

1 SENATE BILL 566

2 **52ND LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2015**

3 INTRODUCED BY

4 Mary Kay Papen

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10 AN ACT

11 RELATING TO PUBLIC HEALTH; AMENDING A SECTION OF THE DEPARTMENT
12 OF HEALTH ACT TO PROVIDE FOR THE CREATION AND RANKING OF
13 INVESTMENT ZONES STATEWIDE FOR THE PRIORITIZATION OF NON-
14 MEDICAID BEHAVIORAL HEALTH SERVICE DELIVERY.

15
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 the secretaries
23 of aging and long-term services; Indian affairs; human
24 services; health; corrections; children, youth and families;
25 finance and administration; workforce solutions; public

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1 education; and transportation; the directors of the
2 administrative office of the courts; the New Mexico mortgage
3 finance authority; the governor's commission on disability; the
4 developmental disabilities planning council; the instructional
5 support and vocational ~~[rehabilitation]~~ education division of
6 the public education department; and the New Mexico health
7 policy commission; and the governor's health policy
8 coordinator, or their designees. The collaborative shall be
9 chaired by the secretary of human services with the respective
10 secretaries of health and children, youth and families
11 alternating annually as co-chairs.

12 B. The collaborative shall meet ~~[regularly]~~
13 quarterly and at the call of either co-chair and shall:

14 (1) identify behavioral health needs
15 statewide, with an emphasis on that hiatus between needs and
16 services set forth in the department of health's gap analysis
17 and in ongoing needs assessments, and develop a master plan for
18 statewide delivery of services;

19 (2) give special attention to regional
20 differences, including cultural, rural, frontier, urban and
21 border issues;

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

24 (4) plan, design and direct a statewide
25 behavioral health system, ensuring both availability of

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1 services and efficient use of all behavioral health funding,
2 taking into consideration funding appropriated to specific
3 affected departments; ~~and~~

4 (5) to the extent practicable, prioritize
5 available non-medicaid behavioral health funding for
6 geographically designated investment zones as provided pursuant
7 to Subsection J of this section and prioritize funding for
8 evidence-based behavioral health services; and

9 ~~(5)~~ (6) contract for operation of one or
10 more behavioral health entities to ensure availability of
11 services throughout the state.

12 C. The plan for delivery of behavioral health
13 services shall include specific service plans to address the
14 needs of infants, children, adolescents, adults and seniors, as
15 well as to address work force development and retention and
16 quality improvement issues. The plan shall be revised every
17 two years and shall be adopted by the department of health as
18 part of the statewide health plan.

19 D. The plan shall take the following principles
20 into consideration, to the extent practicable and within
21 available resources:

22 (1) services should be individually centered
23 and family-focused based on principles of individual capacity
24 for recovery and resiliency;

25 (2) services should be delivered in a

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1 culturally responsive manner in a home- or community-based
2 setting, where possible;

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

5 (4) individualized service planning and case
6 management should take into consideration individual and family
7 circumstances, abilities and strengths and be accomplished in
8 consultation with appropriate family members, caregivers and
9 other persons critical to the individual's life and well-being;

10 (5) services should be coordinated,
11 accessible, accountable and of high quality;

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

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

16 (8) services should include behavioral health
17 promotion, prevention, early intervention, treatment and
18 community support; and

19 (9) services should consider regional
20 differences, including cultural, rural, frontier, urban and
21 border issues.

22 E. The collaborative shall seek and consider
23 suggestions of Native American representatives from Indian
24 nations, tribes and pueblos and the urban Indian population,
25 located wholly or partially within New Mexico, in the

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1 development of the plan for delivery of behavioral health
2 services.

3 F. Pursuant to the State Rules Act, the
4 collaborative shall adopt rules through the human services
5 department for:

6 (1) standards of delivery for behavioral
7 health services provided through contracted behavioral health
8 entities, including:

9 (a) quality management and improvement;

10 (b) performance measures;

11 (c) accessibility and availability of
12 services;

13 (d) utilization management;

14 (e) credentialing of providers;

15 (f) rights and responsibilities of
16 consumers and providers;

17 (g) clinical evaluation and treatment
18 and supporting documentation; and

19 (h) confidentiality of consumer records;

20 [~~and~~]

21 (2) approval of contracts and contract
22 amendments by the collaborative, including public notice of the
23 proposed final contract; and

24 (3) implementation of investment zones for
25 behavioral health services that are not funded by medicaid.

