



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

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 Taos County Town Hall (56 participants), and two focus groups held with members of Taos Pueblo (24 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 child care. Their experiences reflect both life within the Pueblo and the broader Taos County area where some community members live, work, or seek services. Focus group participants, all identifying as Native American, included 16 women and 9 men, with most between the ages of 25 and 44 or over 65. Considering the unique perspective of the focus group participants, information not relevant to Taos County has been excluded in this report.

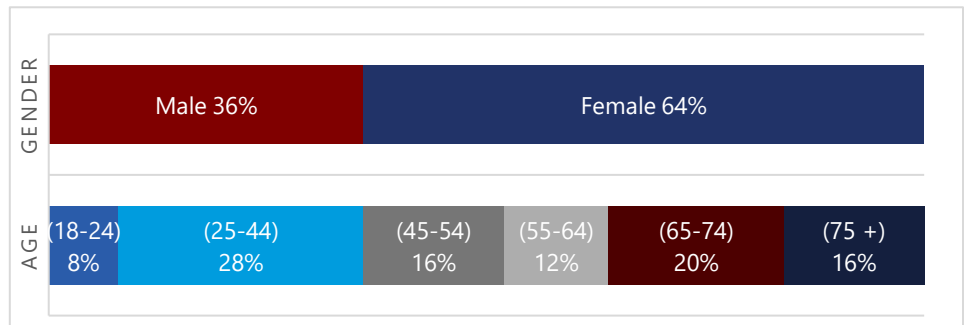
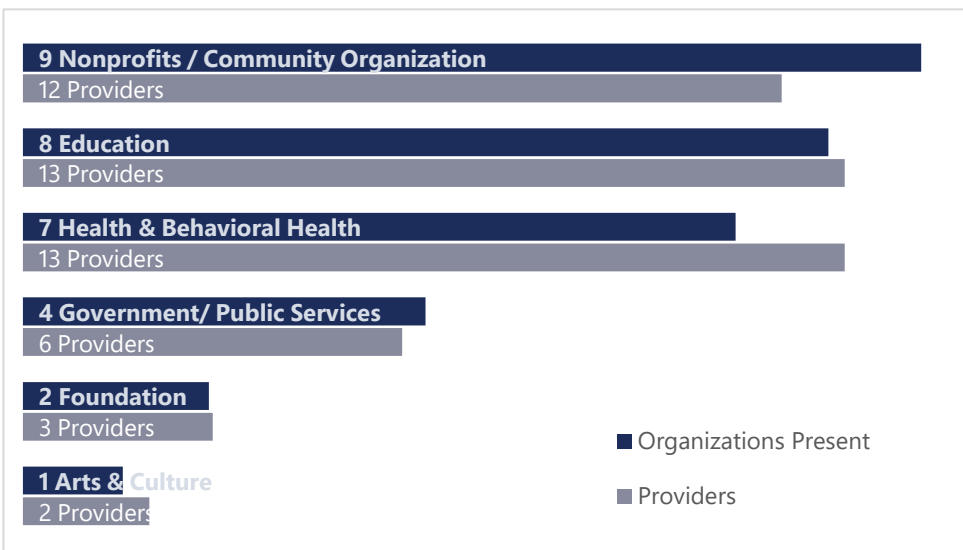


Figure 1 Background of Focus Group Participants from Taos Pueblo (25 People)
Includes gender and age group. All participants identified as Native American (not shown here).

Town Hall attendees (see Figure 2) included a diverse mix of 31 organizations that provide services in Taos County. Most people at the



Town Hall worked in schools or education settings (about 26%), health or mental health (23%), or non-profit organizations or community agencies (29%). Others came from government (13%), foundations (6%), and the arts & culture sector (3%). Town Hall participants represented a range of sectors, including 13 from education, 13 from health and behavioral health, and 12 from nonprofit and community-based organizations. Additional representation included 6 individuals from government and public services, 3 from foundations, and 2 from the arts and culture sector.

Figure 2 Town Hall Attendees by Sector in Taos County
Shows the number and percentage of individuals representing education, health, community nonprofits, government, foundations, and arts. A total of 56 Provider Staff were present from 31 different organizations.

PERSPECTIVE POINTS FROM TAOS PUEBLO

This section reflects key themes from the focus groups, highlighting the challenges faced by the people of Taos Pueblo.

