New Mexico Behavioral Health Planning Council

Native American Subcommittee (NASC)

NASC Meeting Notes – August 6, 2025 (draft)

List of Attendees Attached

Approval of Agenda: There was no approval of the agenda

Approval Meeting Minutes: There was no approval of prior Meeting Minutes

Call to Order
Meeting was called to order

Welcome – IAD Updates
Update by Cabinet Secretary Josett Monette

- Secretary Monette emphasized her goal of formalizing NASC meetings to ensure alignment with statutory requirements and to strengthen the committee's effectiveness.
- She highlighted the importance of compliance with the Open Meetings Act (OMA). Notices must be posted in advance—at least ten days prior. Since NASC will now meet quarterly (as required by the Behavioral Health Planning Council), IAD has already scheduled dates accordingly.

Open Meetings Act Resolution, by Adelina Gomez

Since the NASC is a public policy-making body, we are required to follow the Open Meetings Act of New Mexico. Several of those things include:

- Making our meetings open to the public; by posting the zoom link as well as meeting minutes and agenda's 72 hours prior to the meeting. Meeting links and agendas will first be posted on the IAD website as well as on the door at IAD, as well as, be distributed to any broadcast station, newspaper, or any other type of federal communications outlet, or any other individual or entity who requests that they receive notice of the NASC meetings.
- The NASC meetings will be at least quarterly.
- Notice of any changes to meeting dates, zoom links or anything of that matter must be posted at least 10 days, prior to the meeting.
- Lastly, the meeting quorum- Once we establish how many people that is, the resolution is that we will not meet as the NASC committee inadvertently as a quorum and start talking about business without actually being an official meeting.

NASC Membership (Action Items)
Co-Chair and Executive Roles

- Secretary Monette will serve as co-chair for this meeting. A new NASC co-chair must be appointed following Carmela Quitugua's departure from IAD.
- The remaining co-chair role is also vacant and members were encouraged to identify potential candidates with behavioral health or suicide prevention expertise. The co-chair must be external to IAD, per bylaws. Once appointed, Secretary Monette will also designate an IAD proxy.

Voting Members vs. Non-Voting Members

- Discussion focused on clarifying who qualifies as a voting member. Under BHPC bylaws, subcommittees may include up to 25 voting members (excluding co-chairs).
- Non-voting members may participate with co-chair approval.
- Co-chairs must be elected by the voting membership, serve one-year terms, and may serve no more than two consecutive terms.
- A quorum is defined as 40% of voting members present.

Membership Concerns

- Some members expressed concerns that a rigid voting structure could deter tribal participation, given cultural approaches to consensus-building.
- Others emphasized the need for broad representation, including grassroots voices, providers, MCOs, tribal leadership, youth, and people with lived experience.
- An action item was established to send a survey to the NASC distribution list to gather feedback on membership structure and representation.

Potential NASC Bylaws (Discussion)

- Secretary Monette stressed the need for NASC to function like a formal board, with bylaws that define scope, responsibilities, and clear goals.
- The committee discussed ensuring bylaws reflect cultural considerations while meeting state expectations.
- Concerns were raised about outdated bylaws (10+ years old). Members recommended reviewing and updating them regularly.
- It was agreed that draft bylaws with complete sections would be presented at the November 5, 2025 meeting for review.

Breakout Sessions on Membership and Priorities

- Groups discussed representation, inclusion of local government and health councils, the importance of providers and MCOs, lived experience voices, youth involvement, and regional representation (NW, South, Apache Nations, urban relatives).
- IAD will draft by-laws and present them at the November meeting. These will incorporate the BHPC by-laws, not replace or amend them, while adding clarification specific to NASC.

Themes included:

- Workforce readiness and social determinants of health.
- Importance of traditional approaches and cultural revitalization.
- Need to articulate the full behavioral health continuum under SB3 (prevention, treatment, recovery).
- Building trust and elevating diverse voices to ensure meaningful participation.

