



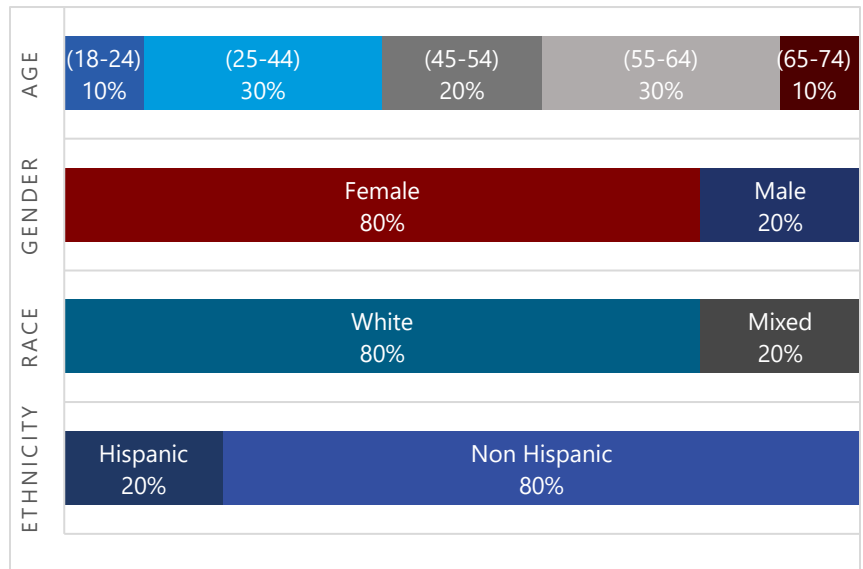
# Informing a New Mexico Child and Family Services System Blueprint Voices from Chaves

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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 Chaves’s Town Hall (19 participants) and one focus group (10 participants). These participants offered insights into navigating services across both more urban and rural parts of the county.

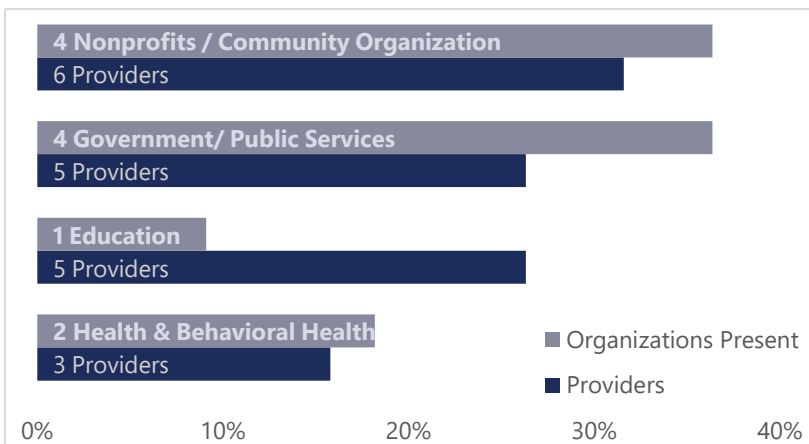
The Town Hall and Focus Groups were audio recorded and analyzed by Chapin Hall.

**Focus group participants** (see Figure 1) were individuals who could speak to accessing at least one of the following services: housing assistance, public transportation, food assistance, medical and dental care, behavioral healthcare, and childcare. The focus group was composed of 10 participants, most of whom were female (80%) and identified as White (80%), with the remainder identifying as Mixed race (20%). All participants were over 18, with the majority between the ages of 25 and 64. One participant was between 18–24, while 30% were between 25–44, 20% were between 45–54, 30% were between 55–64, and 10% were between 65–74. None were over 75. The majority (80%) identified as non-Hispanic, with two participants (20%) identifying as Hispanic.



**Figure 1 Background of Focus Group Participants from Chaves (10 people)**  
This figure shows the gender, age groups, race and ethnicity of the participants from Chaves County who chose to share this information.

