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 ALLOCATION OF NON-MEDICAID BEHAVIORAL HEALTH SERVICE DELIVERY.

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 education; and transportation; the directors of the administrative office of the courts; the New Mexico mortgage finance authority; the governor's commission on disability; the developmental disabilities planning council; the instructional support and vocational education division of the public education department; and the New Mexico health policy commission; and the governor's health policy coordinator, or their designees. The collaborative shall be chaired by the secretary of human services with the respective secretaries of

health and children, youth and families alternating annually as co-chairs.

B. The collaborative shall meet quarterly and at the call of either co-chair and shall:

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

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

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

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

(5) to the extent practicable, using available funding, implement an alternative methodology to allocate non-medicaid behavioral health funding through investment zones that takes into account the risks and needs of different geographic areas of the state, based on

epidemiological data as described in Subsection J of this section; and

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

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

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

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

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

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

(4) individualized service planning and case management should take into consideration individual and

family circumstances, abilities and strengths and be accomplished in consultation with appropriate family members, caregivers and other persons critical to the individual's life and well-being;

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

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

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

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

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

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

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

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

(a) quality management and improvement;

(b) performance measures;

(c) accessibility and availability of services;

(d) utilization management;

(e) credentialing of providers;

(f) rights and responsibilities of consumers and providers;

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

(h) confidentiality of consumer records;

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

(3) implementation of non-medicaid behavioral health investment zones.

G. The collaborative shall, through the human services department, submit a separately identifiable consolidated behavioral health budget request. The consolidated behavioral health budget request shall account for requested funding for the behavioral health services

program at the human services department and any other requested funding for behavioral health services from agencies identified in Subsection A of this section that will be used pursuant to Paragraph (6) of Subsection B of this section. Any contract proposed, negotiated or entered into by the collaborative is subject to the provisions of the Procurement Code.

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

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

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

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

(3) the number of people receiving services, the most frequently treated diagnoses, expenditures by type of service and other aggregate claims data relating to services

rendered and program operations; and

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

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

(1) annually establish an amount of non-medicaid behavioral health funding available for use in designated investment zones, taking into account available resources, including contributions from local governments, for investment zone funding and statewide behavioral health needs;

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

(3) prioritize the delivery of behavioral

health services that are identified as evidence-based, research-based or promising practices.

K. As used in this section:

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

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

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

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

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

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