

ASSEMBLY BILL NO. 201—COMMITTEE ON
HEALTH AND HUMAN SERVICES

(ON BEHALF OF THE JOINT INTERIM STANDING COMMITTEE
ON HEALTH AND HUMAN SERVICES)

FEBRUARY 20, 2023

Referred to Committee on Health and Human Services

SUMMARY—Revises provisions relating to planning for the provision of behavioral health care. (BDR 39-325)

FISCAL NOTE: Effect on Local Government: May have Fiscal Impact.
Effect on the State: Yes.

CONTAINS UNFUNDED MANDATE (§§ 3, 9)
(NOT REQUESTED BY AFFECTED LOCAL GOVERNMENT)

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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 behavioral health; requiring the Commission on Behavioral Health to provide certain oversight and make certain recommendations concerning the children’s behavioral health system of care; requiring the formulation and operation of comprehensive state plans to provide behavioral health services for adults and children; requiring the certification of persons and entities who receive federal or state money to provide such services; requiring the adoption of clinical standards of care for the provision of such services; revising certain duties of the Commission, regional behavioral health policy boards and mental health consortiums of this State; and providing other matters properly relating thereto.

Legislative Counsel’s Digest:

- 1 Existing law requires the Commission on Behavioral Health to establish
- 2 policies to ensure adequate development and administration of services for persons
- 3 with mental illness, persons with intellectual disabilities, persons with
- 4 developmental disabilities, persons with substance use disorders and persons with
- 5 co-occurring disorders. (NRS 433.314) **Section 2** of this bill requires the
- 6 Commission to: (1) track the spending of federal and state money on the children’s



7 behavioral health system of care, which consists of certain behavioral health
8 services for children and their families; (2) quantify and track the costs avoided
9 through such expenditures; and (3) perform certain duties to provide oversight for
10 and make recommendations concerning the reinvestment of the money saved
11 through such avoided costs in the children's behavioral health system of care.

12 Existing law requires the Division of Public and Behavioral Health of the
13 Department of Health and Human Services to: (1) formulate and operate a
14 comprehensive state plan for programs for alcohol or other substance use disorders;
15 (2) coordinate the efforts to carry out the state plan and coordinate all state and
16 federal financial support of programs for alcohol or other substance use disorders in
17 this State; and (3) certify or deny the certification of detoxification technicians or
18 any facilities or programs on the basis of the standards established by the State
19 Board of Health. Existing law makes a detoxification technician or facility or
20 program that has not obtained such certification ineligible to receive state and
21 federal money for programs for alcohol or other substance use disorders. (NRS
22 458.025) **Sections 3 and 9** of this bill require the Division of Public and Behavioral
23 Health and the Division of Child and Family Services of the Department,
24 respectively, to: (1) formulate and operate comprehensive state plans to provide
25 behavioral health services for adults and children, as applicable; and (2) coordinate
26 the efforts to carry out the state plans and coordinate all state and federal financial
27 support of behavioral health services for children and adults, as applicable, in this
28 State. **Sections 3 and 9** require a person or entity that provides behavioral health
29 services to be certified by the Division of Public and Behavioral Health or the
30 Division of Child and Family Services, as applicable, in order to receive federal or
31 state money for the provision of behavioral health services for adults or children, as
32 applicable. **Section 13** of this bill allows a person or entity that provides behavioral
33 health services and is not so certified to continue to receive such money until
34 July 1, 2024. **Sections 3 and 9** also require the Board and the Division of Child and
35 Family Services to adopt regulations prescribing clinical standards of care for the
36 provision of behavioral health services for adults and children, respectively.
37 **Sections 4-6** of this bill: (1) eliminate certain duties of the Commission that are
38 similar to duties prescribed by **sections 3 and 9**; and (2) instead require the
39 Commission to make recommendations to the Division of Public and Behavioral
40 Health and the Division of Child and Family Services, as appropriate, concerning
41 the performance of the duties prescribed by **sections 3 and 9**. **Sections 7, 10 and**
42 **12** of this bill make conforming changes to replace references to duties eliminated
43 by **sections 4-6**.

