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AN ACT

RELATING TO HEALTH; ENACTING THE BEHAVIORAL HEALTH REFORM AND INVESTMENT ACT; REPEALING A SECTION OF THE NMSA 1978.

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

SECTION 1. SHORT TITLE.--This act may be cited as the "Behavioral Health Reform and Investment Act".

SECTION 2. DEFINITIONS.--As used in the Behavioral Health Reform and Investment Act:

A. "behavioral health region" means a geographic area of the state that is designated in accordance with Subsection B of Section 3 of the Behavioral Health Reform and Investment Act and encompasses one or more counties or judicial districts;

B. "behavioral health services" means a comprehensive array of professional and ancillary services for the treatment, rehabilitation, prevention and identification of mental illnesses and substance misuse, including telemedicine;

C. "behavioral health stakeholders" means representatives from the administrative office of the courts, the public defender department, the district attorney's office in the behavioral health region, behavioral health service recipients, behavioral health service providers, behavioral health care advocates, the health care authority,

1 the department of health, the children, youth and families
2 department, the university of New Mexico health sciences
3 center, higher education institutions within behavioral
4 health regions, Indian nations, tribes and pueblos, local and
5 regional governments and other appropriate state or local
6 agencies or nongovernmental entities, including school
7 districts, local and regional law enforcement agencies, local
8 jails or detention centers, behavioral health associations
9 and local behavioral health collaboratives;

10 D. "continuity of care plan" means a plan
11 identifying the interrelationship of available and
12 prospective behavioral health services for recipients to
13 ensure consistent and coordinated services over time;

14 E. "disproportionately impacted community" means a
15 community or population of people for which multiple burdens,
16 including mental, substance misuse and physical stressors,
17 inequity, poverty, limited behavioral health services and
18 high unemployment, may act to persistently and negatively
19 affect the health and well-being of the community or
20 population;

21 F. "generally recognized standards for behavioral
22 health" means standards of care and clinical practice
23 established by evidence-based sources, including clinical
24 practice guidelines and recommendations from mental health
25 and substance misuse care provider professional associations

1 and relevant federal government agencies, that are generally
2 recognized by providers practicing in relevant clinical
3 specialties, including:

- 4 (1) psychiatry;
- 5 (2) psychology;
- 6 (3) social work;
- 7 (4) clinical counseling;
- 8 (5) addiction medicine and counseling;
- 9 (6) family and marriage counseling;
- 10 (7) public health officials; and
- 11 (8) certified peer support workers;

12 G. "regional meeting" means a meeting held by
13 behavioral health stakeholders at a government-owned or
14 -operated facility within a behavioral health region;

15 H. "regional plan" means a plan that is developed
16 collaboratively by behavioral health stakeholders to provide
17 behavioral health services to a behavioral health region; and

18 I. "sequential intercept mapping" means a
19 strategic planning tool that helps communities identify
20 resources and gaps and develop plans to divert people with
21 mental health disorders and substance misuse away from the
22 criminal justice system and into treatment.

23 SECTION 3. BEHAVIORAL HEALTH EXECUTIVE COMMITTEE.--

24 A. The "behavioral health executive committee" is
25 created and shall be composed of:

1 (1) the secretary of health care authority;

2 (2) the director of the behavioral health
3 services division of the health care authority, who shall
4 chair the committee;

5 (3) the director of the medical assistance
6 division of the health care authority;

7 (4) the director of the administrative
8 office of the courts; and

9 (5) three behavioral health experts
10 designated by the director of the administrative office of
11 the courts.

12 B. The behavioral health executive committee
13 shall:

14 (1) designate behavioral health regions;

15 (2) review and approve regional plans;

16 (3) establish funding strategies and
17 structure based on approved regional plans;

18 (4) monitor and track deliverables and
19 expenditures and address deficiencies and implementation
20 issues of regional plans; and

21 (5) establish a project management strategy
22 that shall be led by a project manager at the health care
23 authority.

24 C. The behavioral health executive committee shall
25 convene at least quarterly. Meetings of the committee shall

1 be subject to the Open Meetings Act; provided that executive
2 sessions are permitted when considering confidential or
3 sensitive information.