Cost of Living Impacts. The high cost of living in Taos affects food access, healthcare, housing, employment, and mental health. Many residents struggle to afford nutritious food, often relying on food banks or hunting to get by. Healthcare is also a financial burden, forcing some to choose between medical appointments and basic needs. Housing affordability remains a major concern, driven by rising property values, tourism, and low wages. Some said local grocery stores feel like a luxury, with prices out of reach for many. Wages often fail to keep pace with rising costs, and available jobs rarely cover basic expenses. Participants expressed how the financial strain contributes to stress and anxiety, yet mental health care remains hard to access and is still stigmatized, making it difficult for some to seek support. Additionally, the combination of high costs, low wages, and limited career opportunities make it hard to retain skilled workers in Taos. As one participant shared, community members want to stay rooted in their traditions and families, but the lack of sustainable employment makes it nearly

“SO, WHEN YOU THINK ABOUT WHAT PROPERTY VALUES ARE IN RELATIONSHIP TO OUR WAY OF LIFE, WHICH IS CENTERED ON THE LAND. RIGHT? CENTERED ON HUMILITY. CENTERED ON, YOU KNOW, SURVIVABILITY... WE'RE PRETTY HUMBLE PEOPLE... IT BECOMES BEING SUBSERVIENT TO THE TOURIST CLASS.”

— Focus Group Participant

impossible to remain in the area long-term.

Gaps in Local Services: Overall, systems were described as fragmented or “broken,” under-resourced, and lacking culturally responsive staff. Taos residents consistently described how staffing shortages and limited local services create barriers to meeting basic health and wellness needs. Frequent turnover among providers, like doctors, dentists, and behavioral health professionals, disrupts continuity of care, and some services are understaffed or unavailable altogether. Participants shared that elders remain on long waiting lists for in-home care, and drivers for medical or community transport are too few to meet demand. Low wages and slow hiring processes make it hard to retain qualified staff, especially when other regions offer better pay. Some existing services are seen as overburdened and inadequate, with residents often traveling out of town for care.

“THE LAST I CHECKED FOR AN AFFORDABLE RENTAL WITHIN TAOS COUNTY, -- THE PRICE WAS EQUIVALENT TO A FLAT IN MANHATTAN”

— Focus Group Participant

Impacts of Substance Abuse and Addiction: The Pueblo spoke about cycles of trauma and the need for accessible recovery support in Taos, where trauma-related behaviors often go misunderstood or unsupported. Many shared how intergenerational and Native Peoples historical trauma affects mental health, leading to substance use and challenges with parenting. Some grandparents are raising children while their adult children struggle with untreated mental illness or addiction. Available recovery spaces were praised for offering connection and support beyond substance use, particularly for those with mental health challenges. Still, participants noted gaps in staffing, cultural relevance, and confidentiality, and shared that stigma often discourages people from seeking help. There was a clear call for trauma-informed, community-rooted services that address both substances use and the deeper pain beneath it.

“IT’S ALL ABOUT JUST SEEING WHAT PEOPLE NEED TO UNDERSTAND— THAT MENTAL HEALTH IS JUST AS DANGEROUS AS ADDICTION. PEOPLE LOSE THEIR LIVES TO BOTH.”

— Focus Group Participant

Taos Youth. Youth were seen as both vulnerable and vital to the community’s future, and residents voiced the need for support for young people now, so they don’t face struggles in the future. There were concerns about limited services, especially in mental health, education, and transportation. Some youth struggle to get to school, and a lack of recreational or cultural programming leaves them without structured support. At the same time, participants expressed hope in efforts to teach traditional ways and pass down cultural values.

Community/Informal Support: Community support plays a vital role in Taos, especially where formal systems fall short. Many residents described strong informal networks—neighbors, friends, and extended family members who offer rides, check in on elders, and help with day-to-day needs. This is particularly important for those without transportation or stable access to services. Within the Pueblo, cultural traditions and intergenerational bonds further strengthen this sense of connection. However, despite these strong personal relationships, participants noted a lack of formal infrastructure to support caregiving, youth, mental health, and elder services.

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: Service Providers and residents alike voiced frustration with high food prices and limited selection in local stores. Pueblo residents noted the lack of nearby affordable grocery stores, often having to travel long distances (sometimes as far as Santa Fe) for fresher and more affordable options, but without reliable transportation, this becomes a major barrier.