44 Existing law establishes a regional behavioral health policy board for each of
45 the five behavioral health regions of this State. (NRS 433.428, 433.429) Existing
46 law requires each regional behavioral health policy board to: (1) advise the
47 Department, the Division of Public and Behavioral Health and the Commission
48 regarding certain matters relating to behavioral health in the region; and (2) submit
49 an annual report to the Commission concerning the behavioral health needs of the
50 region and certain duties of the policy board. (NRS 433.4295) **Section 8** of this bill
51 additionally requires each regional behavioral health policy board to advise the
52 Division of Child and Family Services regarding behavioral health for children in
53 the region over which the policy board has jurisdiction. **Section 8** also requires a
54 regional behavioral health policy board to additionally submit the annual report to
55 the Division of Public and Behavioral Health and the Division of Child and Family
56 Services.

57 Existing law establishes a mental health consortium for each county whose
58 population is 100,000 or more (currently Clark and Washoe Counties) and another
59 behavioral health consortium for the jurisdiction consisting of all other counties in
60 this State. (NRS 433B.333) Existing law requires each mental health consortium to:
61 (1) prepare and submit to the Director of the Department a long-term strategic plan



62 for the provision of mental health services to children with emotional disturbance in
63 the jurisdiction of the consortium; and (2) annually submit to the Director of the
64 Department and the Commission certain reports relating to the long-term strategic
65 plan. (NRS 433B.335) **Section 11** of this bill additionally requires each mental
66 health consortium to submit the long-term strategic plan and the annual reports to
67 the Administrator of the Division of Child and Family Services.

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

1 **Section 1.** Chapter 433 of NRS is hereby amended by adding
2 thereto the provisions set forth as sections 2 and 3 of this act.

3 **Sec. 2. 1. The Commission shall:**

4 *(a) Track the spending of federal and state money on the*
5 *children's behavioral health system of care;*

6 *(b) Using an evidence-based method of calculating averted*
7 *expenses prescribed by the Department, quantify and track the*
8 *costs avoided through the expenditures described in paragraph (a)*
9 *over time;*

10 *(c) Solicit, compile and analyze information and hold public*
11 *hearings concerning:*

12 *(1) The use of federal and state money spent on the*
13 *children's behavioral health system of care; and*

14 *(2) Ways to reinvest the money saved through the avoided*
15 *costs quantified pursuant to paragraph (b) in the children's*
16 *behavioral health system of care in a manner that addresses the*
17 *behavioral health needs of children in this State and reduces the*
18 *involvement of such children in the child welfare and juvenile*
19 *justice systems; and*

20 *(d) On or before August 1 of every even-numbered year:*

21 *(1) Compile a report which includes, without limitation:*

22 *(I) The costs that are projected to be avoided through*
23 *the expenditure of federal and state money on the children's*
24 *behavioral health system of care during the immediately following*
25 *2 years; and*

26 *(II) Recommendations for the reinvestment of such*
27 *avoided costs in accordance with subparagraph (2) of paragraph*
28 *(c); and*

29 *(2) Submit the report compiled pursuant to subparagraph*
30 *(1) to the Governor, the Director of the Department and the*
31 *Director of the Legislative Counsel Bureau for transmittal to the*
32 *Senate Standing Committee on Finance and the Assembly*
33 *Standing Committee on Ways and Means at the beginning of the*
34 *next regular session of the Legislature.*



1 2. *For the purposes of this section, the children's behavioral*
2 *health system of care consists of:*

3 (a) *Respite care for families and caregivers;*

4 (b) *Community-based and in-home behavioral health services*
5 *for children;*

6 (c) *Services for children in a behavioral health crisis,*
7 *including, without limitation, mobile crisis services and services*
8 *for in-home stabilization;*

9 (d) *Services to promote the coordination of behavioral health*
10 *care between families and providers, including, without limitation,*
11 *high fidelity wraparound;*

12 (e) *Family-to-family peer support services;*

13 (f) *Specialty services for children with an emotional*
14 *disturbance and dual diagnoses;*

15 (g) *Behavioral health services identified in the state plan for*
16 *foster care and adoption assistance established pursuant to 42*
17 *U.S.C. § 671; and*