Room 1: Delegate, Shelly Begay

- Inclusion of local Government representation, whether it's from health councils, city councils, or county, so that they're aware of the work and collaboration that is being done by the local collaboratives to help expand that knowledge.
- Looking at the fact that Behavioral Health is not linear- Theres a lot of social determinants of health that are interconnected with Behavioral Health, therefore how do we elevate those individuals that are representing those populations whethers its providers, community-based organizations, faith-based organizations or our MCO's as well as anyone tied into those social determinants of health programs.
- Another thing this group talked about was inclusion- looking at how we also have representation from our Apache Nations as well as having other resources and communities engaged.
- It was also talked about the Importance of developing trust- who should really be identified and working directly with the LC's?
- Traditional methods of managing community issues.
- The importance of having a voice.
- Focus on: Housing and basic needs, justice involved kids and what we as a board can really do about it.
- making sure we have roles, specific people roles that have the knowledge and background in those areas to be able to be a voting member around those issues and really bring that specialty to be able to vote in those areas of concern.

Room 2: Delegate, Davina Nez

- The group talked about the importance of having the voices of people with lived experience, peer support workers.
- Tribal members that are wanting to represent as a sub-committee.
- Tribal Behavioral Health and Leadership.
- Involvement and voices from our youth/ our native youth specifically and possibly having IAD's youth group involvement.
- Voices from our urban relatives.
- It was mentioned by group 2 that our Native American population makes up 10% of the population in NM, therefore we need to be more inclusive.
- Identifying more of our community champions.
- Looking at different resources in the NW region of NM and the south region as well as identifying existing resources.

Group 3: Delegate, Dr. Layne K

- Recognizing the legal formality and structure from a state standpoint but also wanting to honor how consistency and momentum look in on the ground in Indian Country.
- Group 3 is wanting to talk about a question asking people if they preferred a consensus rather than a core committee and what would that look like? Maybe it would look like the categories of membership that we've been talking about with providers, youth, lived

experience, agencies and MCO's as well as all different categories represented in a committee, yet also having flexibility to honor the fact that participants do come in and out.

- How are people communicating and being able to access information? Also, bring that information depending on whether they are a provider or persons with lived experience or a tribal governor/ someone in leadership.
- Especially pertaining to SB 3- keeping the continuum articulated in everything of prevention, treatment, and recovery. Particularly, because SB 3's model is a criminal justice model, not a behavioral health model- and keeping everyone's awareness of the fact that we're not just talking about crisis, we're talking about that prevention piece and recovery piece, especially when it comes to the youth, and wanting to make sure that every time we're in front of a governing body, to make input or to ask for resources, that we keep that full continuum articulated every time.

Group 4: Delegate, Regina Begay

- Group 4 spoke about the importance of providers being a part of the group discussions because a lot of the Medicaid reimbursements for population in tribal communities or programming to fund programs, comes through Medicaid because of the poverty levels, lack of employment, the ruralness of many of our tribal communities. Also, the MCO's that manage the outreach into the communities would have first-hand knowledge of what the needs are from those communities.
- The group also talked about the difficulty of having all tribes represented- There are 23 tribes, therefore having representation from each one may obviously not be feasible, however, whomever is selected to represent those voices as a voting member should have knowledge of tribal communities whether they're non-native or not, as long as they are invested in the community, truly care about them and know how the systems and health systems on which services are provided.

Identify NASC's FY2026 Priorities (Action Item)

IAD noted that there is one remaining 30-day legislative session under Governor Lujan Grisham's administration and encouraged NASC to consider potential legislative priorities for proposal. The concerns raised during the meeting were identified as the types of issues IAD leadership expects NASC to address, particularly in developing recommendations and solutions related to funding. Secretary Monette and staff emphasized the importance of ensuring all necessary voices are represented on the committee, noting that while bylaws allow up to 25 voting members, every effort should be made to include grassroots perspectives and diverse representation. They also discussed the possibility of outreach to ensure missing voices are brought into the committee. It was agreed that future agendas will begin shaping formal NASC priorities for submission to the Behavioral Health Planning Council.

