

HEALTH COUNCIL FISCAL YEAR 2025 SUMMARY



In the 2025 fiscal year, 42 health councils received contracts from the New Mexico Department of Health (NMDOH) totaling \$3,644,000. \$3,638,189.00 of those funds were expended, leaving only 0.001% of funds unspent. Health councils worked on access to care and behavioral health initiatives, continued their Community Health Improvement Plans (CHIPs), hosted health expos, facilitated community collaboration, and connected individuals to critical services.

Overview



Of the 42 health councils completed all 20 individual deliverables.



Of health councils have a letter of support or resolution with their local jurisdiction recognizing them.

1,880

Total people on health council member rosters statewide for an average of 47 people per health council.

Overall, technical assistance with the Health Promotion Team was successful. When asked how helpful technical assistance was on a scale of 1 to 5 with 5 being very helpful, health councils reported an average of 4.5 for FY25.

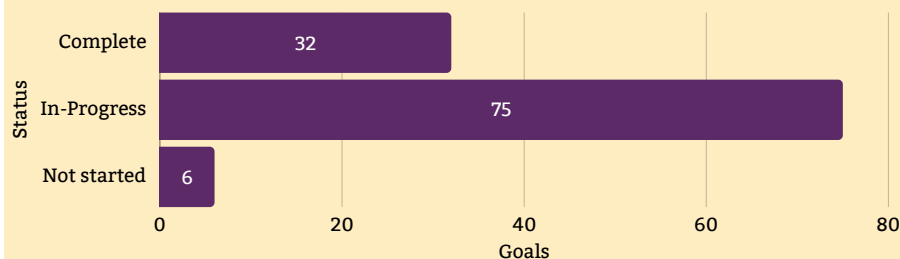
Action Plans

Health councils continued to work on their action plans during this period with 37 health councils working on CHIPs and 5 working on capacity building. Each action plan is comprised of short-term and long-term goals with action steps, measurable outcomes, key partners, and metrics.

There was a steady increase in the ratio of in-progress to completed goals throughout the year, with a 60% increase in completed goals from Quarter 3 to Quarter 4.

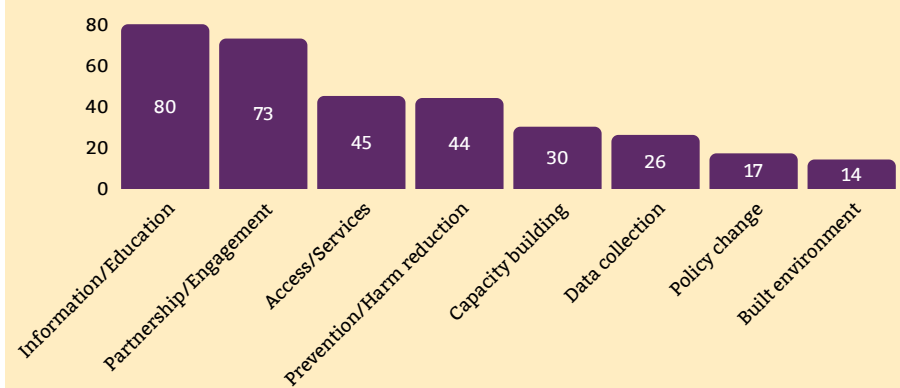
Status of all short- & long-term goals at end of FY25

*CHIP action plans continue into FY26



Health councils participated in many types of actions and activities to achieve their identified goals on their action plans.

Combined totals of health council actions/activities



47% of all activities centered on Information/Education and Partnerships/Engagement.

CHIP Successes

- A northeast health council working on housing had a short-term goal to help try to find solutions to tent city issues in their county. They were able to **help 10 residents of a local tent city find transitional housing**. However, they were not able to find solutions for all residents as the city denied the option to build pallet homes and ultimately closed the last tent city.
- The Socorro County Options, Prevention and Education (SCOPE) Health Council partnered with other local organizations to achieve one of its long-term goals to address transportation and increase active living by **opening the SPOKES community bike shop in Socorro**.
- One rural northeast health council was able to **expand its medical transportation services** to all county residents after seeing success in offering the service to the veteran community.
- A health council that brought **counseling services for youth to their county saw a significant increase in utilization**, starting with one day per week and growing to five days per week, with a waitlist as they seek additional providers. They are also providing gas cards to cover the cost of traveling to appointments.

Health Council Highlights

- Lincoln and Chaves County Health Councils provided **boots on the ground support to those impacted by floods**. The councils are working to address the needs of the devastated communities and providing resource connections to those requesting assistance.
- Several Tribal health councils have begun partnering with Free Flow New Mexico, **distributing menstrual products in their communities** to combat period poverty and menstrual stigma.

CHIP Challenges

- While many health councils are creating effective and needed resources and solutions for their communities, an ongoing theme is lack of funding sources to implement or sustain the work developed.
- One health council addressing hopelessness in youth expressed the challenge of long wait times for behavioral health care in their rural community.

Partnerships, Change, & Funding

340 new health council partnerships with

74% of health councils making **new partnerships every quarter**.

On average, each health council made 3 new partners per quarter.

65% of health councils were part of **systems change initiatives*** in both statewide and locally.

*The majority focused on improving housing, transportation, food insecurity, behavioral health, and access to care.

23 health councils reported **new funding sources** entering their community.

This year's New Mexico Department of Health funding was used as leverage to receive 43% of the new funding sources.

