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SENATE BILL

55TH LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2021

INTRODUCED BY

Bill B. O'Neill

AN ACT

RELATING TO MENTAL HEALTH CARE; ENACTING THE SUICIDE PREVENTION, RESPONSE AND TREATMENT ACT; PROVIDING STANDARDS FOR TREATMENT; PROVIDING GUIDELINES FOR SUICIDE RISK ASSESSMENTS; REQUIRING SUICIDE PREVENTION TRAINING FOR FACILITIES; PROVIDING GUIDELINES FOR TREATMENT OF AT-RISK PATIENTS IN EMERGENCY CARE; REQUIRING SUICIDE STABILIZATION TRAINING FOR POLICE OFFICERS; PRESCRIBING PUBLIC SAFETY ANSWERING POINT PROCEDURES; CREATING A SUICIDE RESPONSE COORDINATOR; PROVIDING FOR ADMINISTRATION OF THE PROGRAM BY THE DEPARTMENT OF HEALTH; PROVIDING FOR PENALTIES.

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

SECTION 1. [NEW MATERIAL] SHORT TITLE.--This act may be cited as the "Suicide Prevention, Response and Treatment Act".

SECTION 2. [NEW MATERIAL] DEFINITIONS.--As used in the

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1 Suicide Prevention, Response and Treatment Act:

2 A. "at-risk patient" means a patient who has
3 attempted suicide or who has suicidal ideations, behaviors or
4 tendencies as indicated by a formal suicide risk assessment;

5 B. "care transition" means the transfer or
6 transition of an at-risk patient from one health care provider
7 or behavioral health care provider to another;

8 C. "department" means the department of health;

9 D. "outpatient treatment facility" means a
10 nonresidential, community-based mental health facility licensed
11 by the department, including a suicide treatment center;

12 E. "person who is or may be suicidal" means a
13 person who is experiencing a mental health crisis, is
14 experiencing or expressing suicidal ideations or tendencies or
15 is undertaking or contemplating suicidal actions but who has
16 not yet received a formal suicide risk assessment;

17 F. "psychiatric facility" means an inpatient
18 residential facility, including a psychiatric hospital, a
19 psychiatric unit of a county hospital, a short-term care
20 facility, a special psychiatric hospital or the psychiatric
21 unit of a general hospital or of another health care facility
22 licensed by the department;

23 G. "rapid referral" means the taking of appropriate
24 steps:

25 (1) by a psychiatric facility, prior to an at-

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1 risk patient's discharge from inpatient care, to facilitate the
2 at-risk patient's immediate access to an appropriate outpatient
3 treatment facility appointment as soon as is practicable or
4 within forty-eight hours after discharge; or

5 (2) by an outpatient treatment facility to
6 facilitate an at-risk patient's immediate access to an
7 appointment with another outpatient treatment facility or a
8 psychiatric facility as soon as is practicable within forty-
9 eight hours after referral;

10 H. "suicide prevention counselor" means a licensed
11 psychiatrist, licensed clinical psychologist, other licensed
12 mental health professional or qualified crisis counselor who
13 has specialized certification or has completed specialized
14 training in the standardized assessment of suicide risk and
15 suicide prevention counseling to at-risk patients;

16 I. "supportive contacts" means communications
17 through postcards, letters, email messages, text messages,
18 phone calls or the undertaking of home visits either by an at-
19 risk patient's mental health care professional or suicide
20 prevention counselor or by an outside organization coordinating
21 with an at-risk patient's psychiatric facility or outpatient
22 treatment facility; and

23 J. "warm hand-off" means a care transition that:

24 (1) connects an at-risk patient with a new
25 health care provider or interim contact, such as a crisis

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1 center worker or peer specialist, before the at-risk patient's
2 first appointment with the new health care provider; or

3 (2) connects a patient directly with a
4 licensed practitioner trained in mental health screening for
5 the purposes of determining whether involuntary commitment to a
6 psychiatric facility is warranted pursuant to the Mental Health
7 and Developmental Disabilities Code.

