



New Mexico Behavioral Health Planning Council

Native American Subcommittee (NASC)



NASC Meeting Notes – November 5, 2025 (draft)

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

- Behavioral Health/Suicide Prevention Specialist: Position posted, interviews completed; hire pending HR approval and candidate acceptance. Ongoing plan for the specialist to attend NASC meetings.
- Native American Heritage Month: IAD is running an expanded social media campaign throughout November; Rock Your Mocs observance noted for Nov 9–15 with encouragement to engage on IAD channels (LinkedIn, Instagram, Facebook).
- NASC Webpage & Resources: IAD updated the website: Program → Behavioral Health & Suicide Prevention → NASC subpage. Items include OMA resolution with 2025 meeting approvals, agendas, minutes, and resources. Members may refer community contacts or send emails to be added to the listserv.
- Housekeeping/Participation: Meeting recorded. Participants encouraged to use “Raise Hand,” unmute to interject when needed, and flag any tech issues.

NASC Survey Results

- Purpose: Align NASC structure with statute/bylaws by defining voting membership alongside general membership, and gather early input on FY26 priorities for the Behavioral Health Collaborative.
- Survey logistics: Issued Oct 20; reminder Oct 28; closed Oct 31; sent to ~117 listserv contacts; 6 responses received.

Discussion themes:

- Low response rate: Several factors suggested (competing commitments, email saturation, survey-only online). Ideas: consider paper options, broader outreach beyond those familiar with local collaboratives, and follow-up engagement approaches.
- Membership balance: Desire for broad, diverse Native representation statewide (with regional balance) while keeping a workable structure. Recognition that NASC past participation has leaned toward local collaboratives; members expressed interest in widening voices (lived experience, youth, urban Natives, traditional practitioners, etc.).

- Process/next steps: Presenter to elevate notes and draft recommendations to the Secretary (Chair) for direction and potential second survey or incremental steps to finalize role categories and seat allocation within the ≤25 voting members allowed (excluding Chair/co-chair). Co-chair appointment will be addressed after the BH specialist is on board.

Input on FY26 Behavioral Health Priorities

Recurring themes from responses:

- Access & Navigation: People struggle to find and reach services (info gaps, paperwork/red tape, transportation barriers), especially in remote areas.
- Capacity & Infrastructure: Too few providers and beds—plus weak supporting infrastructure and wraparound services (housing, food)—lead to inconsistent care for NPTs.
- Sustained Funding: Federal cuts and short-term dollars undermine continuity and scale of services.
- Complex Needs: Behavioral health is intertwined with chronic conditions and neurodivergence, requiring integrated, whole-person care.
- Substance Use & Safety: Alcohol/substance misuse, trauma, and MMIP intersections—particularly in border towns—demand coordinated, trauma-informed responses and better resource mapping.
- Cultural Quality: Cultural competence/humility of non-Native providers is essential to true “quality of care” and better outcomes.

Note: This section is a springboard for future meetings; no prioritization decisions were made during this session.

Planning and implementation of a statewide Overdose Fatality Review Panel – Melissa Heinz, HCA

- Statewide Overdose Fatality Review Panel (OFR) planned by NM Department of Health, with technical assistance from N5 Solutions.
- OFR panel is multidisciplinary: includes public safety, judicial, treatment, prevention, tribal nations, and persons with lived experience.
- Planning and outreach phase extends through summer/fall 2025; mock review in spring 2026; statewide panel launch in fall 2026.
- OFR aims to identify system gaps, issue targeted prevention recommendations, and foster shared understanding, capacity, and accountability (SOS: Shared understanding, Optimizing capacity, Shared accountability).
- Panel recruitment ongoing; input and participation from community members and providers encouraged.

Closing – IAD

Decisions Made

- No formal votes recorded. General agreement to:

- Forward survey synthesis and discussion points to the Secretary (Chair).
- Strive for regional representation and broaden participation (lived experience, youth, urban Natives, traditional practitioners, etc.).