18 (h) *Any other services prescribed by regulation of the Division*
19 *of Child and Family Services of the Department.*

20 3. *As used in this section:*

21 (a) *"Child with an emotional disturbance" has the meaning*
22 *ascribed to it in NRS 433B.045.*

23 (b) *"High fidelity wraparound" means an evidence-based,*
24 *structured and team-oriented process for developing and*
25 *implementing a plan to meet all of the behavioral health needs of*
26 *a child with complex behavioral health issues in collaboration*
27 *with the family of the child.*

28 **Sec. 3. 1. The Division:**

29 (a) *Shall formulate and operate a comprehensive state plan to*
30 *provide behavioral health services for adults which must include,*
31 *without limitation:*

32 (1) *A survey of the need for behavioral health services for*
33 *adults, including, without limitation, a survey of the providers*
34 *needed to provide services and a plan for the development and*
35 *distribution of services and programs throughout this State.*

36 (2) *A plan for programs to educate the public on issues*
37 *relating to behavioral health disorders and behavioral health*
38 *services for adults.*

39 (3) *A survey of the need for persons who have professional*
40 *training in fields of behavioral health and other persons involved*
41 *in the provision of behavioral health services for adults, and a*
42 *plan to provide the necessary services.*

43 ↳ *In developing and revising the state plan, the Division shall*
44 *consider, without limitation, the amount of money available from*
45 *the Federal Government for behavioral health services for adults*



1 *and the conditions attached to the acceptance of that money, and*
2 *the limitations of legislative appropriations for programs for*
3 *behavioral health services for adults.*

4 (b) *Shall coordinate the efforts to carry out the state plan and*
5 *coordinate all state and federal financial support of behavioral*
6 *health services for adults in this State.*

7 (c) *Must be consulted in the planning of projects and advised*
8 *of all applications for grants from within this State which are*
9 *concerned with behavioral health services for adults, and shall*
10 *review the applications and advise the applicants concerning the*
11 *applications.*

12 (d) *Shall certify or deny certification of providers of behavioral*
13 *health services for adults on the basis of the standards established*
14 *by the State Board of Health pursuant to subsection 2, and publish*
15 *a list of certified providers. Any providers of behavioral health*
16 *services for adults which are not certified are ineligible to receive*
17 *state or federal money to provide such services.*

18 (e) *Upon request from a provider of behavioral health services*
19 *for adults which is self-supported, may certify the provider and*
20 *add the provider to the list described in paragraph (d).*

21 2. *The State Board of Health shall adopt regulations to carry*
22 *out the provisions of this section. The regulations:*

23 (a) *Must prescribe clinical standards of care for the provision*
24 *of behavioral health services for adults; and*

25 (b) *May prescribe the fees for the certification of providers of*
26 *behavioral health services for adults. A fee prescribed pursuant to*
27 *this paragraph must be calculated to produce the revenue*
28 *estimated to cover the costs related to the certifications, but in no*
29 *case may a fee for a certificate exceed the actual cost to the*
30 *Division of issuing the certificate.*

31 3. *As used in this section:*

32 (a) *“Behavioral health services for adults” means any services*
33 *for adults with mental illnesses, intellectual disabilities,*
34 *developmental disabilities or similar conditions. The term does not*
35 *include services for adults with alcohol or other substance use*
36 *disorders, except to the extent that an alcohol or other substance*
37 *use disorder is co-occurring with a condition described in this*
38 *section.*

39 (b) *“Provider of behavioral health services for adults” means*
40 *any person or entity that provides behavioral health services for*
41 *adults, including, without limitation, a facility, a provider of*
42 *health care or other services or a community-based service or*
43 *program.*

44 **Sec. 4.** NRS 433.314 is hereby amended to read as follows:

45 433.314 1. The Commission shall:



1 (a) ~~Establish policies~~ *Recommend to the Division and the*
2 *Division of Child and Family Services of the Department, as*
3 *applicable, for inclusion in the state plans formulated pursuant to*
4 *NRS 458.025 and sections 3 and 9 of this act:*