Food access is also shaped by strict income eligibility rules. Some residents earn just over the threshold for assistance but still struggle to meet basic needs. As one explained, *"We don't [qualify for assistance]—we're right over the threshold of SNAP. So, we're still poor."* Since SNAP eligibility is based on both income and household composition, some receive limited benefits despite supporting large, multigenerational households. One person shared that they receive \$200 in SNAP benefits but are expected to feed their siblings and a parent. Participants noted that food prices have increased while SNAP benefits have stayed the same making it harder to afford necessities, *"I spent my whole SNAP in one trip. I filled up one cart, and that was my whole EBT."* Others described how the application process itself is difficult to navigate. Some participants described confusing applications, long wait times, and unhelpful responses when trying to correct errors. One gave up trying to report a fraudulent claim and chose to pay for food out-of-pocket instead.

Food pantries and other assistance programs exist, but residents and providers noted gaps. Many reported expired or unhealthy items limited fresh food, and a lack of staples like meat. Participants stressed that nutritious, culturally appropriate food is hard to access, making it difficult to maintain a healthy diet—especially for those with chronic conditions. As one resident shared, *"A lot of people in our community are diabetic, so we need better food options."* Others noted that most pantry offerings are shelf-stable and lack the variety needed for balanced meals. Limited hours, unclear communication, and restrictive policies further reduce access, particularly for those in the Pueblo or without reliable transportation.

Transportation: A major transportation barrier in Taos is that many residents lack access to a personal vehicle, making everyday tasks like getting groceries, commuting, or attending medical appointments difficult. While gas cards and ride programs offer some support, they don't help those without a car or someone to drive them. Many rely on friends or family for rides, which can be unreliable—especially for elders, homebound individuals, and youth. Youth, specifically, can face long walks from bus stops, have missed school or even dropped out due to lack of transportation.

Public transportation is limited in both routes and hours. The local bus system doesn't align well with work schedules, has long wait times, lacks weekend service, and often runs infrequently. Some areas, like Penasco and Carson Estates, have no direct service at all. Even with increased demand, driver shortages—driven by low wages and better pay elsewhere—make expansion difficult. Both residents and providers expressed frustration with the lack of investment in transit, especially for rural and medical access. A rideshare service, Trip Karma, was ultimately halted due to regulatory and insurance barriers described as outdated for rural communities. Participants also noted that Medicaid transportation has declined since COVID, with reimbursement rates too low to sustain services.

Housing: There is a clear and urgent need for more housing in Taos, especially for younger community members, families, and those without stable homes. Many residents described housing as "too expensive," with homeownership feeling like a "dream." Multigenerational living is common due to limited housing, cultural values, and economic necessity. While some appreciate these arrangements, others described them as crowded, with younger family members hoping to have homes of their own. Rental prices have skyrocketed—one participant cited paying "\$2,500 a month for a one-bedroom, one-bath." Residents linked rising costs to tourism, out-of-state retirees, second-home buyers, and wage differences compared to locals. Short-term rentals like Airbnb's were also seen as reducing the already limited housing supply. One participant estimated that "half to a third of the units that already exist are vacant at any given time," but remain inaccessible to local families. Affordable rentals are often in less desirable areas or too far from Taos Pueblo. Providers at the Town Hall echoed these concerns, emphasizing that the housing shortage is a major barrier to recruiting and retaining essential workers. As one provider put it: *"It's not that people don't want to come. It all goes back to housing. If you don't have a place to live, you can't live here."* Even when professionals are

willing to relocate, many struggle to find housing for themselves and their families, raising concerns about long-term staffing shortages in healthcare and education.

Beyond affordability, housing quality and access are also challenges. Many landlords don't accept housing vouchers, and those who do often offer "substandard" or unsafe units. Residents relying on assistance face slow, confusing processes—heightened by the fact that the local voucher program is administered from Socorro, far from Taos. Many residents struggle to get answers or complete paperwork, further complicating their ability to access housing aid. One resident shared they waited months to find housing; others noted some programs only offer help once or twice a year. While nonprofits provide some support, residents and providers agreed existing resources fall short of the community's needs.

