

AN ACT

RELATING TO BEHAVIORAL HEALTH; REVISING THE MEMBERSHIP OF THE INTERAGENCY BEHAVIORAL HEALTH PURCHASING COLLABORATIVE; PROVIDING FOR RULEMAKING AUTHORITY OF THE INTERAGENCY BEHAVIORAL HEALTH PURCHASING COLLABORATIVE; REQUIRING A SEPARATELY IDENTIFIABLE BUDGET REQUEST FOR BEHAVIORAL HEALTH SERVICES.

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) is amended to read:

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

A. The "interagency behavioral health purchasing collaborative" is created and consists of the following members or their designees:

(1) the secretary of aging and long-term services;

(2) the secretary of health;

(3) the secretary of corrections;

(4) the secretary of Indian affairs;

(5) the secretary of human services;

(6) the secretary of children, youth and families;

(7) the secretary of finance and

administration;

(8) the secretary of labor;

(9) the secretary of public education;

(10) the secretary of transportation;

(11) the director of the administrative  
office of the courts;

(12) the director of the governor's  
commission on disability;

(13) the director of the New Mexico health  
policy commission;

(14) the director of the vocational  
rehabilitation division of the public education department;

(15) the executive director of the New  
Mexico mortgage finance authority;

(16) the executive director of the  
developmental disabilities planning council; and

(17) the governor's health policy  
coordinator.

B. The collaborative shall include the following  
non-voting members:

(1) the chair of the legislative health and  
human services committee;

(2) the vice chair of the legislative health  
and human services committee;

(3) a member of the house of representatives

from a party other than the one to which the chair of the legislative health and human services committee belongs, appointed by the speaker of the house of representatives;

(4) a member of the senate from a party other than the one to which the vice chair of the legislative health and human services committee belongs, appointed by the president pro tempore of the senate; and

(5) four members selected by the collaborative, with the governor's consent, representing other state agencies.

C. The collaborative is administratively attached to the human services department. The governor shall appoint a chair of the collaborative for a two-year period, subject to confirmation by the senate. The collaborative shall elect a vice chair from among its members.

D. The collaborative shall meet regularly and at the call of the chair and shall:

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

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

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

(4) plan, design and direct a statewide behavioral health system, ensuring both availability of services and efficient use of all behavioral health funding, taking into consideration funding appropriated to specific affected departments; and

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

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

F. The plan shall take the following principles into consideration, to the extent practicable and within available resources:

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

(2) services should be delivered in a

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

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

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

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

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

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

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

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

G. The collaborative shall seek and consider suggestions of Native American representatives from Indian nations, tribes, pueblos and the urban Indian population,

located wholly or partially within New Mexico, in the development of the plan for delivery of behavioral health services.

H. Pursuant to the State Rules Act, the collaborative shall adopt rules through the human services department for:

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

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

(d) utilization management;  
(e) credentialing of providers;  
(f) rights and responsibilities of consumers and providers;

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

(h) confidentiality of consumer records; and

(2) approval of contracts and contract amendments by the collaborative, including public notice of the proposed final contract.

I. The collaborative shall, through the human

services department, submit a separately identifiable consolidated behavioral health budget request. The consolidated behavioral health budget request shall account for requested funding for the behavioral health services program at the human services department and any other requested funding for behavioral health services from agencies identified in Subsection A of this section that will be used pursuant to Paragraph (5) of Subsection D of this section.

Any contract proposed, negotiated or entered into by the collaborative is subject to the provisions of the Procurement Code.

J. The collaborative shall, with the consent of the governor, appoint a "director of the collaborative". The director is responsible for the coordination of day-to-day activities of the collaborative, including the coordination of staff from the collaborative member agencies.

K. The collaborative shall provide a quarterly report to the legislative finance committee on performance outcome measures. The collaborative shall submit an annual report to the legislative finance committee and the interim legislative health and human services committee that provides information on:

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

(2) the collaborative's performance

information, including contractors and providers; and

(3) the number of people receiving services by race, gender and ethnicity, expenditures by type of service and other aggregate claims data relating to services rendered and program operations."