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SENATE BILL

**54TH LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2019**

INTRODUCED BY

DISCUSSION DRAFT

AN ACT

RELATING TO PUBLIC HEALTH; AMENDING A SECTION OF THE DEPARTMENT OF HEALTH ACT TO PROVIDE FOR THE CREATION AND RANKING OF BEHAVIORAL HEALTH INVESTMENT ZONES STATEWIDE FOR THE ALLOCATION OF NON-MEDICAID BEHAVIORAL HEALTH SERVICE DELIVERY.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

**SECTION 1.** Section 9-7-6.4 NMSA 1978 (being Laws 2004, Chapter 46, Section 8, as amended) is amended to read:

"9-7-6.4. INTERAGENCY BEHAVIORAL HEALTH PURCHASING COLLABORATIVE.--

A. There is created the "interagency behavioral health purchasing collaborative", consisting of the secretaries of aging and long-term services; Indian affairs; human services; health; corrections; children, youth and families; finance and administration; workforce solutions; public

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1 education; and transportation; the directors of the  
2 administrative office of the courts; the New Mexico mortgage  
3 finance authority; the governor's commission on disability; the  
4 developmental disabilities planning council; the instructional  
5 support and vocational ~~[rehabilitation]~~ education division of  
6 the public education department; and the New Mexico health  
7 policy commission; and the governor's health policy  
8 coordinator, or their designees. The collaborative shall be  
9 chaired by the secretary of human services with the respective  
10 secretaries of health and children, youth and families  
11 alternating annually as co-chairs.

12 B. The collaborative shall meet ~~[regularly]~~  
13 quarterly and at the call of either co-chair and shall:

14 (1) identify behavioral health needs  
15 statewide, with an emphasis on that hiatus between needs and  
16 services set forth in the department of health's gap analysis  
17 and in ongoing needs assessments, and develop a master plan for  
18 statewide delivery of services;

19 (2) give special attention to regional  
20 differences, including cultural, rural, frontier, urban and  
21 border issues;

22 (3) inventory all expenditures for behavioral  
23 health, including mental health and substance abuse;

24 (4) plan, design and direct a statewide  
25 behavioral health system, ensuring both availability of

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1 services and efficient use of all behavioral health funding,  
2 taking into consideration funding appropriated to specific  
3 affected departments; ~~and~~

4 (5) implement a methodology to allocate  
5 non-medicaid behavioral health funding through behavioral  
6 health investment zones based on epidemiological data in  
7 accordance with the provisions of Subsection J of this section;  
8 and

9 ~~(5)~~ (6) contract for operation of one or  
10 more behavioral health entities to ensure availability of  
11 services throughout the state.

12 C. The plan for delivery of behavioral health  
13 services shall include specific service plans to address the  
14 needs of infants, children, adolescents, adults and seniors, as  
15 well as to address workforce development and retention and  
16 quality improvement issues. The plan shall be revised every  
17 two years and shall be adopted by the department of health as  
18 part of the statewide health plan.

19 D. The plan shall take the following principles  
20 into consideration, to the extent practicable and within  
21 available resources:

22 (1) services should be individually centered  
23 and family-focused based on principles of individual capacity  
24 for recovery and resiliency;

25 (2) services should be delivered in a

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1 culturally responsive manner in a home- or community-based  
2 setting, where possible;

3 (3) services should be delivered in the least  
4 restrictive and most appropriate manner;

5 (4) individualized service planning and case  
6 management should take into consideration individual and family  
7 circumstances, abilities and strengths and be accomplished in  
8 consultation with appropriate family members, caregivers and  
9 other persons critical to the individual's life and well-being;

10 (5) services should be coordinated,  
11 accessible, accountable and of high quality;

12 (6) services should be directed by the  
13 individual or family served to the extent possible;

14 (7) services may be consumer- or family-  
15 provided, as defined by the collaborative;

16 (8) services should include behavioral health  
17 promotion, prevention, early intervention, treatment and  
18 community support; and

19 (9) services should consider regional  
20 differences, including cultural, rural, frontier, urban and  
21 border issues.

22 E. The collaborative shall seek and consider  
23 suggestions of Native American representatives from Indian  
24 nations, tribes and pueblos and the urban Indian population,  
25 located wholly or partially within New Mexico, in the

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1 development of the plan for delivery of behavioral health  
2 services.