4 D. The behavioral health executive committee shall
5 report on a quarterly basis to the legislative finance
6 committee on the implementation status of the regional plans.

7 SECTION 4. REGIONAL PLAN--SEQUENTIAL INTERCEPT MAPPING
8 --REPORTING REQUIREMENTS.--

9 A. The administrative office of the courts shall
10 coordinate regional meetings, complete sequential intercept
11 mapping and coordinate the development of regional plans. If
12 behavioral health stakeholders request to participate in the
13 development of a regional plan, the administrative office of
14 the courts shall include those stakeholders in the
15 development of the plan. If requested by the administrative
16 office of the courts, behavioral health stakeholders shall
17 provide support in coordinating regional meetings. The
18 health care authority shall verify that nothing in a proposed
19 regional plan jeopardizes the state medicaid program, and if
20 something in the regional plan does jeopardize the state
21 medicaid program, that section of the regional plan is void.

22 B. A behavioral health stakeholder receiving
23 appropriations pursuant to the Behavioral Health Reform and
24 Investment Act shall participate in regional meetings,
25 provide substantive expertise, develop relevant portions of

1 the regional plans, submit annual reports based on those
2 plans and share relevant data as requested by a legislative
3 interim committee, the administrative office of the courts or
4 the health care authority.

5 C. For fiscal years 2025, 2026, 2027 and 2028, the
6 administrative office of the courts and the health care
7 authority shall collaborate to utilize current data to
8 identify gaps in any existing sequential intercept mapping
9 and supplement the mapping to ensure complete behavioral
10 health coverage prior to regional plan finalization. Nothing
11 in this subsection shall prevent the development of regional
12 plans prior to the finalization of the sequential intercept
13 mapping. Any grant or funding awards are contingent on
14 finalized regional plans; provided that those regional plans
15 shall be updated upon the completion of sequential intercept
16 mapping.

17 D. A regional plan shall:

18 (1) include a phased implementation
19 addressing behavioral health service gaps, including the
20 continuation and expansion of behavioral health services;

21 (2) identify no more than five grants or
22 state-funded priorities per phase; provided that additional
23 priorities can be identified if the health care authority
24 determines that the service gaps in a behavioral health
25 region are large enough to warrant more priorities;

1 (3) identify local resources that may help
2 offset part of the costs associated with each funding
3 priority;

4 (4) provide a time line and performance
5 measures for each funding priority that include a plan for
6 developing data collection and infrastructure, performance
7 measures, feasibility analysis and a sustainability plan;

8 (5) provide a continuity of care plan for
9 the region;

10 (6) consider the need for language access
11 for behavioral health services in the region;

12 (7) when appropriate, establish a plan to
13 obtain federal, local or private resources to advance a
14 regional priority;

15 (8) identify a capable and accountable entity
16 to execute regional plans; provided that different entities
17 may be accountable for each identified regional funding
18 priority;

19 (9) include an appendix with a list of all
20 behavioral service providers in the behavioral health region;
21 and

22 (10) identify how regional plans will
23 optimize, leverage or reinforce coordination with the state
24 medicaid program as the primary payor of behavioral health
25 services.

1 E. The administrative office of the courts shall
2 distribute each regional plan to the legislature and the
3 appropriate state agencies.

4 F. The health care authority, in consultation with
5 the legislative finance committee and the legislative health
6 and human services committee, shall determine baseline data
7 collection points to be collected and reported in all reports
8 subject to Subsection G of this section.

9 G. Beginning no later than June 30, 2027 and by
10 every June 30 thereafter, the behavioral health executive
11 committee shall designate a government entity within each
12 behavioral health region to provide a written report to the
13 legislature and the judicial and executive branches of
14 government that includes:

15 (1) the status of the implementation of each
16 regional plan and sequential intercept mapping;

17 (2) available data on performance measures
18 included in each regional plan;

19 (3) public feedback on the implementation of
20 each regional plan;

21 (4) uniform responses to data requests made
22 by a legislative committee, the administrative office of the
23 courts or an executive agency;

24 (5) a list of qualified and certified
25 behavioral health service providers in each region that

1 provide services described in the Behavioral Health Reform
2 and Investment Act; and

3 (6) recommendations on successes, gaps and
4 needs to better provide behavioral health care services.