5 (1) *Policies* to ensure adequate development and
6 administration of services for persons with mental illness, persons
7 with intellectual disabilities, persons with developmental
8 disabilities, persons with substance use disorders or persons with co-
9 occurring disorders, including services to prevent mental illness,
10 intellectual disabilities, developmental disabilities, substance use
11 disorders and co-occurring disorders, and services provided without
12 admission to a facility or institution;

13 ~~Set policies~~ *and*

14 (2) *Policies* for the care and treatment of persons with mental
15 illness, persons with intellectual disabilities, persons with
16 developmental disabilities, persons with substance use disorders or
17 persons with co-occurring disorders provided by all state agencies;

18 ~~(e)~~ (b) If a data dashboard is established pursuant to NRS
19 439.245, use the data dashboard to review access by different
20 groups and populations in this State to behavioral health services
21 provided through telehealth, as defined in NRS 629.515, and
22 evaluate policies to make such access more equitable;

23 ~~(d)~~ (c) Review the programs and finances of the Division;

24 ~~(e)~~ (d) Report at the beginning of each year to the Governor
25 and at the beginning of each odd-numbered year to the Legislature:

26 (1) Information concerning the quality of the care and
27 treatment provided for persons with mental illness, persons with
28 intellectual disabilities, persons with developmental disabilities,
29 persons with substance use disorders or persons with co-occurring
30 disorders in this State and on any progress made toward improving
31 the quality of that care and treatment; and

32 (2) In coordination with the Department, any
33 recommendations from the regional behavioral health policy boards
34 created pursuant to NRS 433.429. The report must include, without
35 limitation:

36 (I) The epidemiologic profiles of substance use disorders,
37 addictive disorders related to gambling and suicide;

38 (II) Relevant behavioral health prevalence data for each
39 behavioral health region created by NRS 433.428; and

40 (III) The health priorities set for each behavioral health
41 region; and

42 ~~(f)~~ (e) Review and make recommendations concerning
43 regulations submitted to the Commission for review pursuant to
44 NRS 641.100, 641A.160, 641B.160 and 641C.200.



1 2. The Commission may employ an administrative assistant
2 and a data analyst to assist the regional behavioral health policy
3 boards created by NRS 433.429 in carrying out their duties.

4 **Sec. 5.** NRS 433.316 is hereby amended to read as follows:
5 433.316 The Commission may:

6 1. Collect and disseminate information pertaining to mental
7 health, intellectual disabilities, developmental disabilities, substance
8 use disorders and co-occurring disorders.

9 2. Request legislation pertaining to mental health, intellectual
10 disabilities, developmental disabilities, substance use disorders and
11 co-occurring disorders.

12 3. Review findings of investigations of complaints about the
13 care of any person in a public facility for the treatment of persons
14 with mental illness, persons with intellectual disabilities, persons
15 with developmental disabilities, persons with substance use
16 disorders or persons with co-occurring disorders.

17 4. Accept, as authorized by the Legislature, gifts and grants of
18 money and property.

19 5. Take appropriate steps to increase the availability of and to
20 enhance the quality of the care and treatment of persons with mental
21 illness, persons with intellectual disabilities, persons with
22 developmental disabilities, persons with substance use disorders or
23 persons with co-occurring disorders provided through private
24 nonprofit organizations, governmental entities, hospitals and clinics.

25 6. Promote programs for the treatment of persons with mental
26 illness, persons with intellectual disabilities, persons with
27 developmental disabilities, persons with substance use disorders or
28 persons with co-occurring disorders and participate in and promote
29 the development of facilities for training persons to provide services
30 for persons with mental illness, persons with intellectual disabilities,
31 persons with developmental disabilities, persons with substance use
32 disorders or persons with co-occurring disorders.

33 7. ~~Create a plan to coordinate the~~ *Make recommendations to*
34 *the Division and the Division of Child and Family Services of the*
35 *Department, as applicable, for inclusion in the state plans*
36 *formulated pursuant to NRS 458.025 and sections 3 and 9 of this*
37 *act to coordinate* services for the treatment of persons with mental
38 illness, persons with intellectual disabilities, persons with
39 developmental disabilities, persons with substance use disorders or
40 persons with co-occurring disorders provided in this State and to
41 provide continuity in the care and treatment provided.