Adjourn

- Meeting adjourned
- Next meeting scheduled for November 5, 2025, at 9:00 am will be virtual.

Summary

At the August 6, 2025, NASC meeting, Secretary Josett Monette emphasized formalizing NASC's operations to align with the Open Meetings Act and Behavioral Health Planning Council requirements, with quarterly meetings already scheduled. Membership was a key focus: a new co-chair must be appointed, and discussion centered on defining voting versus non-voting members, quorum requirements, and ensuring broad representation that balances state bylaws with tribal consensus traditions. Concerns were raised about voting structures deterring participation, and an action item was set to distribute a survey for member input on representation. The committee also discussed the need to update bylaws, with draft revisions to be presented at the November meeting. Breakout sessions highlighted priorities such as workforce readiness, inclusion of providers and MCOs, youth and lived experience voices, cultural revitalization, and ensuring the full continuum of behavioral health (prevention, treatment, and recovery) is articulated under SB3. The meeting concluded with agreement on continuing to strengthen NASC's structure, goals, and action planning, with the next meeting scheduled for November 5, 2025.

Action Items

Item	Description	Owner	Due Date
Survey	Issue survey regarding membership to feed by-laws	Karmela, IAD	10/31/2025
Draft By-laws	Draft by-laws for discussion and solicit feedback	Karmela, IAD	10/31/2025

Attendee list

1. **Cabinet Secretary IAD, Josett Monette**, Interim Co-chair for today's meeting
2. **Karmela Martinez**, IAD Operations Manager
3. **Adelina Gomez**, IAD General Council
4. **Beaver Northcloud**, Prevention Coordinator for HEMA Social Services, LC 16 executive member
5. **Davina Nez**, Substance-Use Prevention specialist with Presbyterian Community Health covering Sandoval County
6. **Becky Ballantine**, Administrator for LC 16- Sandoval County
7. **Natalie Rivera**, HCA/BHSD- liaison to the BHPC & Outreach coordinator for BHSD
8. **Janet Johnson**, Tribal liaison for New Mexico Department of Health
9. **Dr Layne Kalbfleisch**, Volunteer chair of the Local Collaborative 18 representing eight Northern Indian Pueblos
10. **Scott Atole**, Director of Native American Affairs w/ Presbyterian Health Plan
11. **Toney Johnson**, Tribal Public Health Consultant w/ NMDOH, Tribal Alcohol Prevention Coordinator for SF and Gallup
12. **Kennedy Silver**, Presbyterian Health Plan Medicaid outreach team/ Tribal Liaison
13. **Mariah Kennedy**, CPSW with BHSD, Bookkeeper/CPSW for the NMCBBHP, Scribe for this meeting

14. **Sharon Notah**, Program Manager Molina HC
15. **Sherry Roanhorse Aguilar**, Director for Molina Health Care's Office of Native American Affairs
16. **Shelly Begay**, Executive Director of Tribal Health and Community Development for UnitedHealthcare
17. **Freda Begay**, Presbyterian Health Plan Medicaid Outreach and Retention Representative for the Northwestern Region and Navajo Tribal Affiliation
18. **Lonna Valdez,** Student Wellness Director @ SF Indian School, Native American Rep on the BHPC Executive Committee
19. **Dr Royleen Ross**, Behavioral Health Planning Council Co-Chair
20. **Winona Gishel**, Community Outreach Specialist & Tribal Liaison for Blue Cross Blue Shield
21. **Lorena Toledo**, sitting in for **Arsenio Charleston**, who is the Benefit Coordinator for Navajo Nation Division of Behavioral Health Services
22. **Regina Begay Roanhorse**, U. S. Department of Justice Southwest MMIP Regional Coordinator, LC 16 member
23. **Peter Madalena**, Tribal Liaison for Sandoval County

Attachments

- PowerPoint presented during meeting
- 8/6/2025 Meeting agenda