5 H. Starting May 1, 2025, and continuing through
6 December 31, 2025, the administrative office of the courts
7 shall provide the appropriate interim legislative committees
8 and the health care authority a monthly update on the status
9 of sequential intercept mapping and regional planning. After
10 January 1, 2026, the administrative office of the courts
11 shall provide quarterly updates on the status of sequential
12 intercept mapping and regional planning to the legislature
13 and the health care authority. The behavioral health
14 executive committee shall provide the legislature quarterly
15 updates on the implementation of regional plans starting when
16 the regional plans begin to be implemented.

17 I. Higher education institutions within behavioral
18 health regions shall coordinate with the health care
19 authority, the workforce solutions department and other
20 behavioral health stakeholders to create a behavioral health
21 workforce pipeline for the behavioral health services
22 identified within regional plans. A behavioral health
23 workforce pipeline may include:

24 (1) pathways for people with lived
25 experience to enter the behavioral health workforce;

1 (2) in-state and national recruitment of
2 behavioral health professionals;

3 (3) increased awareness of behavioral health
4 careers within middle and high schools in the region;

5 (4) optimization of state funding to enhance
6 or create behavioral health educational opportunities within
7 the behavioral health region; and

8 (5) making recommendations to the
9 legislature to better address the behavioral health workforce
10 needs of the region.

11 J. As New Mexico's single state authority, the
12 behavioral health services division of the health care
13 authority shall continue to oversee the adult behavioral
14 health system, including programming and rulemaking. Nothing
15 in the Behavioral Health Reform and Investment Act shall be
16 interpreted to imply anything to the contrary. The health
17 care authority remains the primary designated federal entity
18 for the state medicaid program.

19 SECTION 5. BEHAVIORAL HEALTH SERVICE STANDARDS.--

20 A. By June 1, 2025, the health care authority, in
21 consultation with other state agencies that have behavioral
22 health programs, shall provide the administrative office of
23 the courts with an initial set of generally recognized
24 standards for behavioral health services for adoption and
25 implementation in regional plans and any behavioral health

1 service access priorities or gaps in the regions. The
2 standards may be amended or updated to ensure that best
3 practices of behavioral health services are delivered. The
4 health care authority shall confirm whether or not each
5 regional plan meets the behavioral health standards as set
6 forth in the Behavioral Health Reform and Investment Act.

7 B. By June 1, 2025, the legislative finance
8 committee and the health care authority shall provide the
9 administrative office of the courts an initial set of
10 evaluation guidelines for behavioral health services for
11 adoption and implementation of regional plans. The
12 evaluation guidelines shall include methods for evaluating
13 the effectiveness of promising practices and behavioral
14 health services not identified in Subsection A of this
15 section. A promising practice is a program that has shown
16 potential to improve outcomes or increase efficiency and is
17 worthy of further study through a pilot implementation. The
18 guidelines may be amended or updated at the request of the
19 legislative finance committee or the legislative health and
20 human services committee. The health care authority, in
21 consultation with the legislative finance committee, shall
22 confirm whether or not each behavioral health service in a
23 regional plan meets the evaluation guidelines as set forth in
24 the Behavioral Health Reform and Investment Act.

25 SECTION 6. BEHAVIORAL HEALTH INVESTMENTS.--

1 A. Money appropriated to carry out the provisions
2 of the Behavioral Health Reform and Investment Act:

3 (1) shall be used to address priorities and
4 funding gaps identified in the regional plans;

5 (2) shall be equitably distributed for all
6 eligible priorities identified in each regional plan and
7 shall prioritize funding behavioral health services for
8 disproportionately impacted communities;

9 (3) may be used to fund grants not more than
10 four years in length that require annual reports to evaluate
11 the effectiveness of behavioral health services delivered;

12 (4) may be used to fund grants to cover
13 costs of providing non-acute care behavioral health services
14 to indigent and uninsured persons; and

15 (5) may be used to provide advance
16 disbursement of up to five percent for emergencies or
17 unforeseen circumstances that could adversely impact the
18 contracted behavioral health services within the regional
19 plan should funding not be made available or accessible.