8 SECTION 3. [NEW MATERIAL] TREATMENT OF AN AT-RISK PATIENT
9 UNDER THE CARE OF A PSYCHIATRIC FACILITY OR AN OUTPATIENT
10 TREATMENT FACILITY.--

11 A. A suicide prevention counselor employed by a
12 psychiatric facility shall:

13 (1) assess each patient's level of suicide
14 risk, as provided for in Section 4 of the Suicide Prevention,
15 Response and Treatment Act;

16 (2) provide immediate suicide prevention
17 counseling to each patient deemed to be at risk of suicide; and

18 (3) provide ongoing suicide prevention
19 counseling to each at-risk patient on a daily basis or on a
20 frequency proportionate to a patient's suicide risk assessment
21 for the duration of inpatient care or until a patient is deemed
22 to be no longer at risk.

23 B. A suicide prevention counselor employed by an
24 outpatient treatment facility shall:

25 (1) assess each patient's level of suicide

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1 risk as provided for in Section 4 of the Suicide Prevention,
2 Response and Treatment Act;

3 (2) provide immediate, individualized, one-on-
4 one suicide prevention counseling to each patient deemed to be
5 at risk of suicide;

6 (3) provide a warm hand-off of the patient to
7 a licensed practitioner trained in mental health screening to
8 determine whether an involuntary commitment to a psychiatric
9 facility is warranted; and

10 (4) counsel each at-risk patient for whom
11 involuntary commitment to a psychiatric facility is not
12 warranted in a manner and frequency that is proportionate to
13 the at-risk patient's suicide risk assessment.

14 C. To conduct suicide risk assessments and provide
15 counseling to at-risk patients:

16 (1) a psychiatric facility shall ensure that a
17 sufficient number of suicide prevention counselors are
18 available and onsite twenty-four hours a day as provided
19 pursuant to rules prescribed by the department; and

20 (2) an outpatient treatment facility shall
21 ensure that a sufficient number of suicide prevention
22 counselors are available and onsite during all hours of
23 operation as provided pursuant to rules prescribed by the
24 department.

25 D. A psychiatric facility and an outpatient

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1 treatment facility shall establish policies and protocols to
2 provide for the discharge and transition of at-risk patients
3 from care, using warm hand-offs, rapid referrals and supportive
4 contacts.

5 E. An outpatient treatment facility shall adopt
6 policies and protocols providing for the warm hand-off of an
7 at-risk patient to a psychiatric facility or to a licensed
8 practitioner trained in mental health screening.

9 F. A psychiatric facility or outpatient treatment
10 facility may enter into contracts or memoranda of understanding
11 with outside organizations, including local crisis centers and
12 other psychiatric facilities and outpatient treatment
13 facilities, to facilitate the care transition of at-risk
14 patients.

15 G. In no case shall a staff member of a psychiatric
16 facility or of an outpatient treatment facility:

17 (1) discharge an at-risk patient into a
18 homeless situation; or

19 (2) arrange an at-risk patient's arrest or
20 incarceration in a jail or prison unless the at-risk patient
21 poses an otherwise uncontrollable risk to others or failure to
22 do so would violate a law of New Mexico.

23 SECTION 4. [NEW MATERIAL] SUICIDE RISK ASSESSMENT.--

24 A. A suicide risk assessment shall be conducted:

25 (1) immediately upon a patient's admission to

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1 a psychiatric facility or upon a patient's first clinical
2 encounter with an outpatient treatment facility;

3 (2) when there is reason for attending staff
4 at a psychiatric facility or outpatient treatment facility to
5 believe that a patient is developing new suicidal ideation,
6 behaviors or tendencies;

7 (3) within three days prior to the discharge
8 of a non-suicidal patient from inpatient care;

9 (4) when a suicide prevention counselor is
10 called to assess a patient in a hospital emergency department
11 pursuant to Section 5 of the Suicide Prevention, Response and
12 Treatment Act; and

13 (5) when a suicide prevention counselor is
14 dispatched pursuant to Section 9 of the Suicide Prevention,
15 Response and Treatment Act to assess a person at an emergency
16 scene.