42 8. Establish and maintain an appropriate program which
43 provides information to the general public concerning mental
44 illness, intellectual disabilities, developmental disabilities, substance
45 use disorders and co-occurring disorders and consider ways to



1 involve the general public in the decisions concerning the policy on
2 mental illness, intellectual disabilities, developmental disabilities,
3 substance use disorders and co-occurring disorders.

4 9. Compile statistics on mental illness and study the cause,
5 pathology and prevention of that illness.

6 10. Establish programs to prevent or postpone the commitment
7 of residents of this State to facilities for the treatment of persons
8 with mental illness, persons with intellectual disabilities, persons
9 with developmental disabilities, persons with substance use
10 disorders or persons with co-occurring disorders.

11 11. Evaluate the future needs of this State concerning the
12 treatment of mental illness, intellectual disabilities, developmental
13 disabilities, substance use disorders and co-occurring disorders and
14 develop ways to improve the treatment already provided.

15 12. Take any other action necessary to promote mental health
16 in this State.

17 **Sec. 6.** NRS 433.317 is hereby amended to read as follows:

18 433.317 1. The Commission shall appoint a subcommittee on
19 the mental health of children to review the findings and
20 recommendations of each mental health consortium submitted
21 pursuant to NRS 433B.335 and to ~~create a statewide~~ *make*
22 *recommendations to the Division of Child and Family Services of*
23 *the Department concerning the state* plan ~~for the provision of~~
24 ~~mental~~ *to provide behavioral* health services ~~to~~ *for* children ~~to~~
25 *formulated pursuant to section 9 of this act.*

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

32 **Sec. 7.** NRS 433.395 is hereby amended to read as follows:

33 433.395 1. Upon approval of the Director of the Department,
34 the Administrator may accept:

35 (a) Donations of money and gifts of real or personal property;
36 and

37 (b) Grants of money from the Federal Government,
38 ↪ for use in public or private programs that provide services to
39 persons in this State with mental illness.

40 2. The Administrator shall disburse any donations, gifts and
41 grants received pursuant to this section to programs that provide
42 services to persons with mental illness in a manner that supports the
43 *state* plan to ~~coordinate services~~ *provide behavioral health*
44 *services for adults* created by the ~~Commission~~ *Division* pursuant
45 to ~~subsection 7 of NRS 433.316. In the absence of a plan to~~



1 ~~coordinate services, the Administrator shall make disbursements to~~
2 ~~programs that will maximize the benefit provided to persons with~~
3 ~~mental illness in consideration of the nature and value of the~~
4 ~~donation, gift or grant.] section 3 of this act and the state plan to~~
5 ~~provide behavioral health services for children created by the~~
6 ~~Division of Child and Family Services of the Department pursuant~~
7 ~~to section 9 of this act.~~

8 3. Within limits of legislative appropriations or other available
9 money, the Administrator may enter into a contract for services
10 related to the evaluation and recommendation of recipients for the
11 disbursements required by this section.

12 **Sec. 8.** NRS 433.4295 is hereby amended to read as follows:

13 433.4295 1. Each policy board shall:

14 (a) Advise the Department, *the Division , the Division of Child*
15 *and Family Services* and *the Commission , as appropriate,*
16 regarding:

17 (1) The behavioral health needs of adults and children in the
18 behavioral health region;

19 (2) Any progress, problems or proposed plans relating to the
20 provision of behavioral health services and methods to improve the
21 provision of behavioral health services in the behavioral health
22 region;

23 (3) Identified gaps in the behavioral health services which
24 are available in the behavioral health region and any
25 recommendations or service enhancements to address those gaps;

26 (4) Any federal, state or local law or regulation that relates to
27 behavioral health which it determines is redundant, conflicts with
28 other laws or is obsolete and any recommendation to address any
29 such redundant, conflicting or obsolete law or regulation; and

30 (5) Priorities for allocating money to support and develop
31 behavioral health services in the behavioral health region.

32 (b) Promote improvements in the delivery of behavioral health
33 services in the behavioral health region.

34 