

Amendment No. 132

Assembly Amendment to Assembly Bill No. 273	(BDR 39-355)
Proposed by: Assembly Committee on Health and Human Services	
Amends: Summary: No Title: No Preamble: No Joint Sponsorship: No Digest: No	

ASSEMBLY ACTION	Initial and Date		SENATE ACTION	Initial and Date
Adopted <input type="checkbox"/>	Lost <input type="checkbox"/>	_____	Adopted <input type="checkbox"/>	Lost <input type="checkbox"/>
Concurred In <input type="checkbox"/>	Not <input type="checkbox"/>	_____	Concurred In <input type="checkbox"/>	Not <input type="checkbox"/>
Receded <input type="checkbox"/>	Not <input type="checkbox"/>	_____	Receded <input type="checkbox"/>	Not <input type="checkbox"/>

EXPLANATION: Matter in (1) *blue bold italics* is new language in the original bill; (2) variations of green bold underlining is language proposed to be added in this amendment; (3) ~~red strikethrough~~ is deleted language in the original bill; (4) ~~purple double strikethrough~~ is language proposed to be deleted in this amendment; (5) orange double underlining is deleted language in the original bill proposed to be retained in this amendment.

SRF/EWR



Date: 4/11/2021

A.B. No. 273—Revises provisions relating to mental health consortia for children.
(BDR 39-355)



ASSEMBLY BILL No. 273—ASSEMBLYMEN GORELOW,
PETERS, C.H. MILLER; AND NGUYEN

MARCH 15, 2021

Referred to Committee on Health and Human Services

SUMMARY—Revises provisions relating to mental health consortia for children.
(BDR 39-355)

FISCAL NOTE: Effect on Local Government: No.
Effect on the State: Yes.

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EXPLANATION – Matter in *bolded italics* is new; matter between brackets ~~omitted material~~ is material to be omitted.

AN ACT relating to mental health; creating a statewide mental health consortium; prescribing the membership, powers and duties of the statewide mental health consortium; authorizing each mental health consortium to request the drafting of not more than 1 legislative measure for each regular session of the Legislature; and providing other matters properly relating thereto.

Legislative Counsel’s Digest:

Existing law establishes a regional mental health consortium in each county whose population is 100,000 or more (currently Clark and Washoe Counties) and one regional mental health consortium in the region that comprises all other counties. (NRS 433B.333) **Section 2** of this bill creates a statewide mental health consortium to represent each mental health consortium that represents a particular region. **Section 2** also prescribes the membership of the statewide mental health consortium. **Section 4** of this bill prescribes the powers and duties of the statewide mental health consortium, which include representing all regional mental health consortia and taking certain other actions related to the mental health of children.

Existing law requires each mental health consortium to prepare and submit to the Director of the Department of Health and Human Services a long term strategic plan for the provision of mental health services to children with emotional disturbance within the jurisdiction of the consortium and certain other materials relating to the plan. (NRS 433B.335) **Section 3** of this bill exempts the statewide mental health consortium from this requirement. **Sections 1 and 5** of this bill make conforming changes to clarify that only a mental health consortium that represents a particular region is required to submit such a recommended plan.

Existing law prescribes the number of legislative measures which may be requested by various departments, agencies and other entities of this State for each regular session of the Legislature. (NRS 218D.100-218D.220) **Section 6** of this bill authorizes the statewide mental health consortium and each regional mental health consortium to request the drafting of not more than 1 legislative measure for each regular session of the Legislature. **Section 7** of this bill makes a conforming change by indicating the proper placement of **section 6** in the Nevada Revised Statutes.

THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN
SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

1 **Section 1.** NRS 433.317 is hereby amended to read as follows:

2 433.317 1. The Commission shall appoint a subcommittee on the mental
3 health of children to review the findings and recommendations ~~[of each mental~~
4 ~~health consortium]~~ submitted *by mental health consortia* pursuant to NRS
5 433B.335 and to create a statewide plan for the provision of mental health services
6 to children.

7 2. The members of the subcommittee appointed pursuant to this section serve
8 at the pleasure of the Commission. The members serve without compensation,
9 except that each member is entitled, while engaged in the business of the
10 subcommittee, to the per diem allowance and travel expenses provided for state
11 officers and employees generally if funding is available for this purpose.

