



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

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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 the Doña Ana County Town Hall (46 participants) and two focus groups held with community members of Doña Ana County (20 participants).

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. These individuals offered insights into navigating services in both urban areas—like Las Cruces—and more rural parts of the county. The focus groups were composed of 20 participants,

most of whom were Hispanic (90%) and female (90%). Participants ranged in age, with a strong majority (70%) between the ages of 25 and 44. The remaining individuals were split evenly across the 45–54, 55–64, and 65–74 age groups (each representing 10% of the sample). No participants were under 25 or over 75. Participants identified as White (45%), Native American (15%), and Mixed race (5%), while 35% did not disclose their race. Most

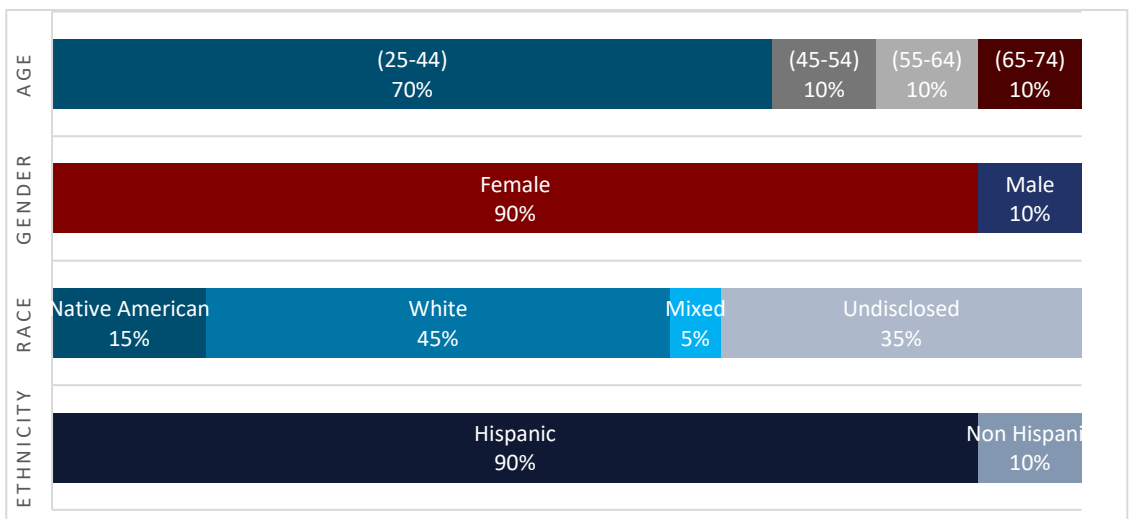


Figure 1 Background of Focus Group Participants from Doña Ana (20 people)

This figure shows the gender, age groups, race and ethnicity of the participants from Doña Ana County who chose to share this information.

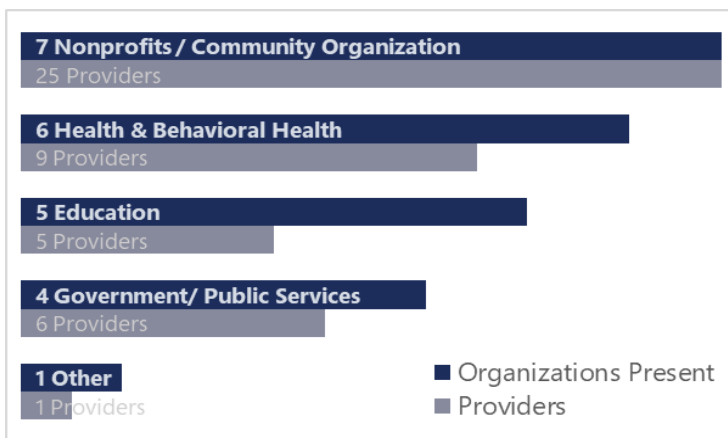


Figure 2 Town Hall Provider Attendees by Sector in Doña Ana

Shows the number of individuals representing various service sectors.

A total of 46 provider staff were present from 23 different organizations.

individuals (90%) identified as Hispanic, with only two participants (10%) identifying as non-Hispanic.