**Town Hall attendees** (see Figure 2) included representatives from 11 organizations serving Chaves County. These participants came from a



**Figure 2 Town Hall Provider Attendees by Sector in Chaves**  
Shows the number of individuals representing various service sectors. A total of 19 provider staff were present from 11 different organizations

range of sectors, with the largest representation from nonprofit and community-based organizations (36%), followed by government and public service entities (36%), health and behavioral health organizations (18%), and education (9%). The Town Hall brought together a cross-sector group including 4 participants from nonprofit/community organizations, 4 from government/public service agencies, 2 from health organizations, and 1 from the education sector. A total of 19 individuals participated, contributing valuable insights into how services are coordinated, accessed, and delivered across the county.

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## PERSPECTIVE POINTS FROM THE COMMUNITY

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

**Key takeaways:** Community residents voiced their concerns about the lack of mental health providers and professionals to meet the mental health needs of individuals across all stages of life. Residents noted the limited number of qualified mental health professionals equipped to provide support for people with more than one diagnosis while others commented on negative experiences with a mental health provider, for example, pushing medication or not feeling heard. Community residents also shared their experiences of accessing medical and dental care and the limited number of specialists that served the local community. Many residents described having to travel outside the county or out of state to access medical, dental and other specialized healthcare services. Residents reported that housing was not affordable and that healthy food options are limited.

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“THE AMOUNT OF THERAPISTS AND BEHAVIORAL SPECIALISTS AND PEOPLE THAT SERVICE MENTAL HEALTH IS VERY SMALL IN OUR COMMUNITY.”  
– County Resident

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**Challenges Accessing Services:** Families reported long wait times, limited staff, and poor service quality, especially in rural areas. Limited public transportation makes it hard to attend appointments, and unreliable public transit schedules leave residents stranded. Food pantries and food distribution services are limited and lack a process to check the quality of donated food like expiration dates. Healthy food options, including produce are expensive. Parents said

daycares have limited availability and do not offer flexible pricing or hours for people who work long or irregular hours. Residents said it was a struggle to find a mental health provider, especially for people with addiction. Some residents described a lack of training and awareness for trauma informed care. Several participants experienced homelessness or supported family members or community members who were experiencing homelessness and described how it was more challenging for unhoused people to access healthcare, mental health, food, and transportation services. Residents described the effects of a “broken system” where things are not working within and across services like food or housing. An example of a broken system is the process of calculating income thresholds to determine eligibility for food stamps or housing when expenses like car payments and some utilities like, internet or cell phone are not included. This makes it hard to see the difference between how much people make and what they need to spend each month.

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“IF YOU DON'T FIX IT WITH REGULATION AND START HAVING CONVERSATIONS ABOUT WHAT IS A THIRD OF \$50,000 A YEAR... WHEN YOU HAVE MODERN COST OF LIVING.... WHEN WE WERE GROWING UP, YOU DIDN'T HAVE TO HAVE A CELL PHONE BILL. YOU DIDN'T HAVE [A] WI-FI BILL. THESE THINGS WERE NOT EVEN EXISTING. SO THAT'S \$300 IN UTILITIES THAT MODERN FAMILIES HAVE TO PAY THAT NOBODY HAD TO PAY IN THE 80S, 90S. ”

– County Resident

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**Effects of Substance Abuse and Addiction:** There are challenges with the availability of services and programs that provide substance abuse treatment and mental health services. Residents commented on the lack of knowledge, training, and availability of providers who offer services for people with more than one diagnoses. Residents reported that people experiencing withdrawal, or an accidental overdose often go to the emergency room (ER) where they may not receive respectful care due to the stigma of substance abuse and addiction. Others defended ER workers by noting that they are forced to make impossible decisions between providing care for people in a car accident or who sustained gunshot wounds or the patient who is overdosing and has visited the ER multiple times that month. Due to limited availability of detox centers and a lack of coordinated efforts between recovery and mental health, it is not uncommon for people to “sober up” in jail and then be released without referrals to supports or services.

**Jobs Paying Living Wages:** Residents mentioned the lack of jobs paying an affordable wage. Many noted that while the cost of living has increased, wages have not. One resident noted that to pay the monthly bills, two adults in a household both need to work, or one parent will have to get two jobs – and even then, it is difficult to make ends meet or qualify for benefits like food stamps. Others noted that it was difficult for the county or city to offer competitive wages, especially if an oil company was operating close by or in a neighboring county and was offering higher paying jobs. In this case, school bus drivers or public transit drivers would seek work outside of Chaves County where they would be able to make more money, but the result is that Chaves County has fewer drivers. A provider noted that the current economy and unmet financial need is driving people to exploitation. Someone described this phenomenon as a “negative push” where people who struggle to make ends meet, without any support or solutions will pursue any opportunity to support themselves and their families – this environment feeds human trafficking and the exploitation of the people who are the most vulnerable in the community.

