

SENATE BILL 495

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

INTRODUCED BY

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Pursuant to House Rule 24-1, this document incorporates amendments that have been adopted prior to consideration of this measure by the House. It is a tool to show the amendments in context and is not to be used for the purpose of amendments.

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.--

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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 administration; workforce solutions; public education; and transportation;

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

(3) the New Mexico health policy commission;  
SRC → ~~and~~

~~(4) the following members, appointed by the governor;~~ ← SRC

SRC → ~~(a)~~ (4) ← SRC the governor's health policy coordinator, or ~~[their designees]~~ the coordinator's designee;

SRC → ~~(b) a representative of a nonprofit New Mexico behavioral health provider association;~~

~~(c) a representative of a nonprofit, nonpartisan association of New Mexico municipalities, towns and villages; and~~

~~(d) a representative of a nonprofit,~~

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~~nonpartisan professional association of New Mexico county  
officials and employees.~~←SRC

SRC→(5) a representative of the behavioral  
health providers' association of New Mexico;

(6) a representative of the New Mexico  
municipal league;

(7) a representative of New Mexico counties;

(8) a public member who receives behavioral  
health services appointed by the speaker of the house of  
representatives; and

(9) a public member who receives behavioral  
health services appointed by the president pro tempore of the  
senate.←SRC

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

~~[B.]~~ C. The collaborative shall meet regularly and  
at the call of either co-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 ongoing needs assessments, and develop a master plan for  
statewide delivery of services;

(2) give special attention to regional

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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.

~~[D-]~~ D. 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.

~~[D-]~~ E. 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;

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(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 members, 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.

[E-] F. The collaborative shall seek and consider suggestions of Native American representatives from Indian nations, tribes and pueblos and the urban Indian population,

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

~~[F.]~~ G. 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 evaluation and treatment 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.

~~[G.]~~ H. The collaborative shall, through the human

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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 [B] C of this section. Any contract proposed, negotiated or entered into by the collaborative is subject to the provisions of the Procurement Code.

[H.] I. 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.

[H.] J. 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

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information, including contractors and providers; and

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

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

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