Child Care: Finding childcare in Taos County is difficult due to limited availability, high costs, and long waitlists—sometimes up to two years. Even with support from programs like CYFD Child Care Assistance and Head Start, many families still can't access or afford care, especially in rural areas. This lack of reliable options forces some parents to reduce work hours or depend on family members. Some parents also worry about the safety and quality of available childcare providers. Families with children who have special needs, such as autism, face even greater barriers, often having to travel outside the county to find appropriate care.

Local providers and community leaders confirmed these challenges, noting that even if more childcare centers were built, there wouldn't be enough qualified staff to run them. Low wages and limited benefits are pushing qualified early childhood professionals out of the field. Without stronger state investment, counties like Taos lack the resources to expand services. Fewer after-school and summer programs than in years past further limit options for working families.

Medical & Dental: Accessing healthcare in Taos is difficult due to a shortage of providers, high costs, long wait times, and limited specialty services. Residents frequently struggle to find and keep a primary care provider, as high turnover disrupts continuity of care. Many shared the frustration of building trust with a doctor, only to start over when they leave. Older adults, in particular, report feeling dismissed, rushed, or disrespected, and cited experiences like overprescribing or having to repeat their medical history as reasons for losing trust in the system.

The shortage of providers has led to waitlists stretching up to three years, especially for Medicaid patients. Dental care is also hard to access, with residents describing a cycle of delays and referrals between providers, often without clear answers or follow-through due to poor coordination. Efforts to recruit and retain healthcare workers are hampered by low salaries, a lack of affordable housing, and underperforming pipeline programs. Providers emphasized how Taos's housing shortage, including resistance to a workforce housing initiative, affects staffing issues. Relocation is more complicated when providers' families need access to employment or education opportunities.

Without consistent care, many residents forgo preventive services and rely on emergency rooms, straining the system further. Specialty care is even more limited. While Holy Cross Hospital offers some services, patients are often referred out of town, adding logistical and financial burdens. Providers confirmed these gaps, noting frequent cancellations or virtual-only appointments at urgent care, which push more people toward ER use.

With many services outside of Taos, many residents depend on finding transportation to reach medical appointments. Long-distance travel to specialists in Santa Fe or Albuquerque is costly and difficult, particularly for residents without reliable vehicles. Missed or rescheduled appointments can delay care by months, and medical flights often lack return transportation, leaving residents to pay for expensive trips home.

The cost of healthcare is another major barrier. Some residents must choose between medical appointments and necessities like food. Even those with insurance struggle, as not all providers accept Medicaid or Medicare. Specialty procedures often require hundreds of dollars in out-of-pocket costs, making access even harder for lower-income individuals. Providers cited New Mexico's Medicaid reimbursement rates—among the lowest in the country—as a major reason for limited provider participation, making it hard for clinics to stay financially viable and further reducing access for the community.

Historical trauma and cultural barriers further affect access. Some Indigenous residents said it was hard to find providers who understand their cultural background, especially in sensitive areas like reproductive or mental health. A long history of medical mistreatment contributes to deep mistrust, which is complicated by the lack of Indigenous healthcare providers. As a result, patients often feel misunderstood or dismissed during medical visits.

Mental Health: Providers echoed residents' concerns, citing workforce shortages, limited funding, and burdensome state certification requirements that make it difficult to recruit and retain mental health professionals. As a result, many clinicians are overworked and burned out, leading to appointment delays, canceled sessions, and inconsistent care. Even when services are available, provider turnover disrupts continuity. Cost is another major barrier. Residents said they couldn't afford care unless it was free, and providers noted that many rely on Medicaid—which not all clinics accept due to low reimbursement rates. Both groups also pointed to stigma and past negative experiences as barriers to seeking help. In a small community where “everyone knows everyone,” concerns about confidentiality and judgment are common. Others expressed frustration that mental health issues are often ignored by people in the community until they escalate into crises. Some participants shared concerns about expressing their struggles to therapists out of fear that they might be institutionalized or treated differently. Without adequate early intervention or a crisis stabilization unit system equipped to address mental health needs, especially for those seeking recovery from addiction. Providers and residents shared that individuals often end up in emergency rooms or jail. Both residents and providers emphasized the urgent need for a more robust, continuous, and culturally responsive system of mental health care in Taos.

"I'M JUST WORRIED THAT I WON'T BE ABLE TO COVER [THE MEDICAL BILL], YOU KNOW... IT'S JUST LIKE A FEAR-BASED KIND OF APPROACH."

