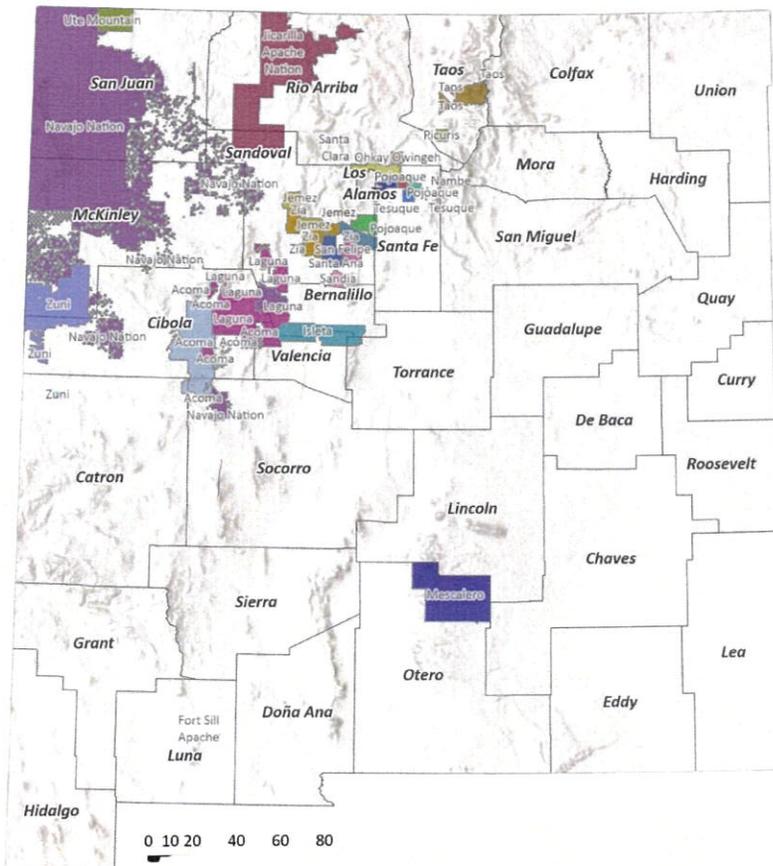




**County & Tribal Health Councils (HB137)**  
**An Instrumental Function of Public Health in Service of New Mexico**



**Legislative Indian Affairs Interim Committee**  
**October 22nd, 2025 in To'hajiilee, Navajo Nation NM**



The New Mexico Alliance of Health Councils gives sincere gratitude for the opportunity to live and work here on ancestral and unceded lands that have been cared for by our state's original peoples of the Apache Nations, Pueblos, and the Navajo Nation. We honor and respect the Indigenous cultures, traditions, languages, and the rich contributions that continue to shape New Mexico.

Together, we acknowledge the history and impact of genocide, dispossession, colonization, and ongoing systemic inequities on Indigenous communities. As a collective, we commit ourselves to working toward justice and reconciliation, dismantling inequitable systems, and standing in solidarity and respecting relationships with Indigenous peoples.

The Alliance affirms Indigenous sovereignty, self-determination, and self-governance of New Mexico's Tribes, Pueblos, and Nations. In offering this Land Acknowledgment. We encourage everyone to reflect on your own relationship to the original peoples and traditional lands of New Mexico and take concrete actions to dismantle systems of oppression, where Indigenous peoples are empowered and celebrated.

## Land Acknowledgement



new mexico  
**ALLIANCE**  
of Health Councils

MOBILIZING COMMUNITIES FOR HEALTH

The **New Mexico Alliance of Health Councils** is a 501c3 organization, sole service provider to all County & Tribal Health Councils. Providing systems collaboration for collective impact, policy and advocacy, capacity building, professional development, and Tribal liaising.

Our mission is to **improve the health of all New Mexicans by supporting and strengthening New Mexico's Health Councils**, advocating for health equity, and providing a strong voice for community and public health. We achieve this through community planning, cross-sector collaboration, public policy work, and sustainable system development.

The Alliance **fosters collaboration**, values equity and inclusion, practices respect, and cultivates a collective voice on community-based priorities and issues that champion a healthier New Mexico.



**Valeria Alarcón**

EXECUTIVE DIRECTOR  
NMAHC

[valeria@nmhealthcouncils.org](mailto:valeria@nmhealthcouncils.org)  
Tel: 505-226-2133



**Gerilyn Antonio, MPH**

TRIBAL LIAISON  
NMAHC

[gerilyn@nmhealthcouncils.org](mailto:gerilyn@nmhealthcouncils.org)  
Tel: 505-226-5861

**Co-Presenting with Cañoncito Band  
of Navajos Health Center Inc.**

**Sarah Bitsui, Ats'íís Naabik'íyáti  
Health Council Coordinator**

**Carolyn Morris, Ph.D., Behavioral  
Health Program Director, CBNHC**



# NEW MEXICO ALLIANCE OF HEALTH COUNCILS

**Backbone 501c3 nonprofit organization of County & Tribal Health Councils since 2011, sole service provider of core services, systems advocacy, and public health sector collaboration.**



## **Core Services Include:**

- Advocacy and Policy
- Statewide Systems Collaboration for Collective Impact
- Professional Development
- Tailored Trainings & Peer Learning
- Network & Collaboration
- Resource Library & Toolkits
- Online Digital Hub
- Technical Assistance
- Streamline Communications
- Marketing & Communications
- Capacity Building
- Grant Sourcing & Grant Application
- SHARENM.org 14K resources
- Tribal Outreach and Liaison
- Annual Gatherings: PHD & SWM



*The Alliance works in close collaboration with the NM Department of Health, Regional Health Promotion team in support of ALL County & Tribal Health Councils*

# 33 COUNTY AND 10 TRIBAL HEALTH COUNCILS

## WHO THEY ARE:

County & Tribal Health Councils were established in 1991 by the New Mexico legislature, originally under Maternal and Child Care Act. The function of Health Councils was reaffirmed in 2019 by the County and Tribal Health Councils Act (HB 137).

## THERE ARE...

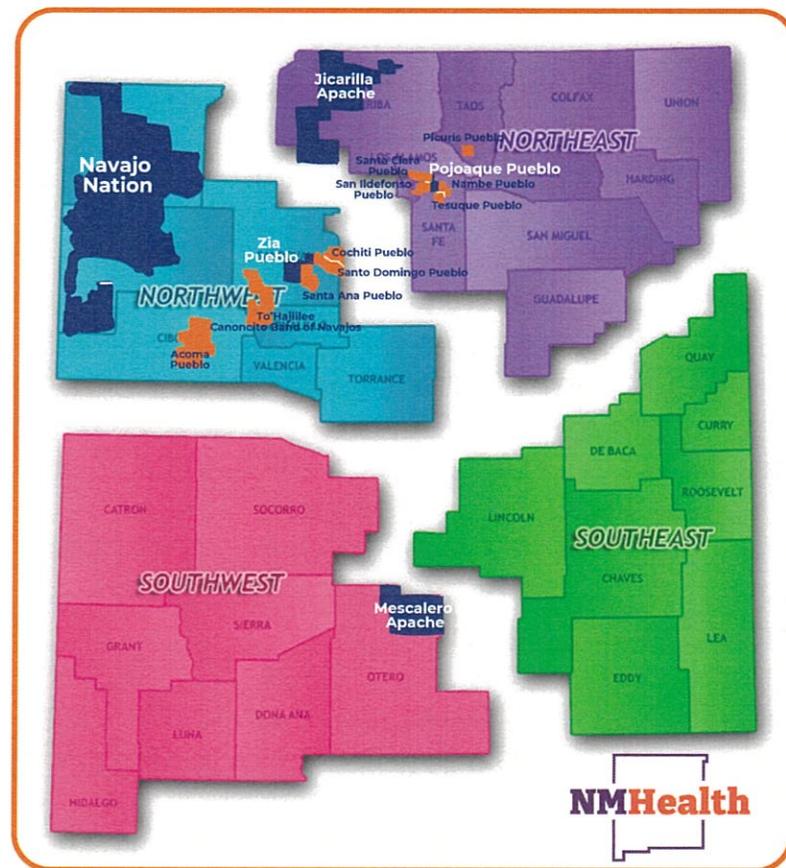
**33** COUNTY HEALTH COUNCILS

&

**10** TRIBAL HEALTH COUNCILS  
IN NEW MEXICO

## Tribal Health Councils

- Pueblo of Acoma
- Pueblo of Cochiti
- Pueblo of Nambe
- Pueblo of Picuris
- Pueblo of San Ildefonso
- Pueblo of Santa Ana
- Pueblo of Santa Clara
- Pueblo of Santo Domingo
- Pueblo of Tesuque
- Canoncito Band of Navajos



