

1 SENATE BILL 86

2 **54TH LEGISLATURE - STATE OF NEW MEXICO - SECOND SESSION, 2020**

3 INTRODUCED BY

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10 AN ACT

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

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

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

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

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

24 (1) the secretaries, or their designees, of
25 aging and long-term services; Indian affairs; human services;

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1 health; corrections; children, youth and families; finance and
2 administration; workforce solutions; public education; and
3 transportation;

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

10 (3) the New Mexico health policy commission;
11 ~~[and]~~

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

14 (5) a representative of the behavioral health
15 providers' association of New Mexico;

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

18 (7) a representative of New Mexico counties;

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

22 (9) a public member who receives behavioral
23 health services, appointed by the president pro tempore of the
24 senate.

25 B. The collaborative shall be chaired by the

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1 secretary of human services with the respective secretaries of
2 health and children, youth and families alternating annually as
3 co-chairs.

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

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

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

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

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

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

24 ~~[G.]~~ D. The plan for delivery of behavioral health
25 services shall include specific service plans to address the

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1 needs of infants, children, adolescents, adults and seniors, as
2 well as to address workforce development and retention and
3 quality improvement issues. The plan shall be revised every
4 two years and shall be adopted by the department of health as
5 part of the statewide health plan.

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

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

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

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

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

22 (5) services should be coordinated,
23 accessible, accountable and of high quality;

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

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

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

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

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

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

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

- 21 (a) quality management and improvement;
- 22 (b) performance measures;
- 23 (c) accessibility and availability of
24 services;
- 25 (d) utilization management;

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- 1 (e) credentialing of providers;
2 (f) rights and responsibilities of
3 consumers and providers;
4 (g) clinical evaluation and treatment
5 and supporting documentation; and
6 (h) confidentiality of consumer records;
7 and

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

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

23 [~~H.~~] I. The collaborative shall, with the consent
24 of the governor, appoint a "director of the collaborative".
25 The director is responsible for the coordination of day-to-day

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1 activities of the collaborative, including the coordination of
2 staff from the collaborative member agencies.

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

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

11 (2) the collaborative's performance
12 information, including contractors and providers; and

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

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