12 **Sec. 2.** NRS 433B.333 is hereby amended to read as follows:

13 433B.333 1. A mental health consortium is hereby established in each of the
14 following jurisdictions:

15 (a) A county whose population is 100,000 or more; and

16 (b) The region consisting of all counties whose population are less than
17 100,000.

18 2. In a county whose population is 100,000 or more, such a consortium must
19 consist of at least the following persons appointed by the Administrator:

20 (a) A representative of the Division;

21 (b) A representative of the agency which provides child welfare services;

22 (c) A representative of the Division of Health Care Financing and Policy of the
23 Department;

24 (d) A representative of the board of trustees of the school district in the county;

25 (e) A representative of the local juvenile probation department;

26 (f) A representative of the local chamber of commerce or business community;

27 (g) A private provider of mental health care;

28 (h) A provider of foster care;

29 (i) A parent of a child with an emotional disturbance; and

30 (j) A representative of an agency which provides services for the treatment and
31 prevention of substance use disorders.

32 3. In the region consisting of counties whose population are less than
33 100,000, such a consortium must consist of at least the following persons appointed
34 by the Administrator:

35 (a) A representative of the Division of Public and Behavioral Health of the
36 Department;

37 (b) A representative of the agency which provides child welfare services in the
38 region;

39 (c) A representative of the Division of Health Care Financing and Policy of the
40 Department;

41 (d) A representative of the boards of trustees of the school districts in the
42 region;

43 (e) A representative of the local juvenile probation departments;

44 (f) A representative of the chambers of commerce or business community in
45 the region;

46 (g) A private provider of mental health care;

47 (h) A provider of foster care;

48 (i) A parent of a child with an emotional disturbance; and

1 (j) A representative of an agency which provides services for the treatment and
2 prevention of substance use disorders.

3 **4. A statewide mental health consortium is hereby established to represent**
4 **all mental health consortia established pursuant to subsection 1. The statewide**
5 **mental health consortium must consist of:**

6 (a) **The Administrator as an ex officio, nonvoting member. The**
7 **Administrator may designate ~~the Deputy Administrator~~ an alternate who is an**
8 **employee of the Division or another person to attend any meeting of the**
9 **consortium in his or her place.**

10 (b) **The following voting members:**

11 (1) **A representative of the Division of Health Care Financing and Policy**
12 **of the Department, appointed by the Administrator of that Division;**

13 (2) **A representative of the Department of Education, appointed by the**
14 **Superintendent of Public Instruction; and**

15 (3) **A representative of the Division of Child and Family Services of the**
16 **Department, appointed by the Administrator.**

17 (c) **The following voting members appointed by the mental health consortium**
18 **established pursuant to subsection 1 of which they are a member:**

19 (1) **Not more than three members from each mental health consortium**
20 **established pursuant to subsection 1; and**

21 (2) **In addition to the members appointed pursuant to subparagraph (1),**
22 **a parent of a child with an emotional disturbance from each mental health**
23 **consortium established pursuant to subsection 1.**

24 **Sec. 3. NRS 433B.335 is hereby amended to read as follows:**

25 433B.335 1. Each mental health consortium established pursuant to
26 **subsection 1 of NRS 433B.333** shall prepare and submit to the Director of the
27 Department a long-term strategic plan for the provision of mental health services to
28 children with emotional disturbance in the jurisdiction of the consortium. A plan
29 submitted pursuant to this section is valid for 10 years after the date of submission,
30 and each consortium **established pursuant to subsection 1 of NRS 433B.333** shall
31 submit a new plan upon its expiration.

32 2. In preparing the long-term strategic plan pursuant to subsection 1, each
33 mental health consortium **established pursuant to subsection 1 of NRS 433B.333**
34 must be guided by the following principles:

35 (a) The system of mental health services set forth in the plan should be
36 centered on children with emotional disturbance and their families, with the needs
37 and strengths of those children and their families dictating the types and mix of
38 services provided.

39 (b) The families of children with emotional disturbance, including, without
40 limitation, foster parents, should be active participants in all aspects of planning,
41 selecting and delivering mental health services at the local level.

42 (c) The system of mental health services should be community-based and
43 flexible, with accountability and the focus of the services at the local level.

44 (d) The system of mental health services should provide timely access to a
45 comprehensive array of cost-effective mental health services.

46 (e) Children and their families who are in need of mental health services
47 should be identified as early as possible through screening, assessment processes,
48 treatment and systems of support.

49 (f) Comprehensive mental health services should be made available in the least
50 restrictive but clinically appropriate environment.