NMAHC CONTINUES TO FOSTER STRONG RELATIONS WITH THE ALL PUEBLO COUNCIL OF GOVERNORS AND TRIBAL LEADERSHIP (NAVAJO NATION AND APACHE NATIONS)

NMHealth

# ENSURING ACCESS TO CRITICAL SERVICES FOR A HEALTHY NM

## WHO ARE HEALTH COUNCILS:

- **LOCAL REPRESENTATION** OF DIVERSE AND UNDERSERVED COMMUNITIES STATEWIDE
- THEY ARE THE **TRUSTED COMMUNITY-HEALTH HUBS**, WITH INTIMATE KNOWLEDGE OF THE BARRIERS AND CHALLENGES THEIR COMMUNITIES FACE
- THE BOOTS ON THE GROUND AND **THE LIFELINE** FOR NEW MEXICANS (I.E. COVID19)

## WHAT THEY DO:

- **CRITICAL FUNCTION** OF PUBLIC HEALTH STATEWIDE (LOCAL & SYSTEMS)
- **EMERGENCY RESPONSE** EFFORTS (COVID19, FIRES, FLOODS, COLD/ HEATWAVES)
- **PREVENTION & INTERVENTION** EFFORTS (BEHAVIORAL HEALTH, SUICIDE PREVENTION)
- COORDINATION TO **ENSURE ACCESS TO CRITICAL SERVICES** (RURAL HEALTHCARE, TRANSPORTATION, FOOD SECURITY, HOUSING, AGING SERVICES, FAMILY SERVICES, ETC.)
- PUBLIC **HEALTH EDUCATION** & DISSIMILATION (COVID19 GUIDELINES, MEASLES, ETC.)
- COLLABORATIONS ACROSS SECTORS TO BUILD SYSTEMS OF CARE TO MEET COMMUNITY NEEDS

## WHY OPTIMAL FUNDING:

- SHORT & LONG TERM STRATEGY: INVESTING IN COUNTY & TRIBAL HEALTH COUNCILS, A CRUCIAL **MULTI-SECTOR PUBLIC HEALTH PARTNER** AND THE LOCAL TRUSTED COMMUNITY-BASED HEALTH HUBS, ENSURING THEIR SUSTAINABILITY STRENGTHENS PUBLIC HEALTH INFRASTRUCTURE FOR IMPROVING POPULATION HEALTH AND WELLBEING THROUGHOUT NEW MEXICO
- INCLUDE FUNDING FOR **NEW TRIBAL HEALTH COUNCILS** AND SOLE SERVICE PROVIDER

# STATE HEALTH IMPROVEMENT PLAN (SHIP) FOR NM

**CHA + CHIP PROCESS IN COLLABORATION WITH NMADOH. CHIPS INFORM THE STATEWIDE HEALTH PLAN, LED BY NMDOH.**

NMAHC, 43 County & Tribal Health Councils, various Key Partners and NMDOH:  
(CHA + CHIPS = SHIP)

Conduct Community Health Assessments **(CHA)** & Identify Gaps/ Needs (Community Driven)

Community Health Improvement Plan **(CHIP)** priorities inform the SHIP (DOH).

- Goals
- Strategies
- Partners
- Data & Metrics
- Outcomes & Impacts

Collaborate with key partners on strategies (prevention/intervention), coordination of services, address local SDoH, & public health priorities

County & Tribal Health Councils will report on NMDOH & One-Time State Allocation Funding SOW FY26 from July 2025 - June 2025

**CONVENE**

**ASSESS**

**PLAN & PRIORITIZE**

**COLLAB**

**IMPLEMENT DATA + EVAL**

**Final CHIPS were submitted February 2024. As of August 2024, Health Councils are currently in their CHIP implementation phase.**

The CHA & CHIP process was made possible thanks to CDC/WK Kellogg Funding during year 2 and 3 of Covid19, which ended May 31st, 2024

