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SENATE BILL 64

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

INTRODUCED BY

Cisco McSorley

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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