17 B. A suicide risk assessment shall be performed
18 using standardized tools, methodologies or frameworks and shall
19 be based on:

20 (1) data obtained from the patient by the
21 attending clinician, assigned suicide prevention counselors and
22 other facility staff having direct contact with the patient;
23 and

24 (2) data on a patient's past and present
25 suicidal ideation and behavior, obtained with a patient's

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1 consent, from outside treatment professionals, caseworkers,
2 caregivers, family members, guardians and other persons.

3 C. The suicide risk assessment shall include an
4 evaluation of the patient's current housing status, existing
5 support systems and close relationships and shall indicate
6 whether there is any evidence that the patient is being
7 subjected to abuse, neglect, exploitation or undue influence by
8 family members, caregivers or other persons.

9 D. Counseling and treatment provided to address an
10 at-risk patient's suicidal ideations, behaviors or tendencies
11 shall be supplemental to treatment that is received by a
12 patient for that patient's other mental health issues, if any.

13 E. The results of a patient's suicide risk
14 assessment and notes regarding the progress of suicide
15 prevention counseling shall be documented in the patient's
16 health record.

17 SECTION 5. [NEW MATERIAL] TREATMENT OF AT-RISK PATIENTS
18 IN EMERGENCY CARE.--

19 A. A physician providing care in a hospital's
20 emergency department who has reason to believe that a patient
21 under the physician's care is suicidal shall, as soon as is
22 practicable after the patient is stabilized, ensure that the
23 patient is met in the emergency room by a suicide prevention
24 counselor from the hospital's psychiatric ward, who shall:

25 (1) perform an on-site suicide risk

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1 assessment;

2 (2) immediately provide the patient with
3 counseling, commensurate with the results of the suicide risk
4 assessment, prior to the patient's discharge from the emergency
5 room; and

6 (3) immediately route a patient who is or may
7 be suicidal to appropriate treatment facilities, programs and
8 services through the use of warm hand-offs and supportive
9 contacts as deemed by the suicide prevention counselor to be
10 appropriate based on the results of the on-site suicide risk
11 assessment.

12 B. If a suicide prevention counselor concludes that
13 inpatient psychiatric treatment is necessary to address an at-
14 risk patient's risks, the suicide prevention counselor shall
15 recommend, and the attending emergency room physician shall
16 effectuate, the patient's voluntary admission and warm hand-off
17 to the hospital's psychiatric facility immediately following
18 the completion of the patient's emergency care.

19 C. If a patient refuses to be admitted to the
20 hospital's psychiatric facility, the attending emergency room
21 physician shall effectuate the warm hand-off of the patient to
22 a licensed practitioner trained in mental health screening to
23 determine whether involuntary commitment to a psychiatric
24 facility is necessary.

25 SECTION 6. [NEW MATERIAL] COMMUNICATION WITH AT-RISK

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1 PATIENTS--TRAINING.--

2 A. A suicide prevention counselor or other staff
3 member employed by a psychiatric facility or outpatient
4 treatment facility and health care professionals, when
5 interacting with an at-risk patient, shall:

6 (1) treat the at-risk patient with the same
7 dignity and respect that is shown to other patients;

8 (2) behave in a manner that reflects empathy,
9 compassion and an understanding of the at-risk patient;

10 (3) encourage the at-risk patient to use all
11 available services and resources to empower the patient to
12 choose alternatives that address suicide risk;

13 (4) refrain from activities or communication
14 methods that may result in the increased trauma of the at-risk
15 patient;

16 (5) not engage in the psychological testing of
17 the at-risk patient if the at-risk patient is in crisis or has
18 recently recovered from a crisis situation except for
19 performing a suicide risk assessment; and

20 (6) not engage in behavior that discriminates
21 against or stigmatizes the at-risk patient.

22 B. Psychiatric facilities and outpatient treatment
23 facilities shall administer and require staff to complete two
24 training sessions each year, addressing:

25 (1) the fundamentals of the facility's suicide

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1 prevention policies and protocols;

2 (2) suicide care policies and protocols that
3 are relevant to each staff member's role and responsibilities;

4 (3) the signs and symptoms that can be used by
5 both clinical and non-clinical staff to identify existing
6 patients who may be developing new suicidal ideations,
7 behaviors or tendencies;

8 (4) methods and principles to be used in
9 discharge and care transition of at-risk patients; and

10 (5) methods for respectful treatment of and
11 effective communication with at-risk patients.