**Community Health Needs Assessment**  
(Sector Collaboration ,including County & Tribal Health Councils)

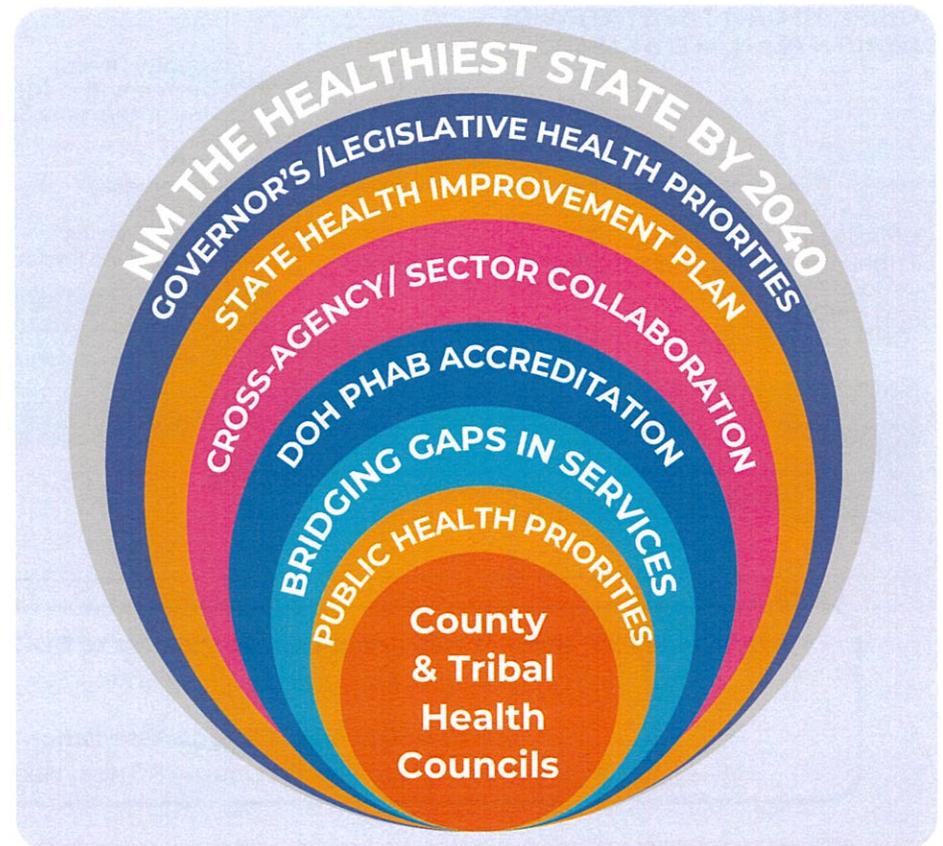


# HEALTH COUNCIL ALIGNED WITH GOVERNOR GRISHAM'S & LEGISLATIVE PRIORITIES, NMDOH, HCA AND KEY PUBLIC HEALTH PARTNERS

**IN A CENTRALIZED PUBLIC HEALTH SYSTEM, HEALTH COUNCILS ARE THE CRITICAL LOCAL HEALTH HUBS**

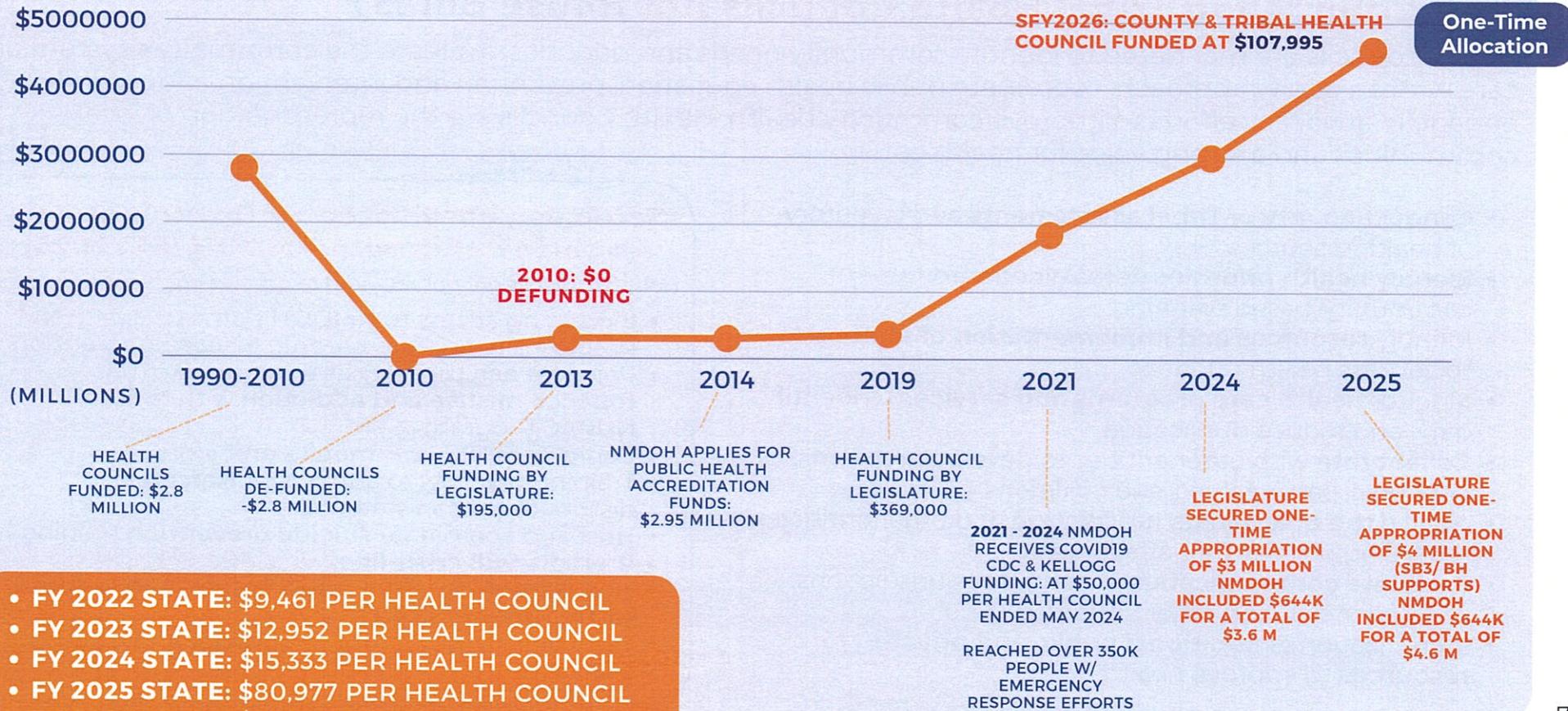
NMDOH MISSION	NMDOH GOALS	KEY COMPONENTS
Promote Health and Well-Being	Expand Equitable Access for all New Mexicans	State Health Assessment
Improve Health Outcomes	Improve Health Status for all New Mexicans	State Health Improvement Plan
Ensure Health Equity	Ensure Safety in NM Health Care Environment	Public Health Accreditation Board
Visit NM Health Website <a href="https://www.nmhealth.org/">https://www.nmhealth.org/</a>	Support services for staff	Quality Improvement

GOVERNOR GRISHAM	NM HEALTH CARE AUTHORITY	SYSTEMS COLLABORATION
<ul style="list-style-type: none"> <li>• BEHAVIORAL HEALTH</li> <li>• AGING CARE &amp; SERV.</li> <li>• FIREARM SAFETY</li> <li>• HOUSING/ HOMELESS</li> <li>• VACCINATION</li> <li>• COMMUNITY OUTREACH</li> <li>• FOOD ACCESS</li> <li>• STRATEGIC WATER</li> <li>• CHILDREN &amp; FAMILIES</li> </ul>	<p>GOAL: ACHIEVE HEALTH EQUITY: BY ADDRESSING POVERTY, DISCRIMINATION, AND LACK OF RESOURCES</p> <ul style="list-style-type: none"> <li>• MEDICAID SERVICES</li> <li>• FOOD IS MEDICINE RX</li> <li>• BEHAVIORAL HEALTH SERVICES</li> <li>• SERVE AS EXTENSION TO FIELD OFFICES</li> </ul>	<ul style="list-style-type: none"> <li>• SB3 BEHAVIORAL HEALTH REFORM &amp; INVESTMENT ACT</li> <li>• STATE TRIBAL COLLABORATION ACT</li> <li>• CLOSED LOOP REFERRAL SYSTEM (NM HCA)</li> <li>• STATEWIDE RESOURCE DIRECTORY: SHARENM</li> <li>• COMMUNITY COLLABORATIVE FORUM</li> </ul>



# NM COUNTY & TRIBAL HEALTH COUNCILS: FUNDING HISTORY

## NMDOH: ADMINISTRATOR OF HEALTH COUNCIL STATE FUNDS



- **FY 2022 STATE:** \$9,461 PER HEALTH COUNCIL
- **FY 2023 STATE:** \$12,952 PER HEALTH COUNCIL
- **FY 2024 STATE:** \$15,333 PER HEALTH COUNCIL
- **FY 2025 STATE:** \$80,977 PER HEALTH COUNCIL
- **FY 2026 STATE:** \$107,995 PER HEALTH COUNCIL

\*Funding delays impacts Health Councils' momentum and work. In 2024, 6 month turnaround time for contract and PO execution, in 2025 at 4 months turnaround time.

# FUNCTIONS OF HEALTH COUNCILS

## 2019 County and Tribal Health Councils Act House Bill 137

Health councils are mandated to identify community needs and priorities; evaluate the community's system of care with an equity approach; coordinate public health education, prevention and intervention efforts, and engage in advocacy efforts to improve community health. Health Councils are the representation of local communities and a strong voice for health equity.

- Conduct **county or tribal assessments** and inventory of health resources
- Identify **health priorities** determined through community-based planning
- Identify **resources and implementation of strategies** to address health priorities
- Monitor **health care programs and services** to identify gaps and reduce duplication
- **Collaborate** with other entities to develop programs, networks, partnerships, and coalitions
- **Advise the board in its jurisdiction** and other entities regarding policies that affect health
- **Facilitate communication** among local jurisdictions, state agencies, and other entities
- Identification of **additional public and private resources** to improve health

### Services Coordinated by Health Councils in partnership with NMDOH (SFY2025)

*Health Councils are not required to partner on all services listed*

- Increasing access to NMDOH Paths to Health NM Programs to address **chronic disease prevention**
- Promote health lifestyles that are free from **tobacco misuse and addiction** with NMDOH NUPAC Program
- Coordinate NMDOH **mobile unit** visits
- Trainings on how to administer **Narcan** and distribute Narcan statewide
- Host and coordinate **suicide prevention** trainings
- Promote **988 crisis line**
- Host **Screening, Brief Intervention, and Referral to Treatment (SBIRT)**
- Trainings on how to utilize **gunlock** and distribute gunlocks

