

AGENDA

- | | |
|-----------------|--|
| 9:00 am | Call Meeting to Order |
| 9:05 am | Welcome – IAD <ul style="list-style-type: none">• IAD Updates |
| 9:20 am | NASC Membership - IAD <ul style="list-style-type: none">• Establish NASC Membership (Action Item)• Establish NASC Executive Roles (Action Item)<ul style="list-style-type: none">○ Co-Chair○ Secretary and Proxy• Define Roles (Action Item)<ul style="list-style-type: none">○ Voting members vs. non-voting members |
| 10:30 am | Potential NASC Bylaws - IAD <ul style="list-style-type: none">• Clearly defines scope, expectations, and responsibilities |
| 11:00 am | Identify NASC's FY2026 Priorities – Group (Action Item) |
| 12:00 pm | Adjourn <ul style="list-style-type: none">• Next Meeting November 5, 2025 at 9:00 am |

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(vii) review and make recommendations for the comprehensive mental health block grant and the substance abuse block grant applications, the state plan for Medicaid services and any other plan or application for federal or foundation funding for behavioral health services; and

(viii) replace the Governor's Mental Health Planning Council and act in accordance with Public Law 102-321 of the federal Public Health Service Act.

Pursuant to its statutory role as advisor, the Council also agrees to: (i) timely advise and make recommendations to the Collaborative in fulfillment of its duties as charged in Section 9-7-6.4 NMSA 1978; (ii) represent the local concerns and issues (concerns) that have been presented by local collaboratives ("lc")¹ through their designees; (iii) timely report such concerns to the Collaborative, Legislature and Governor; (iv) relay Collaborative input to the lc; and (v) review any and all policy correspondence from Council executive and subcommittees or Collaborative committees providing approval, recommendation or opposition when necessary.

(i) Qualifications. Each of the respective statutory sub-committees shall be comprised of no more than twenty-five (25) voting members (excluding the co-chair). Non-voting members may also serve upon formal approval by the co-chair. Non-voting members may consist of interested parties, technical advisors, and State agency staff members.

Of the voting membership, each must be formally approved by the co-chair (membership roster to be approved by the co-chair in writing at the regular August meeting of the Council) and reflect the diversity of Council Membership. Non-Council members may become voting members if formally approved by the Chair and recommended by the chair or co-chair of the respective statutory sub-committee. None may be a representative of a Medicaid Managed Care Organization; or a state agency employee (unless appointed as a state agency proxy to the Council). Additionally, of the twenty-five available voting seats on each sub-committee three seats shall be prioritized for each of the six Behavioral Health regions.

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**BY LAWS
OF THE
BEHAVIORAL HEALTH PLANNING COUNCIL OF NEW MEXICO**

**ARTICLE I
ORGANIZATION**

A. Name. The organization referred to in this document shall be known as the BEHAVIORAL HEALTH PLANNING COUNCIL of NEW MEXICO, hereinafter referred to as the "Council."

B. Statutory Authority. The Council is authorized in accordance with HB 271 and Public Law 102-321 and is organized pursuant to NMSA 24-1-28 of the New Mexico Health and Safety Code, the "Act." It is intended to have an ongoing role and is advisory to the Behavioral Health Collaborative, hereinafter referred to as the "Collaborative," and to the Governor.

C. Purpose. Pursuant to its statutory authority, the purpose of the Council is to serve as the single statewide advisory structure for behavioral health in New Mexico in the following manner:

(i) advocate for adults, children and adolescents with serious mental illness or severe emotional, neurobiological and behavioral disorders, as well as those with mental illness or emotional problems, including substance abuse/misuse and co-occurring disorders;

(ii) report annually to the governor and the legislature on the adequacy and allocation of mental health services throughout the state;

(iii) encourage and support the development of a comprehensive, integrated, community-based behavioral health system of care, including mental health and substance abuse/misuse prevention and treatment services, and services for persons with co-occurring disorders;

(iv) advise state agencies responsible for behavioral health services for children and adults, as those agencies are charged in Section 9-7-6.4 NMSA 1978;

(v) meet regularly and at the call of the chair, who shall be selected by the council membership from among its members;

(vi) establish subcommittees, to meet at least quarterly, as follows:

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1

- Identify the top 3 critical BH issues facing NPTs and Native Citizens of NM

2

- Review existing agencies scope and funding sources related to BH

3

- What recommendations does NASC have regarding mitigation strategies based on the steps 1 & 2

4

- Draft recommendations based on consensus

5

- Submit to BHPC