Town Hall attendees (see Figure 2) included representatives from 23 organizations serving Doña Ana County. These participants came from a range of sectors, with the largest representation from nonprofit and community-based organizations (43%), followed by education (22%), health and behavioral health (22%), and government or public service entities (13%). The Town Hall brought together a cross-sector group including 10 participants from nonprofit/community organizations, 5 from education, 5 from health, and 3 from government/public service. One provider did not identify their specific organization.

PERSPECTIVE POINTS FROM DOÑA ANA COUNTY

This section reflects key themes from the focus groups, highlighting the challenges faced by residents of Doña Ana County.

Barriers to Self-Sufficiency. Many Doña Ana residents spoke about an overall desire to become self-sufficient, to stop relying on government or community assistance. They wanted to be able to support themselves on their own, but they also shared that it is difficult to do this because of some rules and systems that get in the way of achieving this. Participants shared that they want to get a college degree, but financial aid services, which count as income despite not covering basic expenses outside of school, would make them ineligible for much needed services such as food stamps or housing assistance. Participants worried about taking higher paying jobs that would put

“I WOULD LOVE TO TRY TO SIGN UP FOR SCHOOL BUT I CAN’T LOSE MY MEDICAID, ESPECIALLY WITH KIDS WHO HAVE HEALTH PROBLEMS”

— Doña Ana Resident

them over the income threshold for certain benefits because, despite the higher income, without benefits like housing assistance they still would not be able to cover all their expenses. In Doña Ana County there are programs available to help individuals and families purchase their own home by covering the down payment. Despite this, many participants expressed that they would still not be able to cover the monthly mortgage payment and while there are many programs that will help cover rent in an emergency, few to none exist to help with mortgage payments. Housing assistance programs help residents keep their housing expenses under 30% of their income. Residents who want to become self-sufficient worry that they may not be able to afford an unsubsidized rent and if they wanted to get back on a list for housing assistance that it would take months or years to find another home. They also worried that the housing they would be able to afford on their own would be of

significantly lower quality than what they could get otherwise. This leaves them with few promising options to further their education and employability while maintaining basic living standards.

Systemic Barriers: Overall, residents reported system problems as one of the biggest hurdles to receiving services. For example, online applications require a link that is only active for 24 hours, which creates a barrier for people that need to collect documents or who work long hours. Frequent website crashes prevent access to information. Minimal consideration is given to anyone who does not have access to a smart phone or to the internet. Additionally, going to the office in-person or calling involves hours-long wait times which means people need to take a day off work to go in. When mail-in service is requested, no envelope or stamp is provided. When applying for childcare assistance, participants reported needing signatures from the non-custodial parent, which caused undue stress and significant delays.

“THE LAST TWO DAYS I’VE BEEN CALLING, I’VE BEEN WAITING TWO, THREE HOURS AND I SCHEDULED A CALL BACK. I NEVER GOT A CALL BACK. YESTERDAY, I WAITED ALMOST THREE HOURS AND THEY ANSWERED AND HUNG UP.”

—Doña Ana Resident

Stigma: Many participants reported feeling judged or disrespected when reaching out for help. This led to them feeling emotionally drained after interacting with public service employees. Many reported having been made to feel as if they were taking advantage of the systems in place to help them. Poor treatment led them to either seek out resources elsewhere or to avoid reaching out for help at all. Participants reported feeling as if they needed to dress up and make extra effort or bring their child with them to be treated with compassion.

“THAT’S WHY PEOPLE DON’T GO IN-PERSON, BECAUSE THEY’RE GOING TO LOOK DOWN ON YOU.”

—Doña Ana Resident

Undocumented Immigrants and non-citizens: Undocumented immigrants face unique challenges accessing services. Participants reported limitations to where they could go to seek services due to immigration checkpoints. Parents whose children have citizenship must rely on others to take their children to the hospital or other medical appointments and school events that take place past these checkpoints. This limits where they go to seek services for their children, including healthcare and childcare. Although participants reported being employed, they expressed difficulty obtaining proof of income. This prevented them from accessing childcare assistance and applying for housing. Parents who are not citizens do not qualify for housing assistance even if their children are citizens, so they must rely on other family members or friends. When applying for citizenship, one must prove they can be self-sufficient. This can be especially harmful to individuals and families who need food services as they worry that visiting a food pantry may count against them when trying to become a United States citizen.