# COUNTY & TRIBAL HEALTH COUNCIL CHIP PRIORITIES STATEWIDE & BY REGIONS SFY2025 (41 HC JUNE 2024 - MAY 2025)

**49%**

**13% Behavioral Health Prevention**

Ongoing Mental Health & Substance Misuse Disorders  
6 Health Councils

**21% Mental Health & Suicide Prevention**

10 Health Councils

**15% Substance Use Disorders & Misuse**

7 Health Councils

**13% Access to Primary Health Care Services**  
6 Health Councils

**11% Capacity Building & Org Development**  
5 Health Councils

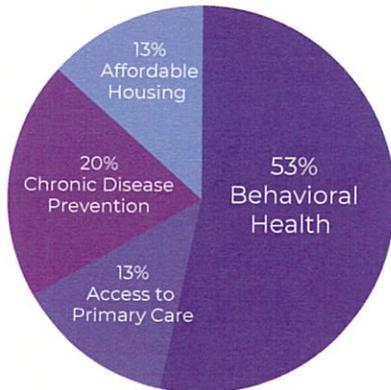
**11% Chronic Disease Prevention**  
5 Health Councils

**6% Access to Healthy & Nutritious Foods**  
3 Health Councils

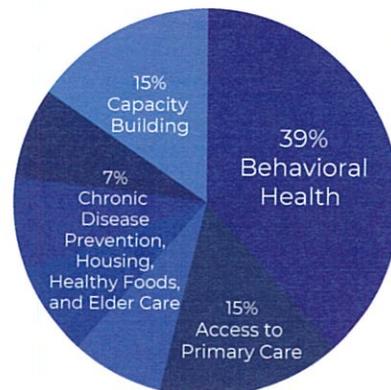
**6% Access to Affordable Housing**  
3 Health Councils

**2% Violence Prevention and Elder Care**  
2 Health Councils

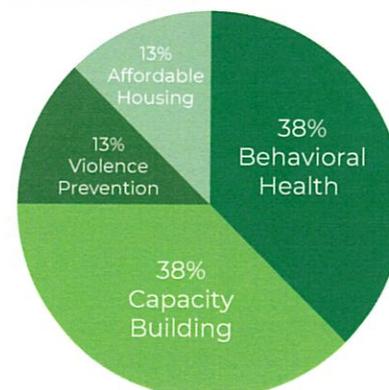
## Northeast



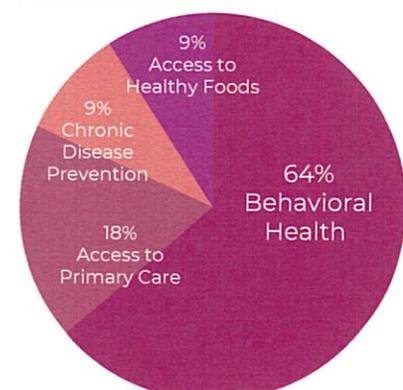
## Northwest



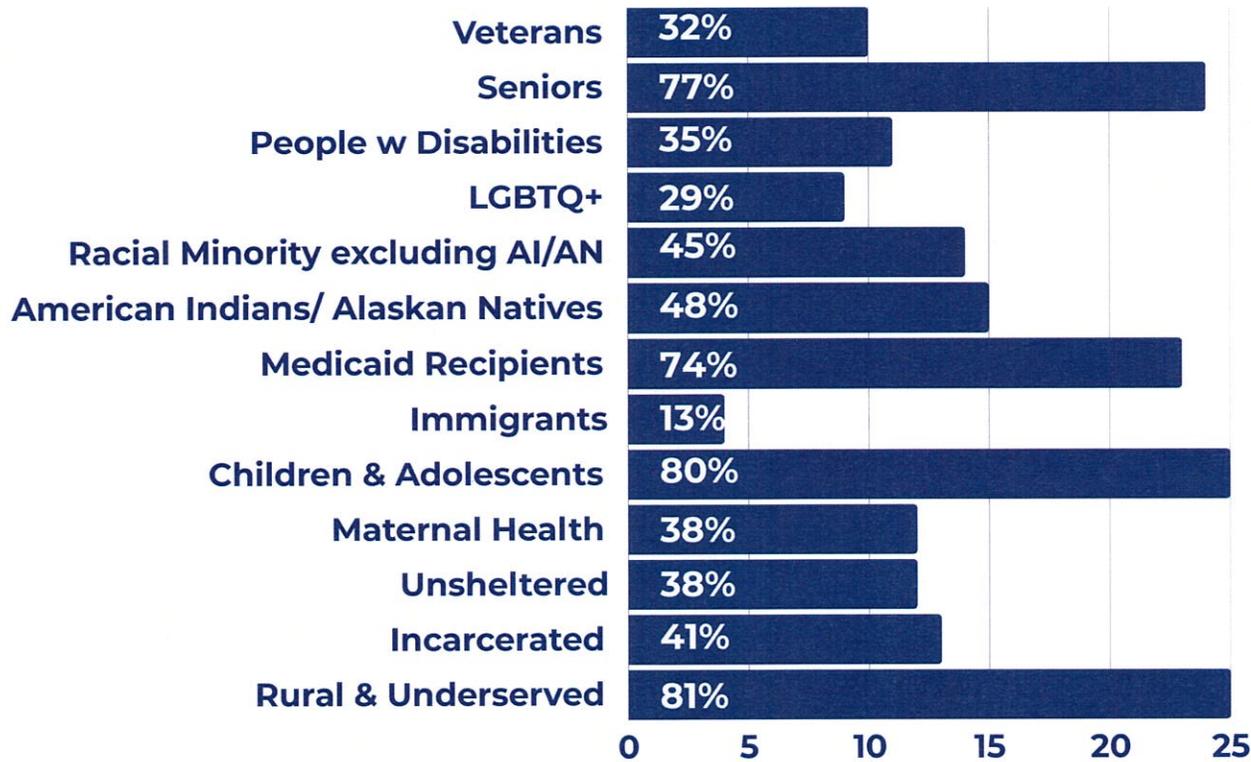
## Southeast



## Southwest



# PRIORITY POPULATIONS SERVED BY HEALTH COUNCILS & REFERRAL/ NAVIGATION SERVICES



DATA SOURCE: ALLIANCE SFY26  
COLLECTED FROM COMPREHENSIVE SURVEY

## Health Councils who provide billable services to Medicaid

**35% (11 HC)**

### Types of billable services:

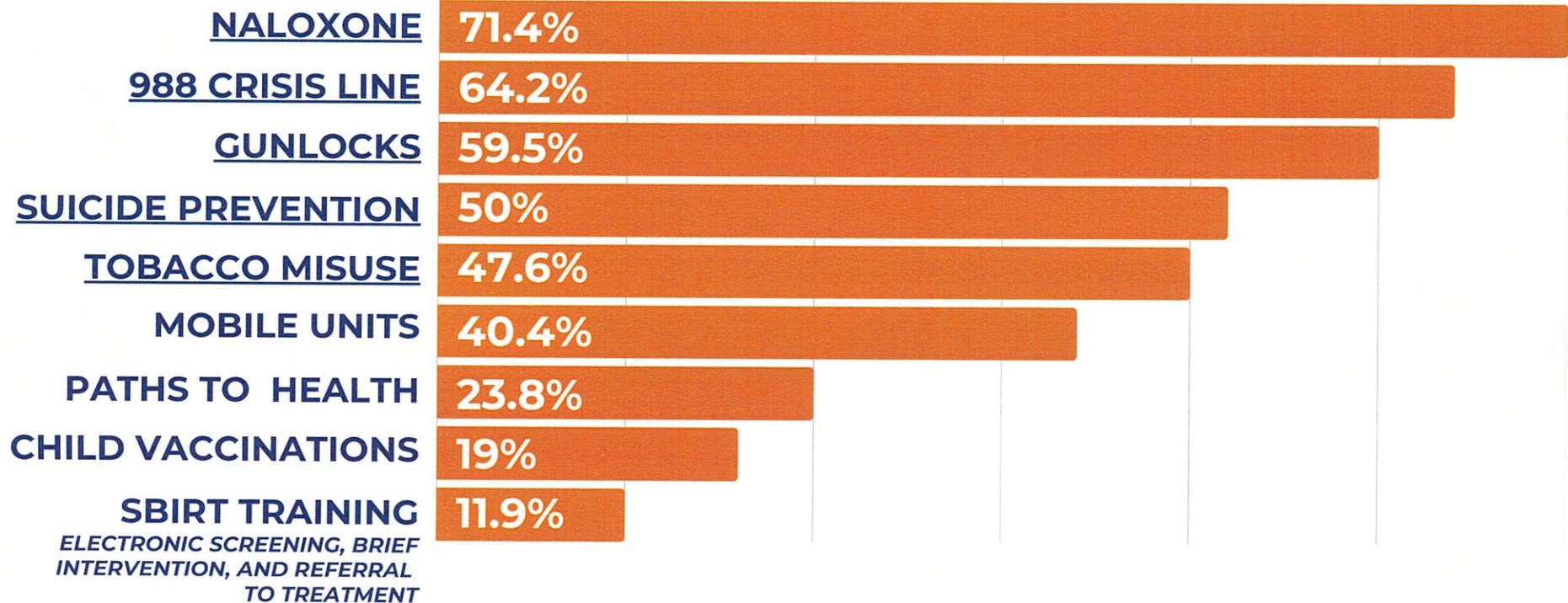
- Community Health Workers
- Community Health Representatives
- Traditional Healing
- Case Management for Chronic Diseases
- Home visiting
- Transportation
- Nutrition Education
- Behavioral Health
- Elder Services
- Patient Navigation

