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SENATE BILL 182

**54TH LEGISLATURE - STATE OF NEW MEXICO - SECOND SESSION, 2020**

INTRODUCED BY

Mary Kay Papen

AN ACT

RELATING TO BEHAVIORAL HEALTH; ENACTING THE BEHAVIORAL HEALTH  
COMMUNITY INTEGRATION ACT; PROVIDING COMMUNITY-BASED SUPPORT  
SERVICES FOR ADULTS DIAGNOSED WITH SERIOUS MENTAL ILLNESS AND  
YOUTH DIAGNOSED WITH SERIOUS EMOTIONAL DISTURBANCE; PROVIDING  
POWERS AND DUTIES; CREATING THE BEHAVIORAL HEALTH COMMUNITY  
INTEGRATION FUND; DECLARING AN EMERGENCY.

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 "Behavioral Health Community Integration Act".

SECTION 2. [NEW MATERIAL] DEFINITIONS.--As used in the  
Behavioral Health Community Integration Act:

A. "comprehensive community-based mental health  
system" means a system of care that includes mental and  
physical health services, rehabilitation services, employment

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1 services, housing services, educational services, substance  
2 abuse services, medical and dental care and other support  
3 services with federal, state and local public and private  
4 resources to enable persons to function outside of inpatient or  
5 residential institutions to the maximum extent of their  
6 capabilities, including services provided by local school  
7 systems pursuant to the federal Individuals with Disabilities  
8 Education Act;

9 B. "department" means the human services  
10 department;

11 C. "division" means the behavioral health services  
12 division of the department;

13 D. "fund" means the behavioral health community  
14 integration fund;

15 E. "psychosocial rehabilitation services" means a  
16 set of services designed to help a person in the target  
17 population to achieve optimum functioning in the personal and  
18 social dimensions of the person's life;

19 F. "serious emotional disturbance" means one or  
20 more diagnosable behavioral, mental or emotional conditions as  
21 defined in the most recent *Diagnostic and Statistical Manual of*  
22 *Mental Disorders*, published by the American psychiatric  
23 association, that result in functional impairment that  
24 substantially interferes with or limits the role or functioning  
25 in family, school or community activities of a youth between

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1 the ages of sixteen and twenty-two;

2 G. "serious mental illness" means one or more  
3 diagnosable behavioral, mental or emotional conditions as  
4 defined in the most recent *Diagnostic and Statistical Manual of*  
5 *Mental Disorders*, published by the American psychiatric  
6 association, which condition substantially interferes with or  
7 limits one or more major life activities of an adult;

8 H. "support services" means a component of a  
9 comprehensive community-based mental health system that  
10 consists of outcome-focused services tailored to the needs of a  
11 person in the target population;

12 I. "target population" means adults who have been  
13 diagnosed with serious mental illness or youths between the  
14 ages of sixteen and twenty-two who have been diagnosed within  
15 the last year with serious emotional disturbance and includes  
16 adults or youths who live in rural areas or are homeless;

17 J. "targeted case management" means a service that  
18 assists a person to gain access to needed medical, social,  
19 educational and other services and that ensures that services  
20 are coordinated among all providers of such services;

21 K. "transitional housing" means up to eighteen  
22 months of housing;

23 L. "urgent need" means circumstances of sufficient  
24 concern that if not addressed within twenty-four hours could  
25 reasonably result in hospitalization, detention or

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1 incarceration; and

2 M. "value-added service" means a service that is  
3 not a medicaid-funded service that a medicaid managed care  
4 organization or contractor may offer to a medicaid recipient.

5 SECTION 3. [NEW MATERIAL] DIVISION DUTIES--COMPREHENSIVE  
6 SYSTEM--SUPPORT SERVICES.--

7 A. The division shall design and implement a  
8 comprehensive community-based mental health system in  
9 communities throughout the state that provides support services  
10 to achieve one or more of the following:

11 (1) to prevent or reduce the likelihood of  
12 relapse following discharge from inpatient care or recidivism  
13 following release from detention or incarceration;

14 (2) to correct, reduce or ameliorate the  
15 physical, mental, cognitive or developmental effects of serious  
16 mental illness or serious emotional disturbance;

17 (3) to reduce or ameliorate the pain or  
18 suffering caused by serious mental illness or serious emotional  
19 disturbance;

20 (4) to assist the person to achieve or  
21 maintain maximum functional capacity in performing the  
22 activities of daily living; or

23 (5) to assist the person with life skills  
24 needed to live independently in the community.