“SOME OF THE SERVICES, THEY’RE IN ALBUQUERQUE, AND I NEED TO GO TAKE MY DAUGHTER BUT I CAN’T CROSS THE CHECKPOINT BECAUSE I DON’T HAVE ANY DOCUMENTS.”

—Doña Ana Resident

COMMUNITY-IDENTIFIED CHALLENGES WITH SERVICES

This section shares insights from Focus Group participants and Town Hall providers on access and delivery of six services.

Food Services: Overall, service providers and residents felt that most food pantries provided access to a significant amount of fresh food. Despite this, some food pantries continued to serve processed or expired food. Some food pantries lacked variety in the food they were providing, sometimes distributing an excess of certain foods that left residents at a loss for what to cook and created food waste. Although providers mentioned a need for more food pantry locations, both providers and residents spoke about an increase in pop-up food pantries. Most food pantries in Doña Ana County share information about food distribution online, however, there is no centralized list of food pantries in the area, leaving residents to navigate access on their own or to rely on Facebook groups for information. Residents expressed profound difficulty applying for food stamps. Online applications were reported as inconvenient, impersonal, and often led to errors such as lost applications. Attempting to contact the office by phone resulted in sometimes hours long hold times. Lack of communication, different expectations from employee to employee, and 45-day processing periods were also significant challenges to applying for food stamps. After submitting an application, many residents found that they did not qualify and that certain expenses were not taken into account when determining eligibility and amount given.

Transportation: Residents and providers alike felt that a major benefit to public transportation is that the buses are free and wheelchair and stroller accessible. A major barrier to utilizing this service, however, is that bus stops are not located in places where residents want to go. This can cause residents who rely on public transportation to travel to take multiple buses or walk a significant distance to reach their destination. Limited hours of operation force people to leave for their destination hours early, rely on others for a ride, pay for ride share services, or walk, sometimes for hours, if they miss the bus or need to be somewhere outside of certain hours. This leads many people to feel that taking public transportation “isn’t worth it”. Residents also reported feeling fearful at bus stops due to encountering drug use. Providers shared that a lack of lighting at bus stops, especially in rural areas, was a big contributor to low usage of buses. For residents that do have personal vehicles, a lack of infrastructure can cause problems. Many roads in rural areas are dirt roads which can cause damage to cars and which flood when it rains. Medical transportation poses issues as well. Many residents and providers struggled to get transportation to medical appointments due to the need to schedule a ride multiple days or even longer, in advance. Reports about coverage for the cost of transportation to medical appointments were mixed with some reporting their insurance provider paid for transportation and others reporting that it was more difficult to get coverage. Transportation issues caused some residents to have to cancel medical appointments due to lack of transportation.

Housing: There is a clear and urgent need for more housing in Doña Ana County. Many residents and providers reported waiting years, even up to 10 years in some cases, for housing. When housing is available, options are significantly limited. There may not be housing in the neighborhood or school district where people want to live, or properties may be old or in need of repair. Residents reported being offered only one option for housing or being asked to accept a home with fewer bedrooms than necessary or needing to live in an unsafe area. There is a lack of available public housing, and many places don’t take vouchers. Although lists of available housing are provided, many residents found that they had not been updated. If a family can find somewhere that will accept housing vouchers, they may not be able to pay the downpayment, a major barrier to using housing vouchers. This causes many people to rely on public housing, leading to long wait lists. New housing is being built in Doña Ana, but it is still many years away from being completed. There are local programs that help people find housing, but these programs struggle to maintain adequate funding.