3 F. Pursuant to the State Rules Act, the  
4 collaborative shall adopt rules through the human services  
5 department for:

6 (1) standards of delivery for behavioral  
7 health services provided through contracted behavioral health  
8 entities, including:

9 (a) quality management and improvement;  
10 (b) performance measures;  
11 (c) accessibility and availability of  
12 services;

13 (d) utilization management;

14 (e) credentialing of providers;

15 (f) rights and responsibilities of  
16 consumers and providers;

17 (g) clinical evaluation and treatment  
18 and supporting documentation; and

19 (h) confidentiality of consumer records;

20 [~~and~~]

21 (2) approval of contracts and contract  
22 amendments by the collaborative, including public notice of the  
23 proposed final contract; and

24 (3) implementation of behavioral health  
25 investment zones.

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1           G. The collaborative shall, through the human  
2 services department, submit a separately identifiable  
3 consolidated behavioral health budget request. The  
4 consolidated behavioral health budget request shall account for  
5 requested funding for the behavioral health services program at  
6 the human services department and any other requested funding  
7 for behavioral health services from agencies identified in  
8 Subsection A of this section that will be used pursuant to  
9 Paragraph [~~5~~] (6) of Subsection B of this section. Any  
10 contract proposed, negotiated or entered into by the  
11 collaborative is subject to the provisions of the Procurement  
12 Code.

13           H. The collaborative shall, with the consent of the  
14 governor, appoint a "director of the collaborative". The  
15 director is responsible for the coordination of day-to-day  
16 activities of the collaborative, including the coordination of  
17 staff from the collaborative member agencies.

18           I. The collaborative shall provide a quarterly  
19 report to the legislative finance committee on performance  
20 outcome measures. The collaborative shall submit an annual  
21 report to the legislative finance committee and the interim  
22 legislative health and human services committee that provides  
23 information on:

- 24                   (1) the collaborative's progress toward  
25 achieving its strategic plans and goals;

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1 (2) the collaborative's performance  
2 information, including contractors and providers; [~~and~~]

3 (3) the number of people receiving services,  
4 the most frequently treated diagnoses, expenditures by type of  
5 service and other aggregate claims data relating to services  
6 rendered and program operations; and

7 (4) the collaborative's implementation of  
8 behavioral health investment zones, including the number of  
9 communities participating in providing local matching funds,  
10 services delivered, the number of people receiving investment  
11 zone services and any information on outcomes from investment  
12 zone expenditures and services.

13 J. The collaborative shall divide the state into  
14 geographically designated behavioral health investment zones  
15 for non-medicaid behavioral health services no later than July  
16 1, 2020. The secretary shall provide to the collaborative  
17 epidemiological data and other source data that identify the  
18 combined incidence of mortality related to alcohol use, drug  
19 overdose and suicide and any other data deemed necessary in  
20 each investment zone. Beginning July 1, 2020, the  
21 collaborative shall:

22 (1) seek local government contributions to  
23 fund non-medicaid behavioral health services within each local  
24 government's respective behavioral health investment zone;

25 (2) annually establish an amount of non-

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1 medicaid behavioral health funding available for use in  
2 behavioral health investment zones, taking into account  
3 available resources, including contributions from local  
4 governments, for investment-zone funding and statewide  
5 behavioral health needs;

6 (3) identify and prioritize high-risk and  
7 high-need behavioral health investment zones and areas  
8 contributing the greatest amount of local government resources,  
9 including in-kind resources; and

10 (4) prioritize the delivery of behavioral  
11 health services that are identified as evidence-based,  
12 research-based or promising practices.

13 K. As used in this section:

14 (1) "evidence-based" means that a program or  
15 practice:

16 (a) incorporates methods demonstrated to  
17 be effective for the intended population through scientifically  
18 based research, including statistically controlled evaluations  
19 or randomized trials;

20 (b) can be implemented with a set of  
21 procedures to allow successful replication in New Mexico; and

22 (c) when possible, has been determined  
23 to be cost-effective;

24 (2) "local government" means the governing  
25 body of a county, an incorporated municipality or an Indian



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1 nation, tribe or pueblo;

2 (3) "promising" means that, in light of  
3 statistical analysis or preliminary research, a program or  
4 practice presents potential for becoming research-based or  
5 evidence-based; and

6 (4) "research-based" means that there is some  
7 research demonstrating the effectiveness of a program or  
8 practice, but the program does not yet meet the standard of  
9 being evidence-based."

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