51 (g) The family of a child with an emotional disturbance should be eligible to
52 receive mental health services from the system.

1 (h) Mental health services should be provided to children with emotional
2 disturbance in a sensitive manner that is responsive to cultural and gender-based
3 differences and the special needs of the children.

4 3. The long-term strategic plan prepared pursuant to subsection 1 must
5 include:

6 (a) An assessment of the need for mental health services in the jurisdiction of
7 the consortium;

8 (b) The long-term strategies and goals of the consortium for providing mental
9 health services to children with emotional disturbance within the jurisdiction of the
10 consortium;

11 (c) A description of the types of services to be offered to children with
12 emotional disturbance within the jurisdiction of the consortium;

13 (d) Criteria for eligibility for those services;

14 (e) A description of the manner in which those services may be obtained by
15 eligible children;

16 (f) The manner in which the costs for those services will be allocated;

17 (g) The mechanisms to manage the money provided for those services;

18 (h) Documentation of the number of children with emotional disturbance who
19 are not currently being provided services, the costs to provide services to those
20 children, the obstacles to providing services to those children and recommendations
21 for removing those obstacles;

22 (i) Methods for obtaining additional money and services for children with
23 emotional disturbance from private and public entities; and

24 (j) The manner in which family members of eligible children and other persons
25 may be involved in the treatment of the children.

26 4. On or before January 31 of each even-numbered year, each mental health
27 consortium *established pursuant to subsection 1 of NRS 433B.333* shall submit to
28 the Director of the Department and the Commission:

29 (a) A list of the priorities of services necessary to implement the long-term
30 strategic plan submitted pursuant to subsection 1 and an itemized list of the costs to
31 provide those services;

32 (b) A description of any revisions to the long-term strategic plan adopted by
33 the consortium during the immediately preceding year; and

34 (c) Any request for an allocation for administrative expenses of the consortium.

35 5. In preparing the biennial budget request for the Department, the Director of
36 the Department shall consider the list of priorities and any request for an allocation
37 submitted pursuant to subsection 4 by each mental health consortium ~~+~~ *established*
38 *pursuant to subsection 1 of NRS 433B.333*. On or before September 30 of each
39 even-numbered year, the Director of the Department shall submit to each mental
40 health consortium *established pursuant to subsection 1 of NRS 433B.333* a report
41 which includes a description of:

42 (a) Each item on the list of priorities of the consortium that was included in the
43 biennial budget request for the Department;

44 (b) Each item on the list of priorities of the consortium that was not included in
45 the biennial budget request for the Department and an explanation for the
46 exclusion; and

47 (c) Any request for an allocation for administrative expenses of the consortium
48 that was included in the biennial budget request for the Department.

49 6. On or before January 31 of each odd-numbered year, each consortium
50 *established pursuant to subsection 1 of NRS 433B.333* shall submit to the Director
51 of the Department and the Commission:

1 (a) A report regarding the status of the long-term strategic plan submitted
2 pursuant to subsection 1, including, without limitation, the status of the strategies,
3 goals and services included in the plan;

4 (b) A description of any revisions to the long-term strategic plan adopted by
5 the consortium during the immediately preceding year; and

6 (c) A report of all expenditures made from an account maintained pursuant to
7 NRS 433B.339, if any.

8 **Sec. 4.** NRS 433B.337 is hereby amended to read as follows:

9 433B.337 1. A mental health consortium established by *subsection 1 of*
10 *NRS 433B.333* may:

11 (a) Participate in activities within the jurisdiction of the consortium to:

12 (1) Implement the provisions of the long-term strategic plan established by
13 the consortium pursuant to NRS 433B.335; and

14 (2) Improve the provision of mental health services to children with
15 emotional disturbance and their families, including, without limitation, advertising
16 the availability of mental health services and carrying out a demonstration project
17 relating to mental health services.

18 (b) Take other action to carry out its duties set forth in this section and NRS
19 433B.335 and 433B.339.

