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SENATE BILL 522

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

INTRODUCED BY

George K. Munoz

AN ACT

RELATING TO PUBLIC HEALTH; AMENDING A SECTION OF THE DEPARTMENT OF HEALTH ACT TO PROVIDE FOR THE CREATION AND RANKING OF INVESTMENT ZONES STATEWIDE FOR THE PRIORITIZATION OF BEHAVIORAL HEALTH SERVICE DELIVERY; MAKING AN APPROPRIATION.

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

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

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

A. There is created the "interagency behavioral health purchasing collaborative", consisting of the secretaries of aging and long-term services; Indian affairs; human services; health; corrections; children, youth and families; 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. The collaborative shall
12 meet regularly and at the call of either co-chair.

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

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

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

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

25 (4) ~~plan, design and direct a statewide~~

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

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

8 ~~G. The plan for delivery of behavioral health~~
9 ~~services shall] create a master plan for the delivery of~~
10 ~~behavioral health services statewide, pursuant to which the~~
11 ~~collaborative shall divide the state into geographically~~
12 ~~designated investment zones. The secretary of health shall~~
13 ~~provide to the collaborative epidemiological data and other~~
14 ~~source data that identify the combined incidence of mortality~~
15 ~~related to alcohol use, drug overdose and suicide in each~~
16 ~~investment zone. Using these combined incidence data, the~~
17 ~~collaborative shall assign a "tier three" ranking to those~~
18 ~~investment zones with the highest incidence and a "tier one"~~
19 ~~ranking to those investment zones with the lowest incidence.~~
20 ~~The collaborative shall:~~

21 ~~(1) establish a funding formula according to~~
22 ~~which tier three investment zones are assigned the highest~~
23 ~~priority for the funding of behavioral health services, tier~~
24 ~~two investment zones are assigned a lower priority and tier one~~
25 ~~investment zones are assigned the lowest priority;~~

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1 (2) ensure the delivery of only those
2 behavioral health services that are evidence-based services;

3 (3) direct the allocation of general fund
4 appropriations for the delivery of behavioral health services
5 in an investment zone only if a local government matches at
6 least twenty-five percent of the cost of the behavioral health
7 services;

8 (4) establish a limit on local government
9 contributions to effect a distribution of behavioral health
10 services that prioritizes allocation according to tier ranking
11 while ensuring statewide delivery of behavioral health
12 services;

13 (5) contract for the operation of one or more
14 behavioral health entities to ensure availability of services
15 throughout the state;

16 (6) inventory all expenditures for behavioral
17 health services, including mental health and substance use
18 disorder treatment services;

19 (7) ensure that behavioral health service
20 delivery accords special attention to regional differences,
21 including characteristics related to each region's culture and
22 language as well as geographic situation in a rural, frontier,
23 urban or border area;

24 (8) report annually to the legislature:

25 (a) the status of master plan

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1 implementation, including the collaborative's progress toward
2 achieving its strategic goals;

3 (b) the collaborative's progress in
4 addressing the behavioral health needs in investment zones
5 according to tier ranking;

6 (c) information relating to the
7 performance of persons that provide services to the
8 collaborative by contract, including but not limited to the
9 performance of the behavioral health entities with which the
10 collaborative contracts pursuant to Paragraph (5) of this
11 subsection;

12 (d) the following information relating
13 to services and program operations: 1) the number of
14 individuals served; 2) the most frequently treated diagnoses;
15 and 3) expenditures by type of service and other aggregate
16 claims data;

17 (e) general fund and local government
18 funding allocated for the delivery of behavioral health
19 services to each investment zone;

20 (f) the specific evidence-based
21 behavioral health services delivered in the targeted investment
22 zones; and

23 (g) data comparing clinical outcomes for
24 evidence-based behavioral services in the investment zones
25 before and after implementation of the investment zones

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1 targeting program; and

2 (9) include in the master plan specific
3 service plans to address the needs of infants, children,
4 adolescents, adults and seniors, as well as to address work
5 force development and retention and quality improvement issues.

6 C. The collaborative shall revise the plan [~~shall~~
7 ~~be revised~~] every two years [~~and shall be adopted by~~]. The
8 department of health shall adopt the master plan as part of the
9 statewide health plan.

10 D. The master plan shall take the following
11 principles into consideration, to the extent practicable and
12 within available resources:

13 (1) services should be individually centered
14 and family-focused based on principles of individual capacity
15 for recovery and resiliency;

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

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

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

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1 (5) services should be coordinated,
2 accessible, accountable and of high quality;

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

5 (7) services may be consumer- or family-
6 provided, as defined by the collaborative; and

7 (8) services should include behavioral health
8 promotion, prevention, early intervention, treatment and
9 community support [~~and~~

10 ~~(9) services should consider regional~~
11 ~~differences, including cultural, rural, frontier, urban and~~
12 ~~border issues].~~

13 E. The collaborative shall seek and consider
14 suggestions of Native American representatives from Indian
15 nations, tribes and pueblos and the urban Indian population,
16 located wholly or partially within New Mexico, in the
17 development of the master plan for delivery of behavioral
18 health services.

19 F. Pursuant to the State Rules Act, the
20 collaborative shall adopt rules through the human services
21 department for:

22 (1) standards of delivery for behavioral
23 health services provided through contracted behavioral health
24 entities, including:

25 (a) quality management and improvement;

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- 1 (b) performance measures;
2 (c) accessibility and availability of
3 services;
4 (d) utilization management;
5 (e) credentialing of providers;
6 (f) rights and responsibilities of
7 consumers and providers;
8 (g) clinical evaluation and treatment
9 and supporting documentation; and
10 (h) confidentiality of consumer records;
11 and

12 (2) approval of contracts and contract
13 amendments by the collaborative, including public notice of the
14 proposed final contract.

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

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1 H. The collaborative shall, with the consent of the
2 governor, appoint a "director of the collaborative". The
3 director is responsible for the coordination of day-to-day
4 activities of the collaborative, including the coordination of
5 staff from the collaborative member agencies.

6 I. The collaborative shall provide a quarterly
7 report to the legislative finance committee on performance
8 outcome measures. [~~The collaborative shall submit an annual
9 report to the legislative finance committee and the interim
10 legislative health and human services committee that provides
11 information on:~~

12 ~~(1) the collaborative's progress toward
13 achieving its strategic plans and goals;~~

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

16 ~~(3) the number of people receiving services,
17 the most frequently treated diagnoses, expenditures by type of
18 service and other aggregate claims data relating to services
19 rendered and program operations.]~~

20 J. As used in this section:

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

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1 States census bureau;

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

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

6 (b) for which the secretary of health
7 designates the boundaries, if located within a class A county;
8 and

9 (3) "local government" means the governing
10 body of a county, an incorporated municipality or an Indian
11 nation, tribe or pueblo."

12 SECTION 2. APPROPRIATION.--One million dollars
13 (\$1,000,000) is appropriated from the general fund to the
14 department of health for expenditure in fiscal year 2016 to
15 fund the creation and prioritization of investment zones
16 statewide pursuant to Section 1 of this act for behavioral
17 health service delivery through the interagency behavioral
18 health purchasing collaborative. Any unexpended or
19 unencumbered balance remaining at the end of fiscal year 2016
20 shall revert to the general fund.

21 SECTION 3. EFFECTIVE DATE.--The effective date of the
22 provisions of this act is July 1, 2015.

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