Lack of affordable housing across all income levels.

- Most counties described a “severe housing crisis.”
- Housing is increasingly unaffordable, even for residents who are working or living on fixed incomes.
- Rental costs often exceed fair market rates and continue to rise even though wages are not rising.
- Limited housing options for middle-income and essential workers, making it difficult to attract and retain professionals.
- Growing senior population faces inadequate affordable housing options.
- Homeowners struggle to maintain their home as repairs are costly and there are few programs that provide utility support.

Housing Affordability

- Update the definition of “affordable” housing to reflect current economic realities, including wages and all essential household expenses.
- Develop a continuum of affordable housing for low- to middle-income households, including workforce housing for professionals (doctors, nurses, teachers) to attract and retain them.
- Promote mixed housing developments that blend high-, mid-, and low-cost units.
- Expand affordable housing for seniors.
- Teach financial literacy in basics of home owning.
- Cap rent increases to prevent sudden or excessive rent hikes.
- Implement rent control policies and require landlords to provide affordable units.

Housing Availability and Supply

Rental market are unregulated, driving up housing cost and limiting housing availability.

- Out-of-state ownership and second homes reduce available housing and inflate local prices.
- Providers call for regulation of short-term rentals (e.g., Airbnb), especially for landlords that participate in Section 8 housing programs.

Limited local support and regulatory barriers restrict affordable housing development.

- Community stigma around “low-income housing” limits local support for new projects.
- Zoning and development patterns do not support mixed-income or higher-density housing
- There were reports of vacant or underused properties that remain unused due to funding or regulatory barriers.

- Limit short-term rentals (e.g., Airbnb) that reduce the supply of long-term housing.
- Limit the number of residential homes a single corporation can own in order to preserve housing availability for residents.
- Stop individuals or companies from purchasing large numbers of residential properties.
- Encourage policies that limit out-of-state property ownership, increase taxation on vacant or second homes, and use those funds for affordable housing.
- Increase funding for affordable housing development.
- Advocate for consistent government funding, tax credits, and incentives for builders.
- Change zoning laws to allow high-density housing, accessory dwelling units, and inclusionary development promoting mixed-income housing.
- Encourage more housing development along transit corridors to increase access to transportation and services.
- Revitalize existing vacant, foreclosed, or condemned buildings to expand affordable housing options.
- Convert unused commercial buildings (e.g., banks) into community housing.
- Expand cooperative and shared-equity housing models.

Figure D-2. Housing, Continued

Summary of Challenges

Summary of Community Generated Solutions

Housing Assistance Programs

Housing assistance programs are underfunded and difficult to access.

- Residents who apply for Section 8 housing vouchers report long wait times, sometimes years to receive housing assistance.
- Landlords that do not always accept vouchers.

- Connect eligible families with Section 8 housing vouchers and provide navigator assistance.
- Expand housing navigation services beyond traditional offices (e.g., schools, workplaces, libraries, pop-up sites).
- Use technology to help residents access housing services.
- Educate and support landlords about Section 8 benefits and incentivize their participation.
- Hold housing programs accountable for timely inspections, approvals, and assistance delivery.
- Reduce division and improve coordination between housing agencies and programs.
- Rebrand affordable/low-income housing as “workforce housing” to reduce stigma.

Rental Access

Strict rental requirements make housing difficult to access.

- Individuals experiencing homelessness face barriers to entering rental housing (credit checks, deposits, background checks).
 - Access to housing is shaped by rigid eligibility rules, screening practices, and complex administrative processes that do not reflect residents’ lived realities.
 - Residents are often denied housing due to income instability, lack of credit, prior evictions, or missing documentation.
 - Residents reported discrimination, language barriers, and lack of recourse when denied housing, particularly for immigrants and non-English-speaking households
- Provide support to help unhoused individuals transition into permanent housing by assisting with credit building and covering first and last month’s rent.
 - Reduce upfront move-in costs such as deposits, rent, and administrative fees.
 - Remove predatory rental application and administrative fees.
 - Enforce tenant protections, including legal aid and anti-discrimination practices.
 - Provide trauma-informed training to landlords and housing managers.
 - Expand Housing First options and housing options for people with pets.