– Focus Group Participant

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:

- Establish community feedback loops and centralized info on services.
- Create a centralized information platform for all food programs, eligibility, and schedules (e.g., 100% Taos website).
- Have a centralized community navigation program that pulls together existing community navigators.
- Collaborate around grant writing to take full advantage of available grant funding, by sharing grant writers or having collaborative funding tasks.

Increase Access to Services:

- Expand food distributions to rural areas through mobile service.
- Increase locations for the Food Depot.
- Support community gardens, gleaning programs, and local agriculture partnerships to increase fresh, culturally relevant food options.
- Minimize stigma by creating a market where families can pick and choose what items they want.
- Advocate for policy changes, including replacing unrealistic poverty guidelines with locally informed metrics for food benefit eligibility.
- Improve transportation to distribution sites.

Expand Nutritional Options:

- Improve access to fresh food options within food services.
- Explore models for affordable fresh foods that may already exist in Taos County.
- Food programs should prioritize sourcing fresh produce and meat from local farmers and ensure these higher-quality items are available at local pickup sites—not just central hubs—so they are accessible to community members who can't travel.
- Develop food hubs in central community locations (e.g., community centers) with cold storage to extend the life of local produce.
- Promote “Food as Medicine” programs by partnering with healthcare providers to offer fresh food prescriptions.

Increase Awareness:

- Provide a resource guide that includes all food distribution options in a centralized location that can be distributed to families and posted on the Taos County website or in the newspaper.
- Create an asset map for services in the area to work in conjunction with a resource guide.

Transportation Services

Improving Access to Transportation:

- Reduce competition with national rideshare corporations, in favor of local rideshare organizations.
- Expand access by increasing the number of areas included in transportation routes.
- Expand bike infrastructure and city-wide paths to support alternative, low-cost transportation options.
- Encourage anchor institutions to incentivize employee use of carpooling and public transit to reduce traffic and emissions.

Enhancing Awareness and Utilization:

- Maintain consistency with new transportation schedules and routes over time to allow for more interest to develop.
- Educate and improve service visibility by offering multiple ways (physical schedules, hotlines) for residents to find out bus routes and schedules.
- Establish a centralized transportation information hub (online or physical) for schedules, booking options, and assistance.
- Develop public campaigns that promote biking and public transit as healthy, affordable alternatives.

Boosting Operational Capacity:

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

Mental Health

Workforce & Training

- Advocate for changes to licensing laws that make it difficult for many people to become licensed counselors.
- Recruit and support a diverse, culturally responsive mental health workforce.
- Provide stigma-reduction training to law enforcement, medical staff, and educators.
- Compensate peer specialists and interns with lived experience.
- Promote alternative and traditional healing practices with insurance (including Medicaid) coverage.

Access to Services

- Normalize mental health care and help-seeking by launching public campaigns featuring community voices.
- Expand mobile crisis teams and establish crisis stabilization units, especially for youth and families in heightened distress.
- Increase funding for school-based mental health programs.
- Create a continuum of care that builds on the existing system and addresses gaps across age groups.
- Standardize reporting procedures and improve accountability with regard to reporting mental health needs in schools.

MEDICAL AND DENTAL

Workforce Development & Retention:

- Expand affordable housing and offer competitive salaries, housing allowances, and job support for provider families (e.g., for spouses of providers)
- Offer competitive salaries, housing allowances, and loan forgiveness programs to attract and retain providers.
- Increase loan forgiveness and create local scholarships for students entering health professions, tied to service commitments in the community.
- Invest in a homegrown workforce by training local youth and adults for diverse health roles, not just physicians.

Access to Services

- Increase Medicaid reimbursement rates to attract and retain more providers.
- Utilize mobile clinics to reach underserved areas or offer on-the-go providers (e.g., dentists, nurses) who visit patients.
- Reduce out-of-pocket costs through expanded financial support for patients.
- Expand mobile clinics and telehealth services to reach rural and underserved areas.
- Strengthen medical transportation by compensating local drivers and partnering with affordable, specialized services.