12 SECTION 7. [NEW MATERIAL] INSURANCE COVERAGE.--Each
13 individual and group health insurance policy, health care plan
14 and certificate of health insurance delivered or issued for
15 delivery in this state shall provide coverage for costs
16 associated with the suicide risk assessments that are performed
17 and the suicide prevention counseling services that are
18 rendered pursuant to the Suicide Prevention, Response and
19 Treatment Act.

20 SECTION 8. [NEW MATERIAL] LAW ENFORCEMENT--SUICIDE
21 RESPONSE TRAINING REQUIRED.--

22 A. The New Mexico law enforcement academy, in
23 coordination with the department, shall provide or approve
24 training for police officers that shall consist of two hours of
25 in-service training on the appropriate response to emergencies

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1 that involve a person who is or may be suicidal.

2 B. The in-service training course required pursuant
3 to this section shall:

4 (1) include instruction on:

5 (a) calm, gentle and respectful
6 interactions with a person who is or may be suicidal;

7 (b) avoidance of the use of unnecessary
8 force;

9 (c) verbal methods of communication and
10 other nonviolent means to stabilize an emergency involving a
11 person who is or may be suicidal; and

12 (d) specific techniques, means and
13 methods, consistent with the principles identified under this
14 subsection to facilitate law enforcement officer interactions
15 with a person who is or may be suicidal; and

16 (2) require training program participants to
17 engage in simulated role-playing scenarios to demonstrate the
18 participants' ability to effectively interact with and
19 stabilize a person who is or may be suicidal.

20 C. Each instructor who is assigned to teach the in-
21 service courses required by this section shall have received at
22 least forty hours of training in mental health crisis
23 intervention from a nationally recognized organization that
24 educates law enforcement officers in the use of appropriate
25 emergency response methods.

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1 SECTION 9. [NEW MATERIAL] SUICIDE RESPONSE COORDINATORS--
2 APPOINTMENT.--

3 A. The injury prevention and emergency medical
4 services bureau of the public health division of the department
5 shall appoint a suicide prevention response coordinator in each
6 county to dispatch suicide prevention counselors to emergency
7 scenes involving a person who is or may be suicidal.

8 B. A suicide prevention response coordinator
9 appointed pursuant to this section shall compile and maintain a
10 list of qualified suicide prevention counselors in the county
11 in which the coordinator is located.

12 C. A suicide prevention counselor dispatched to an
13 emergency scene pursuant to this section shall:

14 (1) provide assistance to the law enforcement
15 officer at the emergency scene as may be necessary to
16 facilitate the nonviolent stabilization of the emergency
17 situation;

18 (2) perform an on-site suicide risk assessment
19 of a person who is or may be suicidal, pursuant to Section 4 of
20 the Suicide Prevention, Response and Treatment Act;

21 (3) direct a person who is or may be suicidal
22 to appropriate treatment facilities, programs and services
23 through the use of warm hand-offs and supportive contacts as
24 based on the results of the onsite suicide risk assessment;

25 (4) facilitate admission of a person who is or

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1 may be suicidal to an inpatient treatment center or warm hand-
2 off to a psychiatric facility if the suicide prevention
3 counselor believes that person poses harm to the person's own
4 self; or

5 (5) facilitate the warm hand-off of a person
6 who is or may be suicidal to a licensed mental health screening
7 service provider to determine whether involuntary commitment is
8 necessary if that person refuses to be admitted to a
9 psychiatric facility.

10 D. The department shall:

11 (1) establish the necessary qualifications for
12 a person to be appointed as a county suicide prevention
13 response coordinator pursuant to this section; and

14 (2) establish guidelines and protocols to be
15 used by each county suicide prevention response coordinator in:

16 (a) compiling a list of qualified and
17 locally available suicide prevention counselors pursuant to
18 Subsection B of this section; and

19 (b) coordinating dispatch of at least
20 one suicide prevention counselor to each emergency scene
21 involving a person in crisis who is or may be suicidal.