## Health Councils who own, operation, and manage Referral and Navigation Systems

**19% (6 HC)**

## COUNTY & TRIBAL HEALTH COUNCIL CHIPS & BEHAVIORAL HEALTH PREVENTION PROGRAMMING SFY2025 (JUNE 2024 - JULY 2025)

DATA SOURCE: NM DEP OF HEALTH, HEALTH PROMOTION  
COLLECTED FROM SFY25 HEALTH COUNCIL IMPACT SURVEY



As a deliverable for the **SFY25 NMDOH Scope of Work**, Health Councils were asked to select **3 prevention priorities related to primary care and/or behavioral health** to work on in the fiscal year. Below is a breakdown of how many Health Councils selected each initiative.

# SFY2025 COUNTY & TRIBAL HEALTH COUNCIL IMPACT DATA (BH) PRIORITIES: \$3M STATE FUNDS AND \$644K NMDOH FUNDS: \$3.6M

## County & Tribal Health Councils Behavioral Health and CHIP Initiatives (SFY2025):

Data Collection through NMDOH/ Health Councils Quarterly Impact Reports (July 2024 - June 2025)

### OVERDOSE PREVENTION & NARCAN TRAINING

4,997

Number of Naloxone Boxes Distributed to Prevent Overdose (SFY2024 at 4,647)

192

Number of Overdose Prevention Trainings Hosted or Promoted

3,403

Number of Persons Trained on and/or given Naloxone (SFY2024 at 1,840)

29,488

Educational & Total Number of 988 Informational Materials Distributed (SFY2024 at 295)

70

Total Number of 988 Crisis Line Trainings Hosted

1,679

Total Number of Attendees at 988 Trainings

### SUBSTANCE USE DISORDERS EDUCATION & PREVENTION

21,587

Education: Total Number of Tobacco Use Prevention Materials Distributed

758

Total SBIRT (Screening, Brief Intervention, Referral to Treatment) & Informational Materials Distributed

16

Total Number of SBIRT Trainings Hosted or Promoted

39

Total Number of Providers Trained on SBIRT (Screening, Brief Intervention, and Referral to Treatment)

109

Total Number of Suicide Prevention Trainings (QPR, MHFA, Everyone Can Be Trauma Informed, SOS)

1,425

Total Number of Individuals Trained in Suicide Prevention Trainings hosted or promoted (SFY2024 at 1,184)

### BEHAVIORAL HEALTH PREVENTION & ACCESS TO SERVICES

1,809

Number of Veterans Served for Behavioral Health & Suicide Prevention Efforts

16,368

Number of People Served by Health Council Referral Systems (housing, food, workforce, employment, etc.)

4,882

Education & Number of Resource Guides Distributed (SFY2024 at 1,260)

7,762

Number of Persons reached via Health Council Behavioral Health Supports and Health Promotion Events (SFY2024 at 2,025)

# SFY2025 COUNTY & TRIBAL HEALTH COUNCIL IMPACT DATA (BH) PRIORITIES: \$3M STATE FUNDS AND \$644K NMDOH FUNDS: \$3.6M

**County & Tribal Health Councils Behavioral Health and CHIP Initiatives (SFY2025):**  
Data Collection: NMDOH/ Health Councils Quarterly Impact Reports (July 2024 - June 2025)

## GUN VIOLENCE PREVENTION

**4,790**

Number of Gun Locks Distributed

## ACCESS TO HEALTHCARE VIA MOBILE UNITS

**33**

Total Number of NMDOH & NON-DOH Mobile Units hosted or promoted

**855**

Total Number of Attendees at NMDOH & Non NMDOH Mobile Units

## ACCESS TO HEALTHY FOODS & FOOD SECURITY

**1,068**

Number of Households Served with Food Boxes Distributions

**4,207**

Pounds of Food Distributed to Communities

## CHILD VACCINATIONS

**1,076**

Total Number of Vaccine Related Educational Materials Distributed via community health events

## DOH PUBLIC HEALTH OFFICES

**8,160**

Education & Promotion of PHO information, locations and services

**31,034**

Education & Promotion: Total Paths to Health NMDOH Materials Distributed

## CHRONIC DISEASE PREVENTION

**1,079**

Conducted Number of Blood Sugar Screenings & Blood Pressure Screenings via partners such as hospitals, care management organizations, medical providers, DOH offices.

## COUNTY & TRIBAL HEALTH COUNCILS SAVING ANALYSIS

IMPACT DATA AND POTENTIAL SAVINGS ANALYSIS CONDUCTED BY CENTER FOR HEALTH INNOVATION (CHI)

### OPIOID MISUSE

Reduce Opioid Misuse and Deaths

**4,997 NALOXONE BOXES DISTRIBUTED**

*Potential savings to NM based on median cost to treat overdose patient at the hospital and estimate cost of Naloxone distributions*

**4,997 Boxes**  **\$116 M**

### FIREARM VIOLENCE & SAFETY

Reduce Firearm Related Misuse and Deaths

**GUNLOCKS DISTRIBUTED**

*Potential savings to NM based on report of up to 1/3 of firearm fatalities that could be prevent at one point in time, average cost of funeral, and gun lock costs.*