Figure D-3. Housing, Continued

Summary of Challenges

Quality, Safety, and Maintenance Concerns

- Persistent quality and safety issues are reported in low-income and subsidized housing.
- Residents with housing assistance reported living in unsafe, overcrowded, or poorly maintained housing conditions, including pest infestations and deteriorating structures.
- Residents reported poor quality housing in unsafe neighborhoods.
- Participants reported unresolved maintenance problems, including mold, pest infestations, broken appliances, roof leaks, and inadequate heating or cooling.
- Property managers are sometimes described as unresponsive or dismissive, leaving residents in unsafe or deteriorating conditions.
- Safety concerns are common in some neighborhoods due to drug activity, violence, or lack of security, making families reluctant to allow children to play outside or feel secure in their homes.

Summary of Community Generated Solutions

Housing Conditions

- Strengthen landlord accountability, enforcement, and tenant protections.
- Establish penalties for landlords who put tenants in danger by failing to maintain buildings.
- Create a hotline to report illegal charges, shutoffs, or fees without fear of eviction.
- Standardize rental applications and strengthen tenant rights.
- Teach housing rights and tenant protections in schools.

Emergency and Transitional Housing

There is a limited emergency, transitional and crisis housing options.

- Residents are concerned that the lack of support for young people who age out of foster care means they are at risk for homelessness.
- Limited support for people experiencing homelessness (e.g., no shelters or warming stations).
- Limited emergency or transitional housing options for vulnerable populations (e.g., survivors of violence, youth aging out of foster care).
- Short-term rental assistance and emergency supports are limited, inconsistent, or unavailable when most needed.
- Assistance funds are often depleted quickly, subject to narrow eligibility windows, or delayed during crises such as domestic violence, job loss, or medical emergencies.
- Residents reported living in cars, hotels, or overcrowded arrangements with family while waiting for housing assistance.
- Emergency shelters are often described as unsafe or inappropriate for families, particularly those with children, due to concerns about violence, lack of privacy, and inability to stay together.

- Provide shelters, temporary housing for people experiencing homelessness, and warming stations.
- Consider tiny house communities for people experiencing homelessness.
- Convert vacant homes to emergency safe houses for vulnerable populations.
- Provide support to help unhoused individuals transition into permanent housing by assisting with credit building and covering first and last month's rent.

Figure E-1. Transportation: Summary of Challenges and Community Generated Solutions

Summary of Challenges

Summary of Community Generated Solutions

Access and Reliability

Transportation options are limited, unreliable, and difficult to access.

- Lack of transportation options across all counties, especially in rural counties.
- Residents and providers value free, accessible buses but cited major challenges, including inconvenient stop locations, limited hours, long wait times, long commute times, safety concerns, and poor lighting, especially in rural areas.
- Residents described public transportation as unreliable, time-consuming, and unevenly available.
- Participants reported buses arriving late or not at all, being canceled due to driver shortages, or passing stops without stopping.
- Routes and schedules were often misaligned with work, school, childcare, and appointment times.
- Youth, elderly, and homebound residents are especially affected by lack of public transportation, with some missing school and medical appointments.

Driver shortages limit available services.

- Shortage of drivers are described as due to low wages or competition from the private sector, which offers more competitive wages.

- Expand public transit access for residents living in rural areas.
- Add bus stops in high-traffic areas and increase route coverage.
- Explore alternative transit models to supplement fixed bus routes, including flexible-route or microtransit services.
- Improve bus schedules, routes, and on-time performance to help passengers plan trips.
- Expand transit operating hours to 7 days a week, including evenings and weekends.
- Develop a centralized information hub for routes, schedules, and booking options.
- Collaborate with school districts to use transportation resources during off hours.