Child Care: Families in Doña Ana reported an overall positive experience with childcare and childcare assistance. They felt that the application process was smooth, and the employees were kind, compassionate, and reliable. Those that received childcare assistance reported feeling a sense of safety around where their child is and who they are with and that the care their children have received has given their children consistency and structure that has been very beneficial for them. While their experiences have been largely positive, participants reported that many people in the community are not aware that they qualify for childcare assistance. A lack of transportation to and from the daycare center was a barrier to access as well. Providers and residents both

noted that, although the application process was very easy, finding an open spot in a daycare was much more difficult. Providers mentioned that low pay and increased education requirements contributed to a shortage of daycare providers in Doña Ana.

Medical & Dental: A major barrier to care in Doña Ana is wait times. Residents can wait months to receive care and often must go to multiple clinics to find one with a shorter waitlist. A shortage of providers, along with administrative issues, contributes to delays in office visits, whether for primary care, specialist care, or obtaining prescriptions. With fewer providers practicing in Doña Ana County, many residents expressed that they are forced to go to Albuquerque or to cross state lines to go to El Paso for care. Traveling to a medical appointment requires transportation that can take days or weeks to arrange and can even involve a hotel stay which can be prohibitively expensive if not covered by insurance. Scheduling medical transportation is a slow process and must be done online, which can be difficult for some people without internet access, smartphones, or who are older adults. Some providers also noted that medical transport does not always show up.

The cost of care is another barrier. Some residents say they choose cheaper, less effective treatments or skip medical care altogether. Some clinics have programs to help reduce costs, these often have long waitlists. For those who qualify, Medicaid can be especially helpful in minimizing costs, but recent cuts have reduced coverage for some services and getting approval for care can take up to six months. Due to these challenges, some residents have considered traveling to Mexico to find more affordable care.

High turnover adds to the frustrations, as residents report feeling as if they must go over their medical history every time they see someone new and can cause them to distrust providers. While residents reported positive experiences with local dentists, they noted concerns about frequent staff changes in dental offices.

Mental Health: Long wait times for care can be especially detrimental to people's mental health. Residents shared that wait times for mental health appointments in Doña Ana can be up to 7 months and can cause delays in accessing medication refills. In emergencies, providers reported that it could take up to three days to get a bed in a crisis center. When patients were able to access care, they reported feeling threatened by providers for wanting to be more involved in their child's care and treatment. With minimal navigation services many residents reported feeling unsure about where to seek care.

Providers noted that a shortage of mental health professionals may be caused by difficulty getting credentials and more strict supervision requirements. Providers noted funding as a major contributor to staff shortages. High turnover among providers leads to a lack of familiarity with the case leaving the patient or family to repeatedly fill in new providers on their health history. High turnover can also cause patients to feel an increased sense of instability. Many community members shared that in order to get care they needed to travel to Albuquerque or El Paso. They noted that there is no crisis center in Doña Ana County and there are more options for pediatric care elsewhere. Some providers travel to Doña Ana to provide care, but services are limited to once per year. Participants were happy with the play therapy their children had received but expressed a desire for more options for families. In some cases, only one caregiver has insurance coverage for mental health services, leaving the other unable to participate in family therapy services. For some families, insurance policies don't cover mental health services at all. Although some organizations help to cover costs, many people found costs were still too high to seek care without insurance.

COMMUNITY GENERATED IDEAS

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

Food Services

Coordination & Centralization:

- Create a centralized list that includes the times, dates, and locations when services can be accessed and update it as things change.
- Utilize food pantries as a place to share health information such as information about diabetes and blood pressure.
- Provide transparent eligibility requirements for EBT benefits.
- Share information about food pantries at hospitals, doctors' offices, grocery stores, and schools.

Increase Access to Services:

- Expand food distributions to rural areas.
- Increase hours and dates for food pantries.
- Create a more organized system for food distribution that offers a greater variety of foods.
- Send food home from school with children.
- Provide transportation assistance.

Expand Nutritional Options:

- Improve access to fresh food options within food services.
- WIC Senior Food Bucks program should offer services throughout the market season, not just a one-time support.
- Offer more fresh food distribution programs for seniors.

Housing

Lessen Stigma

- Change the terms used from "affordable" or "low-income" housing to "workforce housing".
- Provide training on being trauma-informed to landlords and building managers.