20 2. *The statewide mental health consortium established pursuant to*
21 *subsection 4 of NRS 433B.333 shall:*

22 (a) *Represent all mental health consortia established pursuant to subsection*
23 *1 of NRS 433B.333 before the Legislature, Commission and Department.*

24 (b) *Review, make recommendations for and approve programs proposed by*
25 *the Division to prevent placing children in facilities located outside of the home*
26 *or home state of the child for the treatment of emotional disturbance, substance*
27 *use disorders or co-occurring disorders.*

28 (c) *Evaluate the future needs of this State concerning the treatment of*
29 *children with emotional disturbance, substance use disorders or co-occurring*
30 *disorders and develop ways to improve the treatment currently provided.*

31 (d) *Take any other action necessary to promote the mental health of children*
32 *in this State.*

33 3. *The statewide mental health consortium may:*

34 (a) *Create a document that consolidates the strategies, goals and services*
35 *created in the plan created by each mental health consortium pursuant to NRS*
36 *433B.335.*

37 (b) *Take such other action as is necessary to represent all mental health*
38 *consortia established pursuant to subsection 1 of NRS 433B.333.*

39 4. To the extent practicable, a mental health consortium shall coordinate with
40 the Department to avoid duplicating or contradicting the efforts of the Department
41 to provide mental health services to children with emotional disturbance and their
42 families.

43 **Sec. 5.** NRS 433B.339 is hereby amended to read as follows:

44 433B.339 1. A mental health consortium established by NRS 433B.333
45 may:

46 (a) Enter into contracts and agreements to carry out the provisions of this
47 section, ~~and~~ NRS ~~[433B.335 and]~~ 433B.337 ~~[-]~~ and, *if applicable, NRS*
48 *433B.335; and*

49 (b) Apply for and accept gifts, grants, donations and bequests from any source
50 to carry out the provisions of this section, ~~and~~ NRS ~~[433B.335 and]~~ 433B.337 ~~[-]~~
51 *and, if applicable, NRS 433B.335.*

52 2. Any money collected pursuant to subsection 1:

1 (a) Must be deposited in the State Treasury and accounted for separately in the
2 State General Fund; and

3 (b) Except as otherwise provided by the terms of a specific gift, grant, donation
4 or bequest, must only be expended, under the direction of the consortium which
5 deposited the money, to carry out the provisions of this section , ~~and~~ NRS
6 ~~433B.335 and~~ 433B.337 ~~;~~ *and, if applicable, NRS 433B.335.*

7 3. The Administrator shall administer the account maintained for each
8 consortium.

9 4. Any interest or income earned on the money in an account maintained
10 pursuant to this section must be credited to the account and does not revert to the
11 State General Fund at the end of a fiscal year.

12 5. Any claims against an account maintained pursuant to this section must be
13 paid as other claims against the State are paid.

14 **Sec. 6.** Chapter 218D of NRS is hereby amended by adding thereto a new
15 section to read as follows:

16 *1. For a regular session, the statewide mental health consortium established*
17 *pursuant to subsection 4 of NRS 433B.333 and each mental health consortium*
18 *established pursuant to subsection 1 of NRS 433B.333 may request the drafting*
19 *of 1 legislative measure which relates to matters within the scope of the*
20 *consortium.*

21 *2. Any such request must be submitted to the Legislative Counsel on or*
22 *before September 1 preceding the commencement of a regular session.*

23 *3. Each request made pursuant to this section must be on a form prescribed*
24 *by the Legislative Counsel. The legislative measures requested pursuant to this*
25 *section must be prefiled on or before the third Wednesday in November preceding*
26 *a regular session. A legislative measure that is not prefiled on or before that day*
27 *shall be deemed withdrawn.*

28 **Sec. 7.** NRS 218D.100 is hereby amended to read as follows:

29 218D.100 1. The provisions of NRS 218D.100 to 218D.220, inclusive, *and*
30 *section 6 of this act* apply to requests for the drafting of legislative measures for a
31 regular session.

32 2. Except as otherwise provided by a specific statute, joint rule or concurrent
33 resolution, the Legislative Counsel shall not honor a request for the drafting of a
34 legislative measure if the request:

35 (a) Exceeds the number of requests authorized by NRS 218D.100 to 218D.220,
36 inclusive, *and section 6 of this act* for the requester; or

37 (b) Is submitted by an authorized nonlegislative requester pursuant to NRS
38 218D.175 to 218D.220, inclusive, *and section 6 of this act* but is not in a subject
39 related to the function of the requester.

40 3. The Legislative Counsel shall not:

41 (a) Honor a request to change the subject matter of a request for the drafting of
42 a legislative measure after it has been submitted for drafting.

43 (b) Honor a request for the drafting of a legislative measure which has been
44 combined in violation of Section 17 of Article 4 of the Nevada Constitution.