- Consider ways to increase wages, recruit and train more drivers to improve service quality and responsiveness.
- Increase driver recruitment and retention by raising wages and expanding training programs (e.g., subsidized CDL training in exchange for service)

Specialized Transportation

Specialized transportation services are limited and described as unreliable.

- Some residents use Medicaid transportation services, but those services only transport the patient and must be reserved in advance.
 - Specialized transportation services, including Medicaid rides and paratransit, were described as unreliable and inflexible.
 - Residents reported late arrivals, no-shows, incorrect pickups, and rigid rules that prevented caregivers or companions from riding along when assistance was needed.
- Explore alternative transit models that reduce reliance on rigid pre-scheduled pick-up services (e.g., flexible scheduling or on-demand transportation).
 - Coordinate with Medicaid transit services to provide car seats for infants and toddlers; connect providers with community groups that have car seats or other support needs to facilitate transportation.

Figure E-2. Transportation, Continued

Summary of Challenges

Summary of Community Generated Solutions

Transportation Experiences

Transportation availability and infrastructure affect safety, employment, and daily life.

- In the absence of safe and reliable buses or rides from friends and families, some residents walk, hitchhike, or bike. They shared numerous safety concerns, including exposure to vehicular traffic and risks of harm.
- In some counties, participants described feeling unsafe at bus stops and while riding buses. Concerns included visible substance use, harassment, violence, and disruptive behavior.
- Many residents described turning down jobs, limiting work hours, or missing shifts because they could not reliably get to work without a vehicle.
- Taos Pueblo residents reported that the Tribe operates a transportation division, it is primarily focused on out-of-town trips for medical appointments rather than everyday use.
- Youth, elderly, and homebound residents are especially affected by lack of public transportation, with some missing school and medical appointments.
- Poor road infrastructure and lack of maintenance threaten road safety, especially for rural residents using alternative transportation (walking, biking) and during heavy rain or snowfall.

- Support ride-share networks for families living outside school bus routes, especially affecting elementary school children.
- Support ride-share voucher programs for residents who lack reliable transportation.
- Create carpool programs and provide senior transportation for medical appointments.
- Encourage anchor institutions to promote carpooling and public transit among employees.
- Consider licensing informal fixed-route drivers or community transportation providers where appropriate to expand safe travel options.
- Provide vans at central locations for travel beyond regular bus routes.
- Enhance safety with lighting, seating, and weather shelters at bus stops and pedestrian crossings.
- Fund and install ADA-compliant covered benches and shelters at bus stops.
- Build and maintain pedestrian infrastructure such as bridges, sidewalks, and bike lanes to support multimodal transportation.

Affordability

Transportation costs and limited alternatives restrict mobility.

- In counties where fares are not free, residents said bus fares were too expensive.
- Few taxis and ride-share services are available and, when available, they are often too expensive.
- Vehicle ownership does not guarantee reliable transportation due to the high costs of gas, insurance, registration, and repairs.

- Consider implementing fare-free public transportation in systems that still charge fares, particularly in rural areas where transportation options are limited, while ensuring adequate staffing to support passenger safety.
- Offer reduced fares or passes for students, seniors, and people with disabilities.
- Subsidize ride-share vouchers or transportation assistance programs for residents without access to reliable transit.

Figure F-1. Childcare: Community Generated Solutions

Summary of Challenges

Summary of Community Generated Solutions

Access and Provider Capacity

There are not enough child care options to meet families' needs.

- Many residents noted the lack of child care providers; among existing providers there are very limited spots.
- Providers noted limited physical space and infrastructure as barriers to expanding child care services.

Long waitlists are common due to limited child care capacity.

- Head Start programs and centers have limited spaces.
- Some families use tribal programs like Tiwa Babies (home visiting) or Head Start, but these programs do not have the capacity to support all families.
- Due to capacity limits, many residents rely on family members, grandparents, or older children to help with child care.

Limited Specialized Services.

- Few providers offer care for children under 3 years old or children with disabilities.
- Families with children who have special needs, such as autism, face greater barriers, often having to travel outside the county to find appropriate care.

Inconvenient hours and transportation challenges.