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1 G. The collaborative shall, through the human
2 services department, submit a separately identifiable
3 consolidated behavioral health budget request. The
4 consolidated behavioral health budget request shall account for
5 requested funding for the behavioral health services program at
6 the human services department and any other requested funding
7 for behavioral health services from agencies identified in
8 Subsection A of this section that will be used pursuant to
9 Paragraph [~~5~~] (6) of Subsection B of this section. Any
10 contract proposed, negotiated or entered into by the
11 collaborative is subject to the provisions of the Procurement
12 Code.

13 H. The collaborative shall, with the consent of the
14 governor, appoint a "director of the collaborative". The
15 director is responsible for the coordination of day-to-day
16 activities of the collaborative, including the coordination of
17 staff from the collaborative member agencies.

18 I. The collaborative shall provide a quarterly
19 report to the legislative finance committee on performance
20 outcome measures. The collaborative shall submit an annual
21 report to the legislative finance committee and the interim
22 legislative health and human services committee that provides
23 information on:

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

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1 (2) the collaborative's performance
2 information, including contractors and providers; ~~and~~

3 (3) the number of people receiving services,
4 the most frequently treated diagnoses, expenditures by type of
5 service and other aggregate claims data relating to services
6 rendered and program operations; and

7 (4) the collaborative's implementation of non-
8 medicaid behavioral health investment zones, including the
9 number of communities participating in providing local matching
10 funds, services delivered, the number of people receiving
11 investment zone services and any information on outcomes from
12 investment zone expenditures and services.

13 J. The collaborative shall divide the state into
14 geographically designated investment zones for non-medicaid
15 behavioral health services. The secretary of health shall
16 provide to the collaborative epidemiological data and other
17 source data that identify the combined incidence of mortality
18 related to alcohol use, drug overdose and suicide and any other
19 data deemed necessary in each investment zone. Using these
20 combined incidence data, the collaborative shall assign a "tier
21 three" ranking to those investment zones with the highest
22 incidence and a "tier one" ranking to those investment zones
23 with the lowest incidence. The collaborative shall:

24 (1) annually establish an amount of
25 non-medicaid behavioral health funding available for use in

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1 designated investment zones, taking into account available
2 resources, including contributions from local governments, for
3 investment zone funding and statewide behavioral health needs;

4 (2) establish a funding formula according to
5 which tier three investment zones are assigned the highest
6 priority for the funding of behavioral health services, tier
7 two investment zones are assigned a lower priority and tier one
8 investment zones are assigned the lowest priority;

9 (3) ensure the delivery of only those
10 behavioral health services that are evidence-based services;
11 and

12 (4) direct the allocation of general fund
13 appropriations for the delivery of behavioral health services
14 in an investment zone only if a local government matches at
15 least twenty-five percent of the cost of the behavioral health
16 services.

17 K. As used in this section:

18 (1) "class A county" means a county having a
19 final, full assessed valuation of over seventy-five million
20 dollars (\$75,000,000) and having a population of one hundred
21 thousand persons or more as determined by the most current
22 annual population data or estimate available from the United
23 States census bureau;

24 (2) "evidence-based" means that a program or
25 practice:

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1 (a) incorporates methods demonstrated to
2 be effective for the intended population through scientifically
3 based research, including statistically controlled evaluations
4 or randomized trials;

5 (b) can be implemented with a set of
6 procedures to allow successful replication in New Mexico; and

7 (c) when possible, has been determined
8 to be cost-beneficial;

9 (3) "investment zone" means an area that is
10 under county police power jurisdiction:

11 (a) that is contiguous with the
12 boundaries of a county that is not a class A county; or

13 (b) for which the secretary of health
14 designates the boundaries, if located within a class A county;
15 and

16 (4) "local government" means the governing
17 body of a county, an incorporated municipality or an Indian
18 nation, tribe or pueblo."