

1 SENATE BILL 666

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

3 INTRODUCED BY

4 George K. Munoz

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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 ALLOCATION OF NON-MEDICAID  
14 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, using available  
5 funding, implement an alternative methodology to allocate non-  
6 medicaid behavioral health funding through investment zones  
7 that takes into account the risks and needs of different  
8 geographic areas of the state, based on epidemiological data;  
9 and

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

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

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

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

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

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

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

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

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

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

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

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

23 E. The collaborative shall seek and consider  
24 suggestions of Native American representatives from Indian  
25 nations, tribes and pueblos and the urban Indian population,

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1 located wholly or partially within New Mexico, in the  
2 development of the plan for delivery of behavioral health  
3 services.

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

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

10 (a) quality management and improvement;

11 (b) performance measures;

12 (c) accessibility and availability of  
13 services;

14 (d) utilization management;

15 (e) credentialing of providers;

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

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

20 (h) confidentiality of consumer records;

21 [~~and~~]

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

25 (3) implementation of non-medicaid behavioral

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1 health investment zones.

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

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

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

25 (1) the collaborative's progress toward

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1 achieving its strategic plans and goals;

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

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

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

14 J. The collaborative shall divide the state into  
15 geographically designated investment zones for non-medicaid  
16 behavioral health services no later than July 1, 2016. The  
17 secretary of health shall provide to the collaborative  
18 epidemiological data and other source data that identify the  
19 combined incidence of mortality related to alcohol use, drug  
20 overdose and suicide and any other data deemed necessary in  
21 each investment zone. Beginning July 1, 2016, the  
22 collaborative shall:

23 (1) annually establish an amount of  
24 non-medicaid behavioral health funding available for use in  
25 designated investment zones, taking into account available

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1 resources, including contributions from local governments, for  
2 investment zone funding and statewide behavioral health needs;

3 (2) prioritize high-risk and high-need  
4 investment zones and areas contributing local government  
5 resources, including in-kind resources; and

6 (3) prioritize the delivery of behavioral  
7 health services that are identified as evidence-based research  
8 based on promising practices.

9 K. As used in this section:

10 (1) "evidence-based" means that a program or  
11 practice:

12 (a) incorporates methods demonstrated to  
13 be effective for the intended population through scientifically  
14 based research, including statistically controlled evaluations  
15 or randomized trials;

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

18 (c) when possible, has been determined  
19 to be cost-beneficial;

20 (2) "local government" means the governing  
21 body of a county, an incorporated municipality or an Indian  
22 nation, tribe or pueblo;

23 (3) "promising" means that, in light of  
24 statistical analysis or preliminary research, a program or  
25 practice presents potential for becoming research-based or

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evidence-based; and

(4) "research-based" means that there is some research demonstrating the effectiveness of a program or practice, but the program does not yet meet the standard of evidence-based."