- Daycare and aftercare hours are not convenient for parents working long hours or evening or night shifts.
- Transportation barriers make it difficult for some families to reach child care providers.
- Misalignment between child care hours and nontraditional work schedules further limits access.

- Have some centers open on weekends and overnight.
- Provide flexible, drop-in childcare options for parents with last-minute or irregular work schedules.
- Expand affordable after-school programs with extended hours for parents working late.
- Ensure safe transportation options for children to access child care.
- Incentivize employers to promote flexible work schedules that better align with family needs.
- Train childcare workers to effectively support children with special needs and disabilities.
- Encourage employer incentives for onsite child care services.
- Encourage anchor institutions and major employers to subsidize or provide child care for their workforce.
- Provide stipends or subsidies to grandparents and relatives offering child care and support their licensing process.
- Support unlicensed childcare providers in becoming licensed.
- Partner with schools to expand before- and after-school childcare programs.
- Address seasonal childcare gaps through school-based or subsidized programs when school is not in session.

Workforce

Providers noted a workforce crisis.

- Training requirements keep rising, but low wages cause high turnover and staff shortages.
- Providers cited strict licensure requirements and lack of funding as barriers to expanding care.
- One provider noted a vital state policy part of Head Start called Pay Parity to support daycare workers who are not making \$18 an hour. [Through the Pay Parity](#) program, early childhood educators will make at least \$40,000 a year.

- Provide easier access to training and certification, including online classes and scholarships.
- Establish minimum compensation standards for childcare workers.

Figure F-2. Childcare, Continued.

Summary of Challenges

Summary of Community Generated Solutions

Experiences

Families reported fears, negative experiences, and trust concerns.

- Some families reported they are reluctant to leave their children with young or inexperienced providers.
- Home daycares, while more accessible and affordable, are not regularly monitored for safety and quality.
- Families expressed concerns about mistreatment, inadequate supervision, staffing shortages, high turnover, and inconsistent child-to-staff ratios.
- Families mentioned feeling fear and distrust when seeking child care assistance because of the possibility of losing custody.

- Ensure safe, affordable childcare with improved oversight, reporting systems, and protection to maintain child well-being and family trust
- Maintain strong safety and screening expectations in childcare settings, including background checks and other safety measures.
- Provide licensing, screening, and background-check support through partnerships with agencies or community organizations.

Cost and Assistance

Child care costs is too expensive, and assistance programs are difficult to access.*

- Families reported unaffordable monthly child care costs, particularly for infants and families with multiple children.
- Additional costs such as diapers, food, and supplies further increase the financial burden.
- Parents reported that the state's Child Care Assistance Program* is confusing, slow, and restrictive, leaving families without reliable help.
- Families described childcare assistance programs as difficult to navigate due to complex applications, documentation requirements, and changing eligibility rules.
- Access to publicly funded and school-based childcare programs is limited by age cutoffs, enrollment boundaries, and gaps in care when children age out of programs.

- Provide navigators to help families access financial resources for childcare
- Improve awareness of available childcare resources so families know where to find services and supports.
- Strengthen referral pathways or navigation through trusted entry points (e.g., WIC offices, community organizations) to help families access childcare resources.

Other Reported Services

Some families reported delays or coordination challenges in accessing early intervention and developmental support services.

- Missed follow-up appointments and limited coordination between providers reduced the effectiveness of these services
- In some cases, these challenges resulted in children missing early developmental support.

Note. *This research was conducted before the Governor announced the new no-cost universal child care initiative in New Mexico <https://www.governor.state.nm.us/2025/09/08/new-mexico-is-first-state-in-nation-to-offer-universal-child-care/>. It is our hope that the challenges and solutions presented here might inform how the initiative is implemented.

CONCLUSIONS

The New Mexico Child and Family Services System Blueprint is an opportunity to reimagine services that revolve around all families thriving. To do so requires coordinated, well supported, community-informed solutions. This report includes multiple achievable solutions to policy and systems issues, some that can be addressed locally, and others that require state-level commitment and resources.