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## COMMUNITY-IDENTIFIED CHALLENGES WITH SERVICES

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

**Food:** Families face challenges getting fresh, healthy food. Food is expensive, even for families that receive EBT/food stamps, it is still hard to get enough quality food for the whole family. Residents rely on food pantries, many of which are supported by local churches. While residents are grateful to local churches, others noted that the churches are unable to check the quality of the food so sometimes, they end up distributing moldy food. Other residents commented that food pantries do not offer healthy options and that they are not open on weekends. Schools were mentioned as a valuable resource for providing free breakfast and lunch to the kids and food boxes for kids to bring home during some school breaks.

**Transportation:** There is a lack of transportation options. Some residents use taxis but note that taxis are expensive while others rely on rides from friends and family. Some residents use the Medicaid transportation services such as SafeRide but noted that these services are only for the patient – a mother would not be able to travel with her children. Residents note that the bus is unreliable and often takes detours to pick up other passengers which makes the commute time very long. It was also noted that bus stops lack important infrastructure like benches or protection from wind, rain, heat, and cold. Lastly it was noted that a huge barrier is funding drivers as the city is unable to offer competitive wages for city bus drivers. One provider noted that school buses do not provide services for children who live farther than one mile from the school.

**Housing:** Several residents shared experiences of homelessness and noted a lack of services for people who are unhoused, including shelters or warming stations during the winter. Residents and providers commented on the lack of affordable homes and that it was unrealistic to spend 30% of one's income on housing. Residents had mixed feelings about Section 8 housing vouchers. One resident was able to apply and get housing quickly while others shared experiences of waiting up to 2 years to get housing through Section 8. Utility cost was noted as a huge expense with limited support except for some churches. Some providers called for more regulation over houses that serve as Airbnb's while others said that they relied on their Airbnb as an added source of income or to support friends and family with housing needs. One provider with experience as a landlord noted that tenants using Section 8 housing vouchers did not take care of the property and that it was not an incentive for landlords to include their property in the Section 8 housing voucher program.

**Child Care:** Residents noted that to get into daycare, you had to secure a spot before the baby was born. Generally, daycare hours did not meet everyone's needs, especially for parents working long hours or the night shift. One resident knew of a single daycare center that stayed open until 10pm. Several residents commented on using a home daycare which they found to be more flexible in terms of payment and hours of operation. Residents expressed concern over how all daycare centers and home daycare services are staffed and monitored for safety and compliance. One provider noted a vital state policy part of Head Start called Pay Parity<sup>1</sup> to support daycare workers who are not making \$18 an hour. Through the Pay Parity program early childhood educators will make at least \$50,000 a year.

**Medical & Dental:** Residents and providers commented on the lack of availability of medical services particularly dental, vision, and other preventative/screening services like mammograms. Residents and providers commented that it is common to travel to a different city or to Texas for medical services. One resident noted that for people who did not have transportation, this meant that they would not seek medical services, potentially increasing risk and need for additional medical services. Several residents shared stories of negative experiences including times when providers did not treat them respectfully or that the doctor was quick to prescribe medication. Several others shared positive encounters with compassionate and caring nurses, doctors, and dentists that went above and beyond to provide excellent care. Both residents and providers remarked on New Mexico's expensive medical malpractice insurance and how that was driving providers to practice in other states. Several residents commented on another practice involving OB/GYNs, explaining that if a patient sought a second opinion, then that patient would not be seen again by the original doctor – "it's an OB policy," said community resident.