Housing

Advocacy

- Advocate for zoning changes that would allow more units per acre to build more affordable single-family housing.
- Advocate for increased taxation on second homes and implement a vacancy tax to encourage long-term rental availability.
- Enforce limits on out-of-state property ownership and hold second homeowners accountable for contributing to housing scarcity.
- Strengthen tenant protections through expanded access to legal aid, enforcement of anti-discrimination laws (e.g., source of income), and tenant/landlord education.
- Ensure cultural sensitivity and trauma-informed practices are embedded in housing services, particularly when working with low-income or Indigenous families.

Improve Infrastructure and Planning:

- Rehabilitate vacant, adobe, and older homes through public-private partnerships, with support for families to repair uninhabitable housing.
- Focus on sustainable housing solutions including ensuring livable conditions in existing homes and set limits on how long homes can remain vacant.
- Provide market rate housing as well as low-income housing.
- Incentivize the use of existing unoccupied buildings and rehabilitate vacant or underutilized adobe and older homes through public-private partnerships or a county housing rehabilitation program.

Support Affordable Housing:

- Provide consistent government support for affordable housing projects and address community pushback through transparent communication, particularly regarding property values, infrastructure concerns, and misconceptions.
- Expand funding for affordable housing projects, transitional housing, and voucher programs to reflect real rent costs.
- Offer tax incentives or abatements to landlords who accept vouchers and keep rent affordable.

Child Care Services

Improving Access, Communication and Implementation:

- Communities should adopt a holistic funding strategy that leverages resources from local government, school districts, and nonprofit partners. Given the limited capacity of nonprofits to address the issue alone, cross-sector collaboration is essential.
- Expand Taos County childcare to non-employees.
- Encourage flexible work schedules through employer incentives and model policies to better align with family needs.
- Support the establishment of child care services providers for parents who work on weekends.
- Encourage anchor institutions and large employers to provide or subsidize childcare services for their workforce.
- Expand childcare hours to accommodate family schedules.
- Offer stipends or subsidies to grandparents and relatives already providing care and support them in becoming licensed caregivers.
- Expand access to safe and affordable childcare. Improve systems for reporting and addressing neglect in childcare facilities to protect children's well-being and build trust with families.

Other Sectors & Services

Education and Youth Programing:

- Develop safe, reliable transportation options for children, such as vetted rideshare systems or school-based shuttles.
- Increase availability of after-school and summer programming, including sports, clubs, and enrichment activities in STEM, music, and art. Establish a collaborative effort to make this happen.
- Invest in year-round education to support academic outcomes, food security, and routine for students and families.
- Expand access to vocational and skilled trades programs, particularly for high school youth and young adults.
- Partner with the Taos School District to make underutilized school buildings available for community programming, ensuring they meet ADA and CYFD standards—even through contracted use.

IDENTIFIED INTEGRATION NEEDS ACROSS ALL SERVICES

This section summarizes common themes that cut across all service areas, including challenges related to access, coordination, and cultural responsiveness.

Community Engagement and Navigation: Participants emphasized the need for better communication and stronger engagement between service providers and the community. While many services exist, they are often underutilized due to a lack of awareness. There was a strong desire for clear, comprehensive resource guides that explain available services, eligibility requirements, and how to apply.

Collaboration and Community Support: Although there is interest in better service integration, participants noted that systemic issues, such as high staff turnover, burnout, and limited time make collaboration difficult. They called for co-located services (e.g., offering multiple services at places like the senior center) to reduce transportation barriers and make access easier. There was a strong emphasis on the need for centralized collaboration among organizations to address community challenges. Participants suggested that working together could enhance grant applications and resource allocation.

"THE HARDEST THING THAT I ENCOUNTERED WAS FINDING, UM, ACTUAL RESOURCES TO FILL OUT THOSE APPLICATIONS BECAUSE I HAD NO EXPERIENCE WITH ANY OF THAT."

– Focus Group Participant

"THERE'S THAT DISCONNECT, THAT LACK OF RESPECT OF UNDERSTANDING THAT NOT EVERYBODY HERE IS UNEDUCATED OR UNINTELLIGENT."

– Focus Group Participant

Cultural Competency in Services: Participants stressed the importance of culturally competent service delivery. They emphasized the need for services that respect and reflect the cultural backgrounds and values of community members, particularly in health and social services. There is a need for service providers that currently exist to be culturally informed and sensitive to the unique histories and experiences of the community members they serve. This includes understanding the historical trauma that may affect individuals' willingness to seek help.

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

March 25, 2025