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SENATE BILL 84

**53RD LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2017**

INTRODUCED BY

Gerald Ortiz y Pino

AN ACT

RELATING TO BEHAVIORAL HEALTH; ADDING REPRESENTATIVES OF  
BEHAVIORAL HEALTH PROVIDERS AND LOCAL GOVERNMENT ASSOCIATIONS  
TO THE MEMBERSHIP OF THE INTERAGENCY BEHAVIORAL HEALTH  
PURCHASING COLLABORATIVE; DECLARING AN EMERGENCY.

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:

(1) the secretaries, or their designees, of  
aging and long-term services; Indian affairs; human services;  
health; corrections; children, youth and families; finance and

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1 administration; workforce solutions; public education; and  
2 transportation;

3 (2) the directors, or their designees, of the  
4 administrative office of the courts; the New Mexico mortgage  
5 finance authority; the governor's commission on disability; the  
6 developmental disabilities planning council; and the  
7 instructional support and vocational ~~[rehabilitation]~~ education  
8 division of the public education department; ~~[and]~~

9 (3) the New Mexico health policy commission;  
10 ~~[and]~~

11 (4) the governor's health policy coordinator,  
12 or ~~[their designees]~~ the coordinator's designee;

13 (5) a representative of a nonprofit New Mexico  
14 behavioral health provider association;

15 (6) a representative of a nonprofit,  
16 nonpartisan association of New Mexico municipalities, towns and  
17 villages; and

18 (7) a representative of a nonprofit,  
19 nonpartisan professional association of New Mexico county  
20 officials and employees.

21 B. The collaborative shall be chaired by the  
22 secretary of human services with the respective secretaries of  
23 health and children, youth and families alternating annually as  
24 co-chairs.

25 ~~[B-]~~ C. The collaborative shall meet regularly and

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1 at the call of either co-chair and shall:

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

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

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

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

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

20 [~~G.~~] D. The plan for delivery of behavioral health  
21 services shall include specific service plans to address the  
22 needs of infants, children, adolescents, adults and seniors, as  
23 well as to address workforce development and retention and  
24 quality improvement issues. The plan shall be revised every  
25 two years and shall be adopted by the department of health as

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1 part of the statewide health plan.

2 ~~[D-]~~ E. The plan shall take the following  
3 principles into consideration, to the extent practicable and  
4 within available resources:

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

8 (2) services should be delivered in a  
9 culturally responsive manner in a home- or community-based  
10 setting, where possible;

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

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

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

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

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

24 (8) services should include behavioral health  
25 promotion, prevention, early intervention, treatment and

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1 community support; and

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

5 ~~[E-]~~ F. The collaborative shall seek and consider  
6 suggestions of Native American representatives from Indian  
7 nations, tribes and pueblos and the urban Indian population,  
8 located wholly or partially within New Mexico, in the  
9 development of the plan for delivery of behavioral health  
10 services.

11 ~~[F-]~~ G. Pursuant to the State Rules Act, the  
12 collaborative shall adopt rules through the human services  
13 department for:

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

17 (a) quality management and improvement;

18 (b) performance measures;

19 (c) accessibility and availability of  
20 services;

21 (d) utilization management;

22 (e) credentialing of providers;

23 (f) rights and responsibilities of  
24 consumers and providers;

25 (g) clinical evaluation and treatment

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1 and supporting documentation; and

2 (h) confidentiality of consumer records;

3 and

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

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

19 [~~H.~~] I. The collaborative shall, with the consent  
20 of the governor, appoint a "director of the collaborative".  
21 The director is responsible for the coordination of day-to-day  
22 activities of the collaborative, including the coordination of  
23 staff from the collaborative member agencies.

24 [~~I.~~] J. The collaborative shall provide a quarterly  
25 report to the legislative finance committee on performance

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1 outcome measures. The collaborative shall submit an annual  
2 report to the legislative finance committee and the interim  
3 legislative health and human services committee that provides  
4 information on:

- 5 (1) the collaborative's progress toward  
6 achieving its strategic plans and goals;
- 7 (2) the collaborative's performance  
8 information, including contractors and providers; and
- 9 (3) the number of people receiving services,  
10 the most frequently treated diagnoses, expenditures by type of  
11 service and other aggregate claims data relating to services  
12 rendered and program operations."

13 SECTION 2. EMERGENCY.--It is necessary for the public  
14 peace, health and safety that this act take effect immediately.