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<sup>1</sup> New Mexico Pay Parity program <https://eceedscholarship.org/wage-parity-information/>

**Mental Health:** Residents and providers commented on the lack of mental health services and behavioral health specialists. Several residents commented on mental health issues as the root cause of homelessness and crime and how the system fails to treat mental health but rather punish people for the consequences of untreated mental health issues. Residents who sought mental health services described feeling unheard and disrespected and again felt the mental health providers were quick to push medication. Residents described a deep need to talk with someone and address the root causes of trauma and mental health challenges. Residents, especially those in recovery or struggling with addiction did not want to take medication. Several residents spoke about the lack of attention and support for people with more than one diagnoses and felt that it was a huge gap that recovery programs and facilities did not provide mental health services. One resident commented that nurses often experience verbal or physical abuse, especially nurses who interact with people under the influence or with patients experiencing a mental health crisis. For these nurses, there is job-related trauma that is not being addressed. Providers thought that law enforcement needed more training on mental health. Conversely, one provider noted that some police officers also observed how kids would stop calling the police for an emergency because these youth did not want to go to a mental health institution because the experience of going to another city hours away and being removed from their family was traumatizing.

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## COMMUNITY GENERATED IDEAS

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

### Food

- One provider had a dream that “hydroponic shipping containers filled with produce” could be distributed free of charge to the community.
- Plant **edible food in shared green spaces** like parks and other greenways where residents could “forage” whenever they like.
- Make better use of food waste and have a system to **re-purpose or distribute unused school food**.
- Build **grocery stores and markets should be where people live** and within walking distance to where people live, work, and play.
- Residents also wished that **grocery stores offered healthier options** and fewer processed foods.
- Provide food for children and families over the **weekend and holidays**.

"I THINK WE NEED MORE FARM-TO-TABLE. WE DON'T GROW RESOURCES IN CHAVES COUNTY. SO, WE DON'T ACTUALLY HAVE LOCAL FARMERS"

– County Resident

### Transportation

- Dedicate funding to **build ADA compliant and covered benches** at bus stops to protect passengers from the sun, wind, rain, and other natural elements.
- **Improve transportation schedules** so that buses run on time and the routes are clear, allowing passengers to plan their trip.
- **Include the jail system in future public transportation** planning and design. Provide transit services to people who are being released from jail who often have no transportation options upon release.
- **Consider a fare-free public transportation system**.
- Increase access to **public transit options for rural** residents.
- Coordinate with **Medicaid transit services to provide car seats** available for mothers who may need transit services for themselves and for an infant. Connect local Medicaid transit providers with churches or other community-based organizations that might be able to provide car seats for infants and toddlers.
- Coordinate with nonprofit organizations or agencies to **provide reduced passes or fares** for students, people with disabilities, and senior citizens.

"THERE ARE ZERO SERVICES TO OUR MORE RURAL COMMUNITIES WITHIN THE COUNTY. BUS STOPS NEED BENCHES WITH WEATHER PROTECTION. "

– County Resident

- Support **schools in the creation of a ride share network** for families who live outside the school bus route – especially for elementary-aged children.

## Housing

- Have a **continuum of affordable housing** for low-to-middle income households. Provide affordable housing for professionals like doctors, nurses, teachers, emergency medical workers, to make it a more competitive offer and entice those professionals to work in Chaves County.
- **Shelters and temporary housing** for people experiencing homelessness and **warming stations** during the winter.
- Have **services or programs for unhoused people** who are ready to transition into a rented apartment that enables these

"I'VE BEEN TO SEVERAL CONVERSATIONS ABOUT AFFORDABLE HOUSING IN ROSWELL AND WHAT IS CONSIDERED TO BE AFFORDABLE.... WHAT A WORKING FAMILY MAKING A ROSWELL INCOME CAN AFFORD.... UNATTAINABLE, UNREALISTIC MONTHLY RENT FOR MAKING WHAT A DECENT PAYING JOB IN ROUGHLY 30, 40 GRAND COULD BRING."

– County Resident

- individuals or families to obtain a credit history and pay for first and last months rent (if those are required to obtain housing).
- **Connect eligible families to Section 8** housing vouchers and have a navigator help complete the application and advocate for that family in terms of understanding the process.
- **Revisit the definition of "affordable" and how affordable housing is calculated** using updated economic measures that factor in current wages and all household expenses including car payments, gas for the vehicle, internet/Wi-Fi, and other expenses that are essential.
- **Provide support to local landlords to learn more about Section 8** housing and how they might benefit by listing their property within the Section 8 housing program.