**4,790 Gunlocks**  **\$11.6 M**

# SFY2026 COUNTY & TRIBAL HEALTH COUNCIL SOW PRIORITIES: \$4M STATE FUNDS AND \$644K NMDOH FUNDS: \$4.6M

**\$67,995 - \$107,995**

*(If a full workload of \$40,000 is selected from addendum A for section 3)*

## Scope of Work

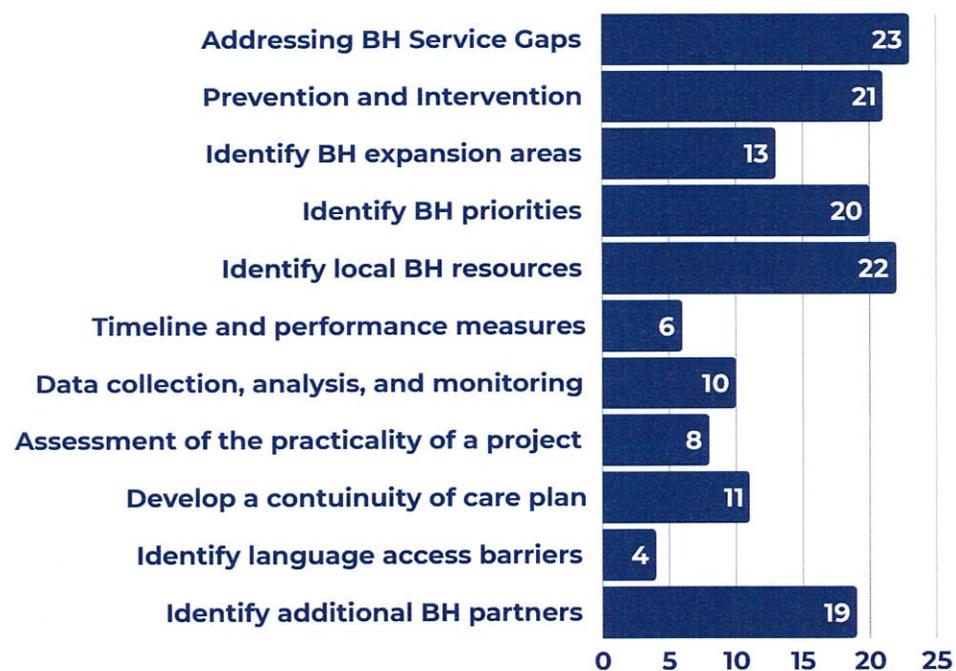
- Section 1: Health Council Operations, Capacity, Admin
- Section 2: Health Council Partnership & Collaboration for Behavioral Health
- Section 3: Health Council Work on addressing Behavioral Health Supports (education, prevention, intervention)
- Section 4: Health Council Engagement and Community Health Improvement Plans (CHA, CHIPs and SHIP)

## Health Councils SB3 Engagement

- Ensuring a health council representative **participates in the SB3** behavioral health regional stakeholder planning committee process (Judicial District)
- Participate **in Regional Planning Meetings** (Listening Sessions & Workshops) in their BH region
- Be a **community resource and educator** regarding the Behavioral Health Reform and Investment Act
- Ensuring **key community partners are informed of and invited to Regional Planning Meetings**, particularly those without an affiliation with AOC, HCA, or DOH
- **Work with the “accountable entity”** in your BH region

## Behavioral Health Capacity for BH Supports (SB3)

Health Councils' Behavioral Health Priorities:



DATA SOURCE: ALLIANCE SFY26  
COLLECTED FROM ANNUAL COMPREHENSIVE SURVEY



## Catron County Health Council

IMPROVING ACCESS TO RURAL HEALTHCARE & OVERDOSE PREVENTION

**CATRON COUNTY: 3,500 POPULATION AT 2.5 SQ MILES PER PERSON.**

- 2-3 HOUR DRIVE TO NEAREST HOSPITAL (SOCORRO OR ALBUQUERQUE)

**AS OF 2026 TWO PRESBYTERIAN CLINICS HAVE CLOSED**

- QUEMANDO HEALTH CENTER
- CATRON COUNTY MEDICAL CENTER

**WORKING WITH COWBOY CLINIC TO BRIDGE THE GAP**

- ONLINE SERVICES

**LAUNCHED MEDICAL ALERT PROGRAM WITH COUNTY EMS**

- AVAILABLE TO ANY AGE, HOME INSTALLATION, MEDICAL

**NARCAN EDUCATION & DISCTRIBUTION (>90 TRAINED)**

- OVERDOSE PREVENTION



## SANTO DOMINGO PUEBLO HOPA COALITION

ELDER AND AGING CARE, NAVIGATION  
SUPPORT, AND FY25 BEHAVIORAL HEALTH

### **ELDER AND AGING CARE: STRENGTH BASED PROGRAMMING**

- HEALTHY AGING WITH DEMENTIA SCREENINGS AND OUTLETS FOR CAREGIVERS
- TRIBAL INJURY: ASSESSMENTS, HOME EQUIPMENT INSTALLATIONS, TAI CHAI, MOBILITY EXERCISES
- NAVIGATION SUPPORT FOR MEDICARE AND MEDICAID

