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SENATE BILL 628

45TH LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2001

INTRODUCED BY

Ben D. Altamirano

AN ACT

**RELATING TO SUBSTANCE ABUSE; PROVIDING FOR TREATMENT,
PREVENTION AND INTERVENTION EXPANSION; MAKING APPROPRIATIONS.**

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

Section 1. TEMPORARY PROVISION--SUBSTANCE ABUSE

TREATMENT EXPANSION. --

A. The department of health shall:

**(1) develop and implement regionally
coordinated addiction intervention services for addicted
persons who voluntarily seek treatment and their families;
coordinate the level of care to meet their treatment needs and
follow addicted persons coming out of the justice system or
who are referred by the justice system as an alternative to
criminal penalties;**

(2) increase substance abuse treatment

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1 capacity and assist regions in developing treatment
2 infrastructure to provide regional and local access to a full
3 range of services to make effective treatment available on
4 request; provided that this shall be accomplished by a
5 phased-in plan over a three-year period, with phase one
6 implementation in fiscal year 2002, to address regional
7 disparities in service availability and increase client
8 capacity in proportion to funding appropriations each year;

9 (3) expand capacity of regionally coordinated
10 comprehensive integrated treatment services that represent
11 effective, science-based, state-of-the-art practices in
12 substance abuse treatment and that provide for the full
13 continuum of graduated treatment options and levels of care as
14 defined by the American society of addiction medicine.

15 Clients shall be clinically assessed through standardized
16 assessments to determine the most appropriate level of care
17 for their level of acuity. Services are to include both
18 clinical and pharmacological treatment interventions and
19 provide for regionally based treatment continua;

20 (4) provide substance abuse treatment
21 services to adults requesting treatment and their families,
22 within appropriated funding limitations. The department shall
23 adopt financial eligibility criteria and a sliding fee
24 schedule for those who require treatment services based on
25 clinical assessment and who are financially in need, are

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1 uninsured for substance abuse treatment services or who do not
2 meet priority poverty levels. The department shall assist
3 persons eligible for medicaid or other insurance coverage of
4 substance abuse treatment services in accessing provider
5 benefits;

6 (5) in collaboration with the corrections
7 department, provide substance abuse treatment and community
8 reintegration programs and services to persons under probation
9 and parole supervision through the regionally coordinated
10 treatment system and community corrections as appropriate to
11 client needs and service locality, within appropriated funding
12 limitations, to establish referral protocols and enhance
13 community-based systems for this population through service
14 system integration between the corrections department and the
15 department of health;

16 (6) develop and implement harm reduction
17 initiatives that reduce death and mortality from drug
18 addiction and improve the quality of life of addicted persons,
19 including opiate maintenance therapy in jails and prisons and
20 expansion of methadone maintenance and other pharmacological
21 therapies, to provide greater statewide access to persons
22 addicted to drugs;

23 (7) in partnership with foundations,
24 educational institutions and the private sector, develop and
25 implement research programs that develop science-based models

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1 of treatment and harm reduction services that will advance the
2 practice of addiction medicine and practice;

3 (8) expand and enhance the quality of
4 services and the capacity of the regionally coordinated
5 addiction treatment provider system through the development of
6 an addiction medicine consultation network incorporating use
7 of telemedicine to provide access to addiction psychiatry
8 specialists by rural providers serving persons with dually
9 diagnosed addiction and mental illness disorders;

10 (9) with its regionally coordinated substance
11 abuse treatment system, provide services that meet the highest
12 standards of addiction medicine practice and provide training
13 to develop that capacity in the provider system;

14 (10) conduct a statewide, regionally based
15 needs assessment in cooperation with the behavioral health
16 advisory board located in each region, community corrections
17 advisory boards and committees and the public and citizens of
18 each region during fiscal year 2002 to identify service gaps
19 and capacity needs in each region of the state; and develop a
20 plan of phased-in funding of the service delivery system to
21 achieve the goal of substance abuse treatment on request with
22 a full range of graduated treatment options in each of the
23 state's five regions. The plan shall address the necessary
24 percentage of funding required each year, beginning with
25 fiscal year 2003, to achieve appropriate infrastructure and

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1 service capacity expansion to meet the needs for the state;
2 and

3 (11) expand statewide science-based substance
4 abuse prevention programs for youth.

