

1 SENATE BILL 495

2 **54TH LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2019**

3 INTRODUCED BY

4 Gerald Ortiz y Pino

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10 AN ACT

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

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

17 SECTION 1. Section 9-7-6.4 NMSA 1978 (being Laws 2004,
18 Chapter 46, Section 8, as amended) is amended to read:

19 "9-7-6.4. INTERAGENCY BEHAVIORAL HEALTH PURCHASING
20 COLLABORATIVE.--

21 A. There is created the "interagency behavioral
22 health purchasing collaborative", consisting of:

23 (1) the secretaries, or their designees, of
24 aging and long-term services; Indian affairs; human services;
25 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 following members, appointed by the
12 governor:

13 (a) the governor's health policy
14 coordinator, or ~~[their designees]~~ the coordinator's designee;

15 (b) a representative of a nonprofit New
16 Mexico behavioral health provider association;

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

20 (d) a representative of a nonprofit,
21 nonpartisan professional association of New Mexico county
22 officials and employees.

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

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1 co-chairs.

2 ~~[B-]~~ C. The collaborative shall meet regularly and
3 at the call of either co-chair and shall:

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

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

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

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

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

22 ~~[G-]~~ D. The plan for delivery of behavioral health
23 services shall include specific service plans to address the
24 needs of infants, children, adolescents, adults and seniors, as
25 well as to address workforce development and retention and

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1 quality improvement issues. The plan shall be revised every
2 two years and shall be adopted by the department of health as
3 part of the statewide health plan.

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

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

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

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

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

20 (5) services should be coordinated,
21 accessible, accountable and of high quality;

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

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

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1 (8) services should include behavioral health
2 promotion, prevention, early intervention, treatment and
3 community support; and

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

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

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

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

- 19 (a) quality management and improvement;
- 20 (b) performance measures;
- 21 (c) accessibility and availability of
22 services;
- 23 (d) utilization management;
- 24 (e) credentialing of providers;
- 25 (f) rights and responsibilities of

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1 consumers and providers;

2 (g) clinical evaluation and treatment
3 and supporting documentation; and

4 (h) confidentiality of consumer records;
5 and

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

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

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

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1 ~~[F.]~~ J. The collaborative shall provide a quarterly
2 report to the legislative finance committee on performance
3 outcome measures. The collaborative shall submit an annual
4 report to the legislative finance committee and the interim
5 legislative health and human services committee that provides
6 information on:

7 (1) the collaborative's progress toward
8 achieving its strategic plans and goals;

9 (2) the collaborative's performance
10 information, including contractors and providers; and

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

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