**VIOLENCE PREVENTION (50 GUNLOCKS DISTRIBUTED)**

**SUICIDE PREVENTION (1 TRAINING HOSTED WITH 17 ATTENDEES)**

**OPIOID OVERDOSE (45 OPIOID OVERDOSE TRAININGS WITH 270+ INDIVIDUALS TRAINED ON HOW TO ADMINISTER NALOXONE)**

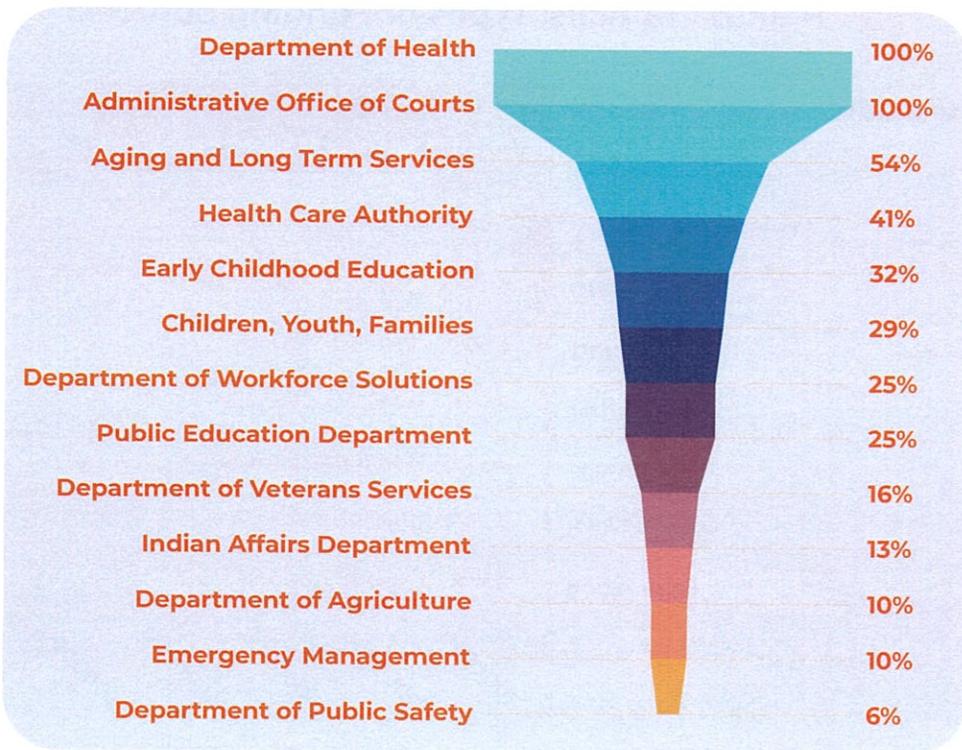
- 810+ BOXES OF NALOXONE DISTRIBUTED

**988 CRISIS LINE (2 TRAININGS WITH 200 INDIVIDUALS TRAINED)**

- 500+ PROMOTED & DISTRIBUTED 988 INFORMATIONAL MATERIALS

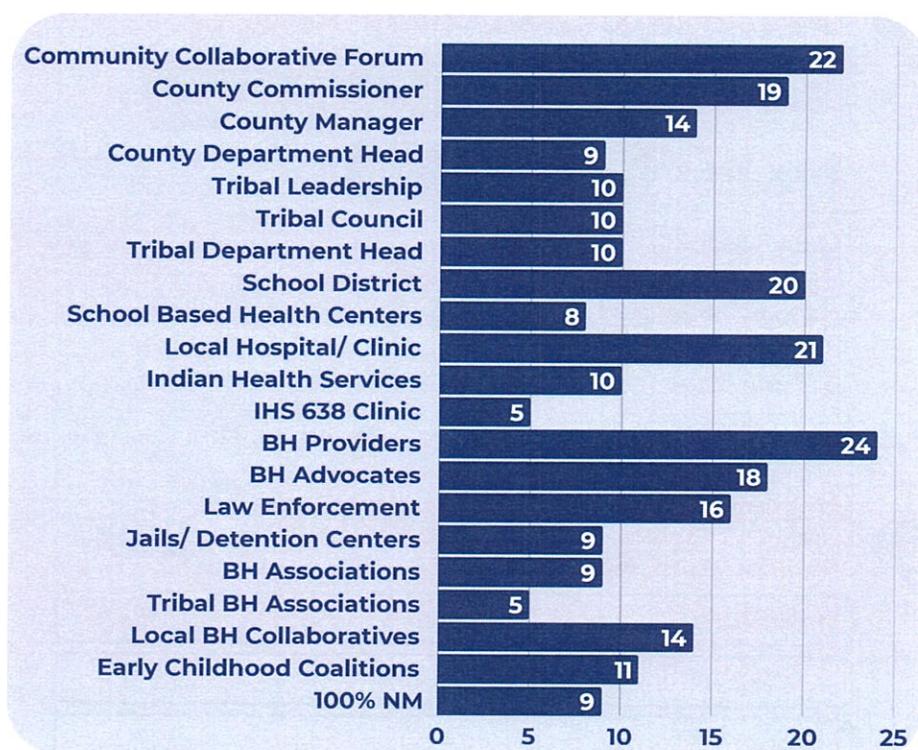
# NM COUNTY & TRIBAL HEALTH COUNCILS MULTI-SECTOR PARTNERSHIPS REPORTED IN FY2025 IMPACT SURVEY

## State Agency Partnerships



DATA SOURCE: ALLIANCE SFY26  
COLLECTED FROM ANNUAL COMPREHENSIVE SURVEY

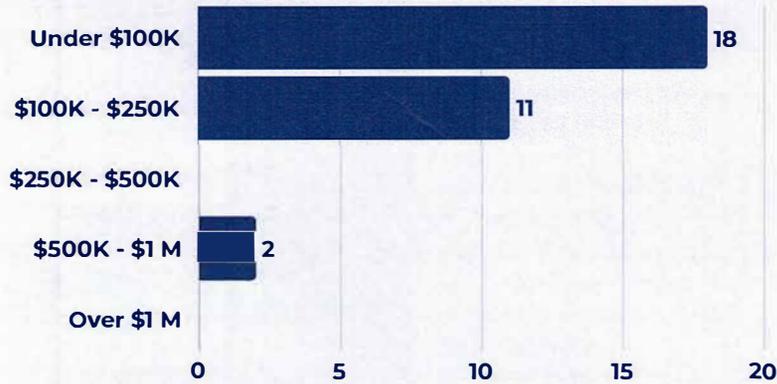
## Local Government & Multi-Sector Collaborations



DATA SOURCE: ALLIANCE SFY26  
COLLECTED FROM ANNUAL COMPREHENSIVE SURVEY

# HEALTH COUNCILS' BUDGET AND FUNDING (SFY2026)

## FY2026 Health Councils' Budgets



**Maximum Average Statewide Indirect Cost Rate (IDC: Covers overhead, health benefits, administration, legal, IT, etc.):**

**25%**

Maximum IDC Rate by Non Profit 20%

Maximum IDC Rate by Fiscal Sponsored 25%

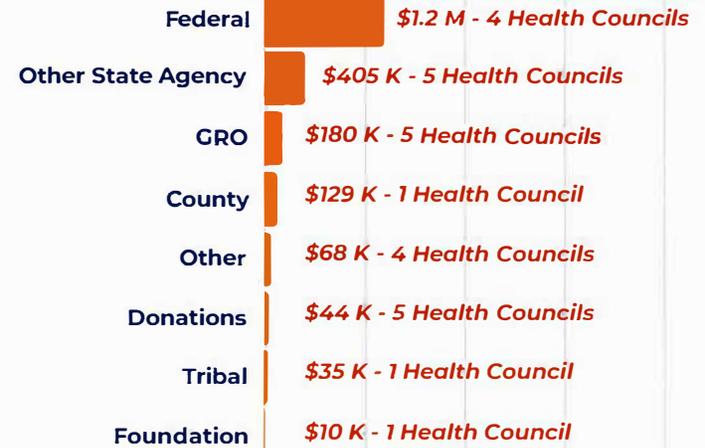
Maximum IDC Rate by County Government 15%

Maximum IDC Rate by Tribal Government 40%

## Health Councils' Types of Funding Sources:

SFY2026 State Funding & NMDOH

**\$4.6 M - 43 Health Councils**



DATA SOURCE: ALLIANCE SFY26  
COLLECTED FROM THE ANNUAL COMPREHENSIVE SURVEY

## HEALTH COUNCIL INCREMENTAL FUNDING (SFY2027)

SFY2027 Ask:

**\$8M**

Per Health Council

**\$174,000.00**

New Tribal Health Councils

**\$522,000.00 (3 new THC)**

**SFY2027 Incremental Increase \$8M** (Average: \$174,000.00): Ensure sustainability, incremental increase funding for current and new Tribal Health Councils. IDC average at 25%

**Optimal Funding can leverage Health Councils' capacity and operations to enhance their services and scale behavioral health supports for improving population health and wellbeing.**

**County & Tribal Health Councils Average Funding Level Needed**

**\$ 538,166.67  
at 23M for 43 HCs**

**Optimal Funding to ensure Health Councils have increased capacity and operations for:**

- Enhancing **community outreach and engagement**
- Increase **public health education** in concert with state agencies
- Increase **prevention and intervention programming** in Behavioral Health and community health priorities
- Leveraging **local and statewide collaborations** to increase coordination of access to critical and essential services for communities statewide
- Enhancing **emergency response efforts** for local communities
- Enhance **coordination to primary care/ rural healthcare** with mobile clinics
- Enhance **navigational support/ services for medicaid and medicare** recipients
- Addressing social determinants of health and **advancing health equity**
- Annual community health assessments, prioritizing and implementation

DATA SOURCE: ALLIANCE SFY26: COLLECTED FROM ANNUAL COMPREHENSIVE SURVEY

# County & Tribal Health Councils' Leadership Role

HEALTH COUNCILS ARE THE REPRESENTATION OF DIVERSE COMMUNITIES, INTIMATELY KNOWLEDGEABLE OF COMMUNITY NEEDS AND CRITICAL IN THE COORDINATION FOR ACCESSING ESSENTIAL SERVICES AND SYSTEMS OF CARE. FOR OVER 30 YEARS, HEALTH COUNCILS HAVE SERVED AS THE LOCAL COMMUNITY-BASED HEALTH HUBS, AND A CRITICAL FUNCTION OF PUBLIC HEALTH IN SERVICE OF COMMUNITIES STATEWIDE FOR A HEALTHIER NEW MEXICO.

## HEALTH COUNCILS: EXPERIENCE REQUIRED

- **Organizational Management and Development**
- **Grant Sourcing, Management & Reporting**
- **Planning & Assessment**
- **Strategic Implementation**
- **Data Collection, Analysis, and Reporting**
- **Outreach & Membership**
- **Facilitation & Project Mgt**
- **Coordination of Services**
- **Knowledge of health issues**
- **Public Health Education**
- **Prevention & Intervention**
- **Community Engagement**
- **Marketing & Communications**
- **Collaboration for improve access and systems of care**
- **Emergency Response**

- Develop and support Health Council Leadership
- Community outreach for building Health Council Membership
- Lead Health Council member engagement, recruitment and retention
- Coordinate monthly meetings, location and facilitation
- Increase community awareness of Health Council role and function
- Represent the Health Council in local, County and statewide collaborations in service of communities
- Liaison with fiscal agent, meet reporting requirements and financials
- Collaborate with key partners in coordination of services and care
- Community health assessment, planning and implementation
- Drive Health Council capacity/development in addressing CHIP priorities
- Coordinate Health Councils activities such as community health events
- Lead public health education, prevention and intervention initiatives
- Progress reports to the Health Council's outcomes and impact
- Progress reports to the New Mexico Department of Health and NMAHC
- Evaluate and report on outcomes in partnership with NMDOH/NMAHC
- Collaborate in statewide advocacy efforts in support of County & Tribal Health Councils
- Collaborate/ inform statewide public health systems (Closed-loop referral system, Community Health Needs Assessment, CCF, etc.)