20 B. A behavioral health region may request to
21 repurpose any unexpended balance of a grant subject to the
22 Behavioral Health Reform and Investment Act to another
23 identified funding priority within that region, and the
24 health care authority shall approve that request if:

25 (1) no report is provided by the grant

1 recipient as required by Section 4 of that act;

2 (2) the grant purpose is not meeting
3 performance measures identified in the regional plan; or

4 (3) the audit or evaluation required by
5 Section 10 of that act finds the initial grant purpose to
6 have been implemented ineffectively.

7 SECTION 7. UNIVERSAL BEHAVIORAL HEALTH CREDENTIALING
8 PROCESS.--No later than June 30, 2027, the health care
9 authority shall establish a universal behavioral health
10 service provider enrollment and credentialing process for
11 medicaid to reduce the administrative burden on behavioral
12 health service providers. No later than December 31, 2025,
13 the health care authority, in consultation with the
14 legislative finance committee and the legislative health and
15 human services committee, shall establish a working group of
16 health care licensing boards to streamline the process to
17 verify behavioral health licensing and improve the overall
18 behavioral health licensing process. The working group shall
19 provide the legislature with statutory recommendations if
20 needed.

21 SECTION 8. BEHAVIORAL HEALTH SERVICES--LIMITATIONS.--
22 The health care authority shall promulgate rules outlining
23 the benefits and structure related to behavioral health
24 services. Any limitation on the number of new behavioral
25 health recipients that a behavioral health service provider

1 serves and is paid for shall be consistent with standards of
2 care for the behavioral health services provided to patients.

3 SECTION 9. 988 AND 911 COORDINATION.--The state
4 agencies that manage the 988 behavioral health emergency
5 system and the 911 emergency system shall ensure the
6 interoperability and bidirectionality of those systems to
7 improve crisis and emergency response.

8 SECTION 10. BEHAVIORAL HEALTH AUDIT AND EVALUATION
9 REQUIREMENTS.--

10 A. The health care authority shall regularly
11 monitor and audit contracts and grantees subject to the
12 Behavioral Health Reform and Investment Act to ensure that
13 behavioral health service quality standards are met and to
14 ensure financial and programmatic compliance during the
15 duration of an active regional plan. The health care
16 authority shall complete a statewide gap analysis of adult
17 behavioral health services every two fiscal years, beginning
18 on July 1, 2027, that shall be used to inform regional plans
19 and sequential intercept mapping. Any data requests made by
20 the health care authority to a local government body related
21 to the local government body's behavioral health programs,
22 including financial information, shall be provided within
23 thirty days of the written request and shall be shared with
24 the administrative office of the courts and the legislative
25 finance committee. The health care authority shall review

1 regional plans for reasonableness of budget and service
2 delivery to optimize infrastructure and behavioral health
3 services throughout the state.

4 B. The legislative finance committee, in
5 consultation with the health care authority, shall conduct or
6 contract for program evaluations and reviews of the
7 sufficiency of regional plans' program design and
8 implementation plans to ensure that they can meet the stated
9 objectives, including:

10 (1) review and assessment of the sufficiency
11 of the regional plan, time lines and resources;

12 (2) review of the adequacy of functional,
13 technical and operational requirements, capabilities and
14 resources;

15 (3) identification of gaps and deficiencies
16 in the regional plan; and

17 (4) review of the sufficiency of staff,
18 other resources and partnerships.

19 C. During implementation of the Behavioral Health
20 Reform and Investment Act, the legislative finance committee
21 or a contractor retained by the legislative finance committee
22 shall report on the following services and progress to the
23 appropriate interim legislative committees, administrative
24 office of the courts and the health care authority:

25 (1) ongoing, real-time review of project

1 progress and deliverables;

2 (2) ongoing, real-time review of gaps,
3 resources and deficiencies; and

4 (3) ongoing verification of critical
5 features, operations and program viability of grantees
6 subject to that act.

7 SECTION 11. REPEAL.--Section 24A-3-1 NMSA 1978
8 (being Laws 2004, Chapter 46, Section 8, as amended) is
9 repealed.

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