## Child Care Services

- Establish at least one daycare center that is open on **weekends and overnight** for parents that the night shift or on the weekend.
- **Alternative or flexible childcare services** or parents/families that need "drop-in" services for unscheduled or last-minute work assignments or for parents who work part-time or have irregular shifts.
- Ensure that eligible caregivers are **aware of the Childcare and Parent Services (CAPS)** program – assists families with lower income to secure high-quality childcare.
- More **affordable after-school programs**.
- Help parents connect with **home daycare** providers.

"I WAS WORKING PART TIME BECAUSE IT'S...EASIER TO WORK PART TIME THAN JUST FULL TIME BECAUSE THE REMAINING MONEY JUST GOES TO PAY THE DAYCARE.... AND...YOU CAN'T PAY PART TIME. YOU CAN'T HAVE YOUR KIDS [DURING THREE DAYS]. YOU PAY FULL TIME. EVEN IF THEY'RE NOT THERE."

– County Resident

## MEDICAL AND DENTAL

- **Integrate social workers within hospitals** to collaborate with nurses and doctors and connect patients and families with other services.
- **Quarterly medical visits to elder care homes or assisted living** to offer regular preventive health checks or specialized services to the aging population. Either provide the services where the aging lives or arrange for transportation to bring the elderly to services.
- Work with the state government to **address the high cost of medical malpractice insurance** to make it easier for medical professionals to practice in the State.
- Use patient navigators or advocates to connect parents and families to **Medicare and Medicaid** and ensure that eligible families know about dual enrollment.
- Explore the possibility of expanding and covering **telehealth and virtual medical services**.
- Expand opportunities for **trauma informed care** training and trauma informed services.
- Increase the use of **school-based health centers** for students, staff, and families.
- Have a **one-stop-shop** where patients can receive medical, dental, and vision care in a single location.

"NEW MEXICO, THE WAY THEY PROVIDE INSURANCE TO MEDICAL PROVIDERS, TO DOCTORS AND SO THEY ARE A LOT MORE LIABLE TO BE SUED.... WHEN YOU'RE GOVERNOR, YOU CAN CHANGE THAT BACK TOO SO THAT DOCTORS ARE NOT AFRAID TO WORK IN NEW MEXICO. IT'S MUCH EASIER FOR THEM [DOCTORS] TO WORK IN OTHER STATES."

– County Resident

## Mental Health

- Need for both **inpatient and outpatient facilities** that offers flexible services for patients that still need to work. Possibly a model that includes outpatient services during the workweek and inpatient services on the weekend.
- **Increase the services provided at Roswell Rehab** to include crisis response (24/7), medical detox, and long-term inpatient and/or outpatient care.
- Collaborate with schools to make better use of **school social workers** to identify and treat mental health needs in children earlier. Enhance **school-based mental health** care services.
- Enhance **training opportunities for law enforcement** to learn more about mental health and services and resources.
- Expand **partnerships with local universities** to get students interested in social work, mental health, counseling and therapy.
- Offer more **crisis prevention training** opportunities to build a pipeline and increase the number of crisis intervention workers.
- A healthy community requires **housing** that meets everyone's needs. Connect patients in recovery or patients receiving mental health care to **sustainable housing or transitional housing**.
- Need for more **trauma-informed care** training and trauma-informed services.
- Integrate **mental health** services, treatment and referral within **substance abuse** treatment and services.
- Strengthen **referral pathways** to route patients seeking mental health and/or substance abuse services in the ER to other providers that can offer long-term, holistic support.
- Offer training opportunities or seek collaboration to provide support and resources for people with **more than one diagnosis**.

"MENTAL HEALTH ALSO ROOTS INTO-- IT'S ... A WEB. IT'S JUST SO ENTANGLED IN OUR LEGAL SYSTEM...OUR PEOPLE THAT ARE COMMITTING CRIMES AND DOING THINGS. LIKE, THEY GOT MENTAL ILLNESSES. I BELIEVE IT'S, LIKE, A REALLY DEEP, DEEP ISSUE"

– County Resident

### Suggested Citation

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

**Contributors.** In addition to the authors, we wish to recognize Melissa Moyer and Katherine Courtney 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 Chaves community for sharing their experiences with us towards the betterment of services for individuals in need. For additional information, contact Dr. Julie McCrae, [jmccrae@chaphin.org](mailto:jmccrae@chaphin.org)  
April 22, 2025