Future Meeting Dates:

- February 4, 2026, 10:00 AM MST to 12:00 PM MST
- May 6, 2026, 10:00 AM MST to 12:00 PM MST

Attachments

- 11/5/2025 Meeting agenda
 - PowerPoint presented during meeting
 - PowerPoint presented by HCA & DOH
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New Mexico Behavioral Health Planning Council

Native American Subcommittee (NASC)



Date: November 5, 2025

Time: 10:00 am – 12:00 pm

Virtual:

<https://us06web.zoom.us/j/86228077939?pwd=8sKQG1jbr9AbWTk6Z8iLfYeQ2Yz2No.1>

Meeting ID: 862 2807 7939

Passcode: 723582

AGENDA

- | | |
|-----------------|--|
| 10:00 am | Opening & Welcome – IAD <ul style="list-style-type: none">• IAD Updates |
| 10:10 am | NASC Survey Results |
| 10:45 am | Planning and implementation of a statewide Overdose Fatality Review Panel – Melissa Heinz, HCA |
| 11:15 pm | Closing – IAD |

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Nasc

Quarterly meeting

November 5, 2025



NEW MEXICO
INDIAN AFFAIRS DEPARTMENT

IAD

nasc

Vision

Our vision is that tribal nations, tribal communities and Indigenous people are happy, healthy and prosperous and that traditional ways of life are honored, valued and respected

Mission

The NM Indian Affairs Department is committed to be a resource by:

- Advocating for tribal interests at state and federal levels through policy and legislative work;
- Supporting tribes with access to resources, technical assistance and funding opportunities;
- Connecting tribes with the executive branch, other tribes and with the tools and resources they need to be self-governing and self-sufficient.

The Native American Subcommittee's mission is to assure excellence in behavioral health services to all Native American people in New Mexico.

Co-chaired by the Indian Affairs Department, the NASC has established 5 priority areas for improvements in Native American behavioral health: best practices, cultural competency, comprehensive services, workforce development, and quality management systems.



Nasc

agenda

11/5/2025

10am	Opening & Welcome - IAD updates
10:10am	NASC Survey Results & Next Steps
10:45am	Planning and implementation of a statewide Overdose Fatality Review Panel – Melissa Heinz, HCA
11:15am	Closing - Upcoming meetings

IAD updates

10am	Opening & Welcome - IAD updates
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- Behavioral Health/Suicide Prevention Specialist position has closed, interviews in completed and pending hire
- Native American Heritage Month Social Media Campaign, engage with us!
- Updated <https://www.iad.nm.gov/> with NASC resources



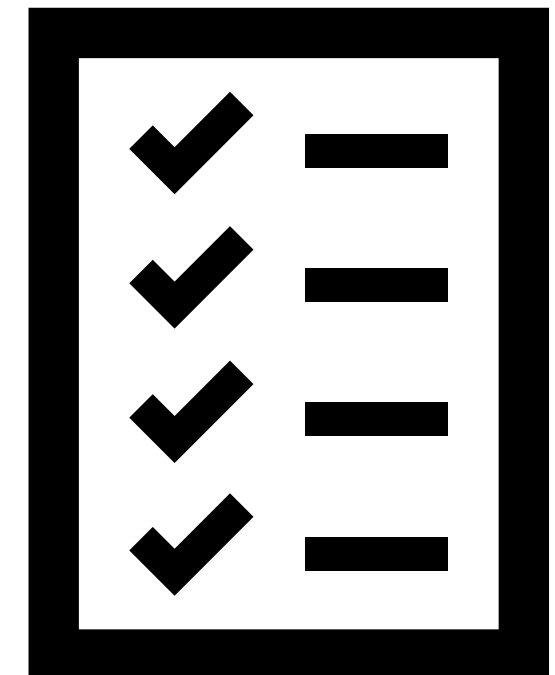
survey

8/6/2025 action item

- Issue survey regarding:
 1. Feedback on roles for NASC voting membership; and
 2. Solicit feedback to begin formulating FY2026 NASC priorities and recommendations for BHPC.
- Survey issued via email on 10/20/2025 and reminder sent via email on 10/28/2025
- Distributed to all on NASC Distribution list; 117 members
- Only 6 responses received

4 question google form survey

- 3 questions regarding membership
- 1 question regarding priorities



Survey question

Under BHPC bylaws, subcommittees may include up to 25 voting members (excluding co-chairs). Keeping this in mind rank the following types of roles and representation.

Summary of Findings by Frequency

- **Most frequently mentioned (6 times each):**
 - Native American Citizens in Urban Areas
 - Advocates
 - Individuals with lived experience
 - Behavioral Health Providers
 - NPT Representatives
 - Government Representatives
- **Moderately mentioned (4 times each):**
 - Community-Based Organizations
 - Local Collaborative Representatives
 - MCOs

Summary Findings by Rank

- **The top stakeholder priorities (Rank 1–3 most often) are:**
 - **Individuals with lived experience**
 - **Native American Citizens residing in Urban Areas**
 - **Advocates**
 - **Behavioral health providers**
- **Mid-level priority groups include NPT representatives and community-based organizations, which are viewed as key collaborators but not primary leads.**
- **Lower-ranked groups — local collaboratives, government reps, and MCOs — were consistently viewed as supportive or secondary partners.**

Survey question

Are there roles/representations missing?

1. Healthcare & Wellness Providers (2)

- MCOs (Managed Care Organizations)
- Medical providers

2. Traditional & Cultural Practitioners (1)

- Traditional healers

3. Tribal and Community Representatives (4)

- Tribal Providers
- Tribal CHRs (Community Health Representatives)
- Tribal representatives / Tribal allies (non-Native collaborators)

4. Youth & Young Adult Representatives (2)

- Youth representatives
- Youth/College-age reps (18+)
- Tribal Youth Councils

5. State and Government Partners (1)

- State agency representatives

6. Special Interest & Identity Groups (2)

- 2SLGBTQ+ Tribal Representatives / LGBTQAI
- Law enforcement

Survey question

Do you have any additional details or feedback you would like to add to your response?

No Feedback provided.

Survey question

From your perspective, what are the most critical behavioral health challenges our Nations, Pueblos, and Tribes are facing today that we must prioritize for FY26?

"Access to BH Services. Knowing where to go & how to get there w/o so much red tape."

"access to quality care, lack of providers, lack of infrastructure"

"chronic disease that impacts behavioral health, substance use, neurodivergence, anxiety"

"Funding cuts at the federal level, limited BH providers, especially inpatient, in NM"

"Funding to provide consistency of service to NPT, particularly in more remote areas"

"alcohol and substance misuse; Trauma informed care; access to food and support for the unhoused; MMIP/MMIW crisis and intersections of Behavioral health; how are county/Tribal/State agencies collaborating to address BH issues (border town concerns/access); capacity mapping of BH resources (treatment and services) for our 24 TPNs. "

presentation

- 10am Opening & Welcome
 - IAD updates
- 10:10am NASC Survey Results & Next Steps
- 10:45am Planning and implementation of a statewide Overdose Fatality Review Panel – Melissa Heinz, HCA
- 11:15am Closing
 - Upcoming meetings



Thank you!

Closing

10am Opening & Welcome
- IAD updates

10:10am NASC Survey Results & Next Steps

10:45am Planning and implementation of a
statewide Overdose Fatality Review
Panel – Melissa Heinz, HCA

11:15am Closing
- Upcoming meetings

❖Recap

❖Future Meeting Dates:

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THANK YOU



New Mexico

Statewide Overdose Fatality Review (OFR)



What is an Overdose Fatality Review (OFR)?

OFR panels bring together **varied perspectives** to craft **data-driven solutions** that **save lives**.

In an OFR, a **multidisciplinary team** reviews a series of confidential individual **overdose cases** to:

- identify system gaps
- recommend targeted strategies to prevent future deaths



OFR Panel members have a shared “North Star”:

The goal of reducing overdose death.

Who is creating New Mexico's OFR?



New Mexico's Statewide OFR is being
created by the **NM Department of
Health**, in collaboration with **ENVIVE
Solutions.**



New Mexico OFR Project Timeline: Year 1



- **Summer/ Fall 2025:** Outreach to key stakeholders, developing infrastructure
- **Spring 2026:** OFR Trainings for panelists and Mock OFR
- **Fall 2026:** Establish OFR and begin regularly scheduled meetings

Who is on an OFR?

OFRs have representatives from many agencies and organizations. Panelists may include, but are not limited to:

- Local Health Department
- SUD Treatment Provider
- Local Law Enforcement
- Pharmacist/ Toxicologist
- Child Protective Services
- Medical Examiner
- MOUD Provider
- Probation/Parole Office
- Tribal Nations
- Housing Authority Representative
- Certified Peer Support Worker



OFR Values

S

Shared Understanding

OFRs help members better understand local agencies' roles, community assets and needs, substance use trends, prevention efforts, and system gaps.

O

Optimize Capacity

OFRs increase the community's overall capacity to prevent future overdose deaths by leveraging resources from multiple agencies to increase system-level response.

S

Shared Accountability

OFRs continually monitor local substance use and overdose death data as well as recommendation-driven implementation activities.

How can I be involved?

- [Share your thoughts and input](#) as the OFR is being developed.
- [Join the NM OFR as a panelist.](#)
- [Connect our project team to others in your network](#) who might want to contribute.

For more information

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