Improve Infrastructure and Planning:

- Include local voices in decision-making.
- Revitalize existing structures, such as old buildings or foreclosed properties, to create more affordable housing options and shelters.
- Change zoning regulations to support high-density housing, accessory dwelling units, etc.
- Implement rent control.

"WE'VE BEEN ON A WAITING LIST FOR HOUSING FOR FIVE YEARS. I'VE APPLIED EVERYWHERE THAT'S LOW-INCOME AND THERE IS A FIVE-YEAR WAITING LIST."

– Doña Ana Resident

Support Affordable Housing:

- Cover the cost to the builder or owner through tax credits, private or government funding.
- Provide transparent eligibility requirements for housing assistance programs.
- Hold housing assistance programs accountable for timeliness, particularly with regard to inspections, to reduce wait times for housing.
- Cover the cost of rent while people are waiting for housing.
- Improve affordable housing options for the seniors.

Transportation Services

Improving Access to Transportation:

- Expand hours and provide transportation services 7 days a week.
- Expand access by increasing the number of bus stops included in transportation routes.
- Place bus stops in locations where people often visit.

Enhancing Safety and Utilization:

- Provide lighting at bus stops, particularly in rural areas, to improve safety.
- Provide seating at bus stops.
- Educate the public on transportation literacy.

Support Resource Navigation:

- Utilize buses and bus stops to share information about resources.

Child Care Services

Improving Access, Communication and Implementation:

- Provide reimbursement to childcare providers.
- Provide training to childcare workers about working with children with special needs to reduce expulsion from programs.
- Advocate for ease of access to training/certification programs such as online classes, scholarships, state support programs.

MEDICAL AND DENTAL

Workforce Shortages & Retention:

- Help to reduce costs of malpractice insurance.
- Improve Medicaid reimbursement.
- Incentivize providers to come to the area and to stay.

Access to Services

- Create tools to help patients advocate for themselves.
- Expand financial support for patients to reduce out-of-pocket costs.
- Provide transparent pricing in hospitals and clinics.
- Employ community health workers or health navigators to support patients during appointments.
- Enhance services at school-based health centers and provide services to parents at schools.

Mental Health

Workforce & Training

- Advocate for changes to licensing laws that make it difficult for many people to become licensed counselors.
- Incentivize providers to stay in the community.
- Increase the number of Spanish speaking and ASL providers.
- Provide training to law enforcement to adequately deal with mental health.

Access to Services

- Provide a support group for families of children with Autism.
- Offer more transparency with pediatric visits for adolescents.
- Promote 988 services.
- Expand services to rural areas.
- Bring in pediatric treatment centers and providers.
- Increase outreach to reduce stigma and raise awareness.
- Ensure follow-up appointments occur within a reasonable timeframe to maintain continuity of services.

IDENTIFIED INTEGRATION NEEDS ACROSS ALL SERVICES

This section summarizes common themes that cut across all service areas, including challenges related engagement, navigation, access, and trauma informed responsiveness.

Community Engagement and Communication: Participants emphasized the need for better communication and stronger engagement between service providers and the community. While many services exist, it is usually the responsibility of the community to share information about them. Many people expressed concerns over different services cancelling each other out and suggested there be a list of requirements for eligibility provided for each service.

"AS NONPROFITS, I DON'T
THINK WE ALWAYS DO A GOOD
JOB OF COMMUNICATING OUR
CHANGES THAT WE'RE DOING."

– Doña Ana Provider

Ease of Access: There was a strong desire for clear, comprehensive resource guides that have hours and locations for available resources. Participants stressed the need for convenient and easy access to applications and appointments with service organizations. They stressed a need for shorter wait times, more accountability with follow-up procedures, and more options for ways to turn in application materials.

Trauma Informed Service Delivery: Participants stressed the importance of trauma-informed service delivery. They emphasized the need to feel respected and valued while seeking care. While some residents found social service workers who were compassionate and kind, most residents highlighted the need for a higher standard of practice that treats everyone with respect regardless of race, background, or socioeconomic status.

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