Chapin Hall's analysis of comments from over 300 residents and providers resulted in several cross-cutting themes. The cross-cutting issues that providers and residents prioritized through focus groups and town halls in seven counties included the need for:

- Reduce disincentives to pursue training, post-secondary education, and higher paying jobs related to the risk of abrupt changes in critical public benefits among families with children.
- Strengthen recruitment and retention of the service workforce through continuing or enhancing incentive programs, workforce housing, school-to-work pipeline, and wage increases.
- Bolster the availability of crisis services in mental health, addiction, and housing.
- Remove obstacles to retaining medical providers in the state.
- Reexamine eligibility for food assistance and housing that takes into account other essential expenses to live and work, for example, car payments, phones, and internet.
- Raise expectations of the service workforce to provide high-quality, accurate, and nonshaming customer service for families seeking assistance in times of need.
- Invest in prevention-oriented and community-based services that strengthen early support, cultural responsiveness, and long-term stability for families.
- Simplify access to public services through coordinated applications, reduced documentation requirements, and expanded use of trusted navigators such as community health workers and case managers.
- Increase transparency, responsiveness, and accountability across public systems serving children and families.

Appendix A. Cross-Sector Solutions

The following are solutions that participants identified as being needed across multiple service areas or as being broadly applicable to all sectors.

Community Engagement and Communication

- Develop clear, comprehensive resource guides listing available services, eligibility requirements, and application processes.
- Create a centralized, regularly updated service map or flow chart with hours and locations.
- Increase awareness of existing services; provide consistent updates to resource information to keep the community informed; use popular platforms like Facebook.
- Coordinate services to avoid overlap and confusion.
- Provide navigators or advocates to help community members find and access services easily.
- Train case managers and local partners to guide residents and update communities about service availability.
- Establish regular community feedback mechanisms such as listening sessions, advisory groups, or surveys to ensure services reflect resident needs.
- Compensate residents with lived experience for participating in planning, advisory boards, and service design efforts.
- Partner with trusted community institutions such as schools, faith organizations, and libraries to share information about available services.

Culturally Tailored Service Delivery

- Expand language access by offering interpretation and translation services, including American Sign Language, and recruit bilingual staff.
- Recruit, hire, and train staff that have similar ethnic, racial, cultural, and linguistic identities as the community members.
- Provide training to interpreters on cultural sensitivity, historical trauma, cultural humility.
- Support culturally responsive service models that reflect community traditions, family structures, and local practices.
- Provide ongoing training for service providers on trauma-informed and culturally responsive care.

Collaboration Across Services

- Promote regular coordination meetings or shared communication systems to connect nonprofits, healthcare providers, and social services agencies to improve transparency, reduce duplication, and improve alignment.
- Recognize staffing challenges and design efficient, manageable coordination strategies.
- Encourage funders to allocate resources specifically for teamwork and coordination among nonprofits, healthcare, and social service providers.

- Develop shared referral systems that allow providers to connect residents directly to services across organizations.
- Explore shared data systems or consent-based information sharing to reduce repeated intake processes for families.
- Create co-located service hubs where multiple agencies provide services in one location.

Navigation and Technology

- Pair technology solutions with efforts to increase broadband availability and affordability.
- Expand access to 24/7 telehealth services for medical and mental health care.
- Ensure telehealth services are accessible to those without reliable internet or digital skills.

Promote Advocacy and Policy Change

- Empower residents to participate in local decision making by organizing public comments, civic engagement opportunities, and accountability efforts with local officials.
- Educate residents on how to effectively influence funding and policy decisions.
- Advocate for expanding eligibility and flexibility in funding criteria to include more people in need.
- Push for increased public investment to support grassroots service efforts.
- Highlight the burden on community members who often cover essential service costs without adequate government support.

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Established in 1985, Chapin Hall's areas of research include child welfare systems, community capacity to support children and families, and youth homelessness. For more information about Chapin Hall, visit www.chapinhall.org or @Chapin_Hall.

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