5 B. The department of health and its regional
6 provider system shall coordinate with other state and local
7 service agencies, such as the human services department, to
8 seek temporary assistance for needy families and medicaid as
9 appropriate to client need, pursuant to the New Mexico Works
10 Act.

11 C. The department of health, in collaboration with
12 the corrections department, shall establish referral protocols
13 for regionally coordinated treatment services for persons
14 leaving corrections programs and requiring continuing
15 substance abuse treatment.

16 D. For the purpose of providing substance abuse
17 treatment and community reintegration programs, minimizing
18 repeat offenses and prison time served, the corrections
19 department, in consultation with the department of health,
20 shall implement a residential evaluation and treatment center
21 to be considered as an alternative correctional sanction and
22 sentencing alternatives at an existing corrections department
23 prison facility for selected nonviolent prisoners and parole
24 violators. The corrections department shall incorporate
25 substance abuse treatment with community reintegration

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1 programs as an alternative to prison for selected offenders
2 with pretrial, probation, parole or technical parole violation
3 status. The purposes of the programs are to identify and
4 effectively trace substance abusers in the criminal justice
5 system and to provide effective community reintegration
6 programs designed to minimize the potential for repeat
7 offenses and prison time served.

8 E. The corrections department, in consultation
9 with the department of health, shall provide residential
10 treatment programs for selected females released and paroled
11 from prison who are diagnosed with a mental illness and
12 substance abuse problems to prepare them for reintegration
13 into community living.

14 F. The corrections department, in consultation
15 with the department of health, shall provide for a residential
16 treatment program for selected females released or paroled
17 from prison and their minor children under the age of eleven
18 years, to provide a continuum of addiction services care and
19 effective family functional development for reintegration into
20 community living.

21 Section 2. APPROPRIATIONS. --

22 A. Five million dollars (\$5,000,000) is
23 appropriated from the tobacco settlement program fund to the
24 department of health behavioral health treatment program for
25 expenditure in fiscal year 2002 to expand and implement

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1 regionally based substance abuse intervention, treatment and
2 harm reduction initiatives. The department of health may use
3 the appropriation to match any federal funding available for
4 this purpose. Any unexpended or unencumbered balance
5 remaining at the end of fiscal year 2002 shall revert to the
6 tobacco settlement program fund.

7 B. One million dollars (\$1,000,000) is
8 appropriated from the tobacco settlement program fund to the
9 department of health for expenditure in fiscal year 2002 to
10 provide coordinated substance abuse and treatment services and
11 community reintegration programs, collaboratively planned with
12 the corrections department, for persons under supervision and
13 parole of the corrections department. Any unexpended or
14 unencumbered balance remaining at the end of fiscal year 2002
15 shall revert to the tobacco settlement program fund.

16 C. One million eight hundred thousand dollars
17 (\$1,800,000) is appropriated from the tobacco settlement
18 program fund to the department of health for expenditure in
19 fiscal year 2002 to expand statewide science-based substance
20 abuse prevention programs for youth. Any unexpended or
21 unencumbered balance remaining at the end of fiscal year 2002
22 shall revert to the tobacco settlement program fund.

23 D. Two million dollars (\$2,000,000) is
24 appropriated from the tobacco settlement program fund to the
25 corrections department for expenditure in fiscal year 2002 for

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1 substance abuse treatment to include the following, and any
2 unexpended or unencumbered balance remaining at the end of
3 fiscal year 2002 shall revert to the tobacco settlement
4 program fund:

5 (1) five hundred thousand dollars (\$500,000)
6 to implement a residential evaluation and treatment center at
7 an existing corrections department prison as an alternative
8 correctional sanction sentencing alternative for selected
9 nonviolent prisoners and parole violators;

10 (2) five hundred thousand dollars (\$500,000)
11 to provide residential treatment for females released from
12 prison who are dually diagnosed with mental illness and
13 substance abuse to transition and reintegrate them into the
14 community; and

15 (3) one million dollars (\$1,000,000) to
16 provide residential treatment and family and community
17 reintegration services for the women living with their
18 children and for female offenders who are paroled or released
19 with substance abuse problems and their children under eleven
20 years of age.