35% of health councils were **part of policy change initiatives***, both statewide and locally.

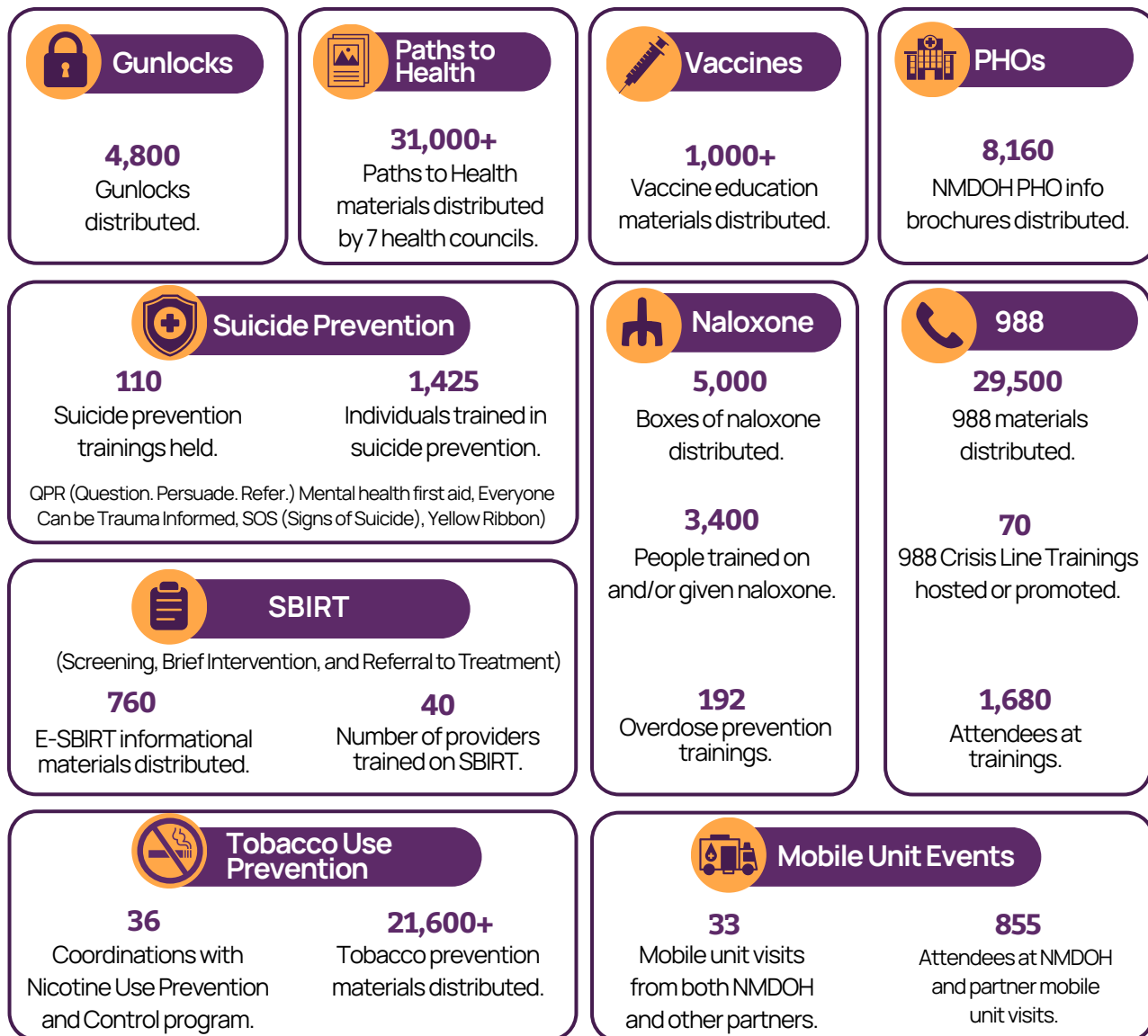
*Including increased tax on alcohol, housing, paid family medical leave, reducing the amount of cannabis grow farms in the county, allowing school staff and volunteer firefighters to carry naloxone, decriminalizing being unhoused, and allowing residents to create community gardens in vacant lots.

Coordination on Initiatives

As a deliverable for the FY25 Scope of Work, health councils were asked to select three initiatives related to access to care and/or behavioral health to work on in the fiscal year. All 42 health councils were required to collaborate with their local NMDOH Public Health Office (PHO) as one of their selected initiatives.

Below is the data showing the work and impact of Health Councils on each initiative for all of FY25.

This is a summary of top highlighted impacts, full report available upon request.



Achievements:

- With over 70% of health councils choosing to work on naloxone initiatives, and 64% choosing the 988 Crisis Line, contributing to largest numbers on these initiatives.
- Tribes tailored their trainings and messaging to ensure it would be most effective for their communities.
- Health councils and communities had a positive response to the Paths to Health New Mexico Program, with the potential for even more engagement with this initiative in fiscal year 2026.

Common Barriers:

- Health councils reported that stigma, denial, and lack of education are persistent barriers to engaging community members with trainings and/or resources. Stigma was noticeable when openly talking about mental health regarding suicide prevention, in those seeking anonymity when picking up boxes of naloxone, and in both students and parents in avoiding discussions related to the dangers of vaping.
- Health councils continuously reported difficulty in scheduling mobile unit events with NMDOH. This is an issue NMDOH is aware of and actively working to increase the use and capacity of the mobile units.