22 SECTION 10. [NEW MATERIAL] PUBLIC SAFETY ACCESS POINT--
23 PROCEDURES.--

24 A. When a public safety access point staff
25 determines that a request for emergency services involves a

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1 person who is or may be suicidal, the staff shall:

2 (1) notify the county suicide prevention
3 response coordinator that the call involves a person who is or
4 may be suicidal if the public safety access point serves as the
5 dispatch point for the emergency call; or

6 (2) notify the dispatching entity that the
7 request for emergency services involves a person who is or may
8 be suicidal if the public safety access point does not serve as
9 the dispatch point for the emergency call.

10 B. Any dispatching entity notified pursuant to
11 Subsection A of this section shall notify the county suicide
12 prevention response coordinator that the call involves a person
13 who is or may be suicidal.

14 C. Notice shall be provided to a county suicide
15 prevention response coordinator, pursuant to Subsection A of
16 this section, at the time of dispatch or prior to the dispatch
17 of law enforcement to the emergency scene.

18 **SECTION 11. [NEW MATERIAL] DEPARTMENT TO PROMULGATE**
19 **RULES--AGENCY AND DEPARTMENT COOPERATION.--**

20 A. The department shall promulgate rules as are
21 necessary to implement and enforce the provisions of the
22 Suicide Prevention, Response and Treatment Act.

23 B. State agencies shall cooperate with the
24 secretary of health to carry out the provisions of the Suicide
25 Prevention, Response and Treatment Act.

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1 SECTION 12. ~~[NEW MATERIAL]~~ ADMINISTRATIVE PENALTIES.--

2 A. If the department has reason to believe that an
3 outpatient treatment facility or a psychiatric facility is
4 failing to comply with the provisions of the Suicide
5 Prevention, Response and Treatment Act, the secretary shall
6 order the facility to take corrective action within a
7 reasonable time frame as may be deemed by the secretary to be
8 necessary to ensure future compliance with the Suicide
9 Prevention, Response and Treatment Act.

10 B. The department may assess an administrative
11 penalty of:

12 (1) not more than two thousand five hundred
13 dollars (\$2,500) for a first offense and not more than five
14 thousand dollars (\$5,000) for a second or subsequent offense on
15 a psychiatric facility or outpatient treatment facility that
16 fails to comply with an order of the department issued pursuant
17 to Subsection A of this section;

18 (2) not more than five hundred dollars (\$500)
19 for a first offense, not more than one thousand dollars
20 (\$1,000) for a second offense and not more than two thousand
21 five hundred dollars (\$2,500) for a third or subsequent offense
22 on an outpatient treatment facility or a psychiatric facility
23 that violates the provisions of Paragraph (4) of Subsection B
24 of Section 3 of the Suicide Prevention, Response and Treatment
25 Act; or

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1 (3) not more than five hundred dollars (\$500)
2 for a first offense, not more than one thousand dollars
3 (\$1,000) for a second offense and not more than two thousand
4 five hundred dollars (\$2,500) for a third or subsequent offense
5 on an outpatient treatment facility or a psychiatric facility
6 that violates the provisions of Subsection A of Section 6 of
7 the Suicide Prevention, Response and Treatment Act.

8 SECTION 13. [NEW MATERIAL] HEARING.--

9 A. An outpatient treatment facility or a
10 psychiatric facility that the department imposes an
11 administrative penalty against shall be entitled to a hearing:

12 (1) upon request from the licensed outpatient
13 treatment facility or psychiatric facility; and

14 (2) within ten days after receiving the notice
15 of a penalty imposed by the department pursuant to Section 12
16 of the Suicide Prevention, Response and Treatment Act.

17 B. A hearing under this section shall be held in
18 accordance with rules that the department shall adopt, pursuant
19 to the Suicide Prevention, Response and Treatment Act,
20 regarding adjudication procedures.

21 SECTION 14. EFFECTIVE DATE.--The effective date of the
22 provisions of this act is July 1, 2021.