Health Councils are the Voice of Community Members, who can inform policies to ensure health equity and public health infrastructure. They are a critical function of public health in concert with NMDOH and key partners for improving population health statewide.



**Health Councils ~ Advocacy In Action!**  
Advocating on behalf of communities during the New Mexico Legislative Session 2024 and Public Health Day 2024.

# HEALTH COUNCIL GOVERNANCE STRUCTURE & NETWORK:

Health Councils focus on centering community members and engaging multi-sector key partners to collaborate in addressing community health needs and priorities. Each Health Council operates according to their Health Councils' governance structure, bylaws, or guidelines. **Health Councils' members/ network** are made up of 5 types of public health partners and community members.

➤ **103+** Statewide paid staff, SFY2026:  
Health Councils Coordinators  
*(50% FTE 50% PTE)*

**200+** Health Council Volunteers

**37** Certified Community Health Workers (CHWs) Paid

**23** Certified Community Health Representatives (CHRs) Paid

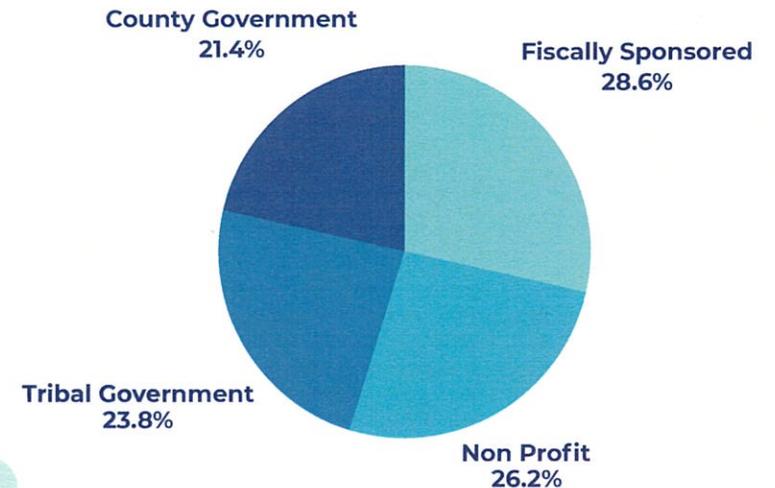
**107** Healthcare Providers statewide engaged with Health Councils

**12** Health Council Navigation Support Staff (Paid)

Health Councils' Membership Statewide: 5,010+

DATA SOURCE: ALLIANCE SFY26  
COLLECTED FROM ANNUAL COMPREHENSIVE SURVEY

➤ **As of SFY2026: County & Tribal Health Councils' Governance Structure.**



DATA SOURCE: NM DEP OF HEALTH, HEALTH PROMOTION  
COLLECTED FROM SFY25 HEALTH COUNCIL IMPACT SURVEY

# HEALTH COUNCILS SFY26 FUNDING SOURCE PROFILE

Health Councils relying **solely** on FY25 state funding via NMDOH contract **22**

22 Health Councils relying solely on state funding:

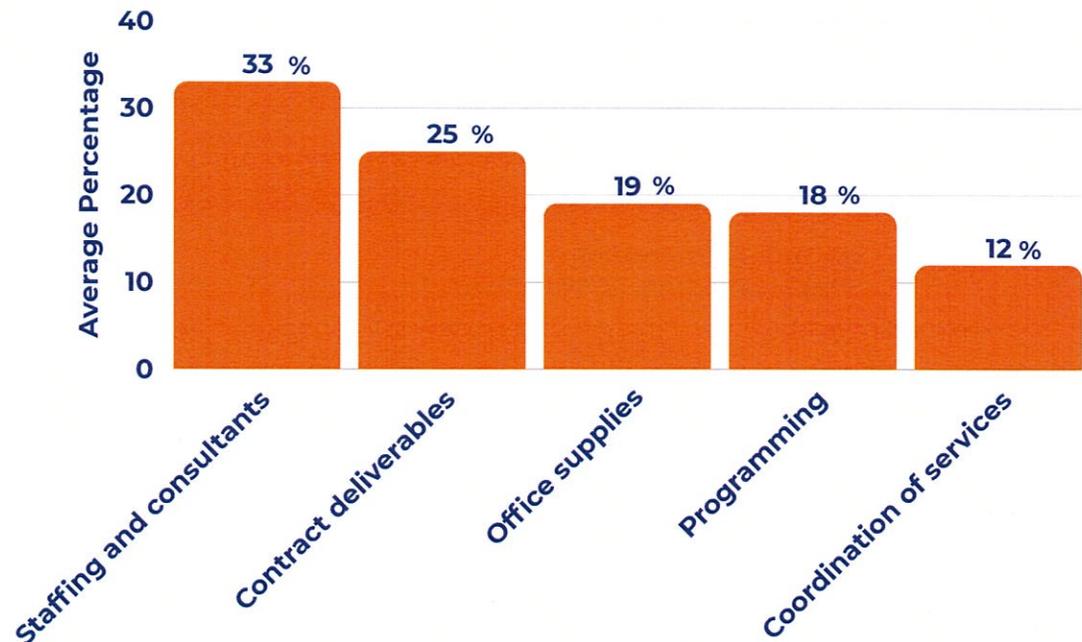
**14** COUNTY HEALTH COUNCILS  
& **8** TRIBAL HEALTH COUNCILS

Total of Health Councils with **Diverse** funding including FY25 state funds via NMDOH **18**

## WHAT CAN BE POSSIBLE FOR HEALTH COUNCILS WITH RECURRING OPTIMAL FUNDING:

**43** Health Councils' Capacity, operations, function, coordination of services, collaboration, and programs can be enhanced and leveraged for success in service of communities statewide. Plus available resources for new Tribal Health Councils: Nine remaining Pueblos, Navajo Nation and Apache Nations to have access funding to establish their Tribal Health Council.

## Breakdown of SFY26 State Funding Allocation & NMDOH: TOP 5 AVERAGE PERCENTAGE OF FUNDS UTILIZED FOR:



DATA SOURCE: NM DEP OF HEALTH, HEALTH PROMOTION SFY25 HEALTH COUNCIL IMPACT SURVEY

DATA SOURCE: ALLIANCE SFY26 COLLECTED FROM ANNUAL COMPREHENSIVE SURVEY

## **\$8M** INCREMENTAL INCREASE FUNDING REQUEST FOR NEW MEXICO'S COUNTY & TRIBAL HEALTH COUNCILS (SFY2027)

The New Mexico Alliance of Health Councils is advocating for the **re-establishing of recurring optimal funding for New Mexico's County & Tribal Health Councils**, per [HB137](#). ROI: Impact Data Reporting from NMDOH, Expert Testimony from NMAHC, and ROI annual report projected for SFY27.

### **Funding request of \$8 million, will allow funding new Tribal partnerships.**

- To fund the expansion of **County & Tribal Health Council's** staffing, capacity, operations, administration, coordination, collaboration, and programming costs to fulfill their role and functions in service of communities statewide. This level of funding will leverage this critical infrastructure of public health in concert with NMDOH in improving population health.
- \$1M will fund a 501c3 to provide systems collaboration, networking, research and policy, year-round advocacy and services in support of Health Councils statewide.

### **During SFY2025, Health Councils were funded at \$80,000.**

#### **Currently, SFY2026:**

- Thanks to HB75 co-sponsors and Legislative support, Health Councils statewide received a **one-time appropriation of \$4 million** to fund Health Councils behavioral health supports in relation to SB3 and CHIP priorities, averaging at **\$107,000** per Health Council, which includes NMDOH funding at \$15,000 per Health Council.
- **Securing 103** Health Council Coordinator positions for one fiscal year, sustaining this critical function of public health in concert with NMDOH, in service of communities throughout New Mexico.