25 B. The division shall provide periodic reports to

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1 the legislative health and human services committee as  
2 requested.

3 SECTION 4. [NEW MATERIAL] BEHAVIORAL HEALTH COMMUNITY  
4 INTEGRATION FUND CREATED--USES AND ADMINISTRATION OF FUND.--

5 A. The "behavioral health community integration  
6 fund" is created as a nonreverting fund in the state treasury.  
7 The fund consists of appropriations, value-added services  
8 payments, gifts, grants, donations and any other money  
9 deposited in the fund. Money in the fund shall be expended  
10 only for the purposes specified in the Behavioral Health  
11 Community Integration Act and as limited by the appropriation.  
12 Expenditures from the fund shall be by warrant of the secretary  
13 of finance and administration on vouchers signed by the  
14 division director or the director's authorized representative.

15 B. Money in the fund shall be used to provide,  
16 arrange for or assist with:

- 17 (1) targeted case management;
- 18 (2) transitional and long-term housing for the  
19 target population; and
- 20 (3) psychosocial rehabilitation and support  
21 services for the target population.

22 C. Money in the fund shall not be used to pay for  
23 goods or services covered by medicaid or to match federal  
24 funding for medicaid.

25 SECTION 5. [NEW MATERIAL] CONTRACT REQUIREMENTS.--

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- 1           A. Contracts awarded from the fund shall:
- 2                 (1) be for a period of at least four years;
- 3                 (2) be awarded to contractors that demonstrate
- 4 the ability to achieve outcomes specified by the division;
- 5                 (3) give preference to proposals for
- 6 communities with the greatest shortage of behavioral health
- 7 providers or support services; and
- 8                 (4) allow innovative, flexible and creative
- 9 uses of local resources other than traditional providers of
- 10 behavioral health services.

11           B. The division may require contractors to

12 demonstrate in-kind or other support from the local community

13 where the contracted services will be provided or from

14 behavioral health providers or support services located

15 anywhere in the state.

16           C. The department shall enter into a contract for

17 procurement after evaluating competitive proposals and shall

18 not design requests for proposals to provide for only sole

19 source contracts. The department shall conduct its own

20 procurement, but shall conduct all procurement in accordance

21 with the Procurement Code; provided that Section 13-1-98.1 NMSA

22 1978 shall not apply to procurement pursuant to the Behavioral

23 Health Community Integration Act.

24           **SECTION 6. [NEW MATERIAL] STANDARDS AND PERFORMANCE**

25 **MEASURES FOR CONTRACTS.--**

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1           A. The department shall promulgate standards and  
2 performance measures for contracts awarded pursuant to the  
3 Behavioral Health Community Integration Act that, at a minimum,  
4 require:

5                   (1) identification and tracking of each person  
6 served;

7                   (2) acceptance of referrals from all sources  
8 for persons in the target population;

9                   (3) an assessment performed and support  
10 services plan developed within no more than:

11                           (a) twenty-four hours of referral for  
12 persons in crisis;

13                           (b) forty-eight hours prior to a  
14 person's discharge from inpatient care or release from  
15 detention or incarceration;

16                           (c) five business days before a youth  
17 leaves foster care; or

18                           (d) two business days following referral  
19 for all other persons served;

20                   (4) the assignment of a community support  
21 worker to be responsible for assisting in the assessment of the  
22 person and in the development of the support services plan;

23                   (5) the initiation of support services within  
24 one calendar day of the assessment for persons with urgent  
25 needs and within five calendar days for persons with non-urgent

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1 needs;

2 (6) immediate access to crisis stabilization  
3 services, with twenty-four-hour telephone response and next  
4 calendar day appointments; and

5 (7) continuing support for persons served.

6 B. Contractors shall be certified by medicaid.

7 C. Contractors shall be required to report outcomes  
8 as determined by the department.

9 SECTION 7. [NEW MATERIAL] VALUE-ADDED SERVICES

10 PAYMENT.--The department shall require a medicaid managed care  
11 organization or medicaid fee-for-service contractor to pay  
12 three percent of the annual amount spent by the organization or  
13 contractor for value-added behavioral health services into the  
14 fund in quarterly installments.

15 SECTION 8. EMERGENCY.--It is necessary for the public  
16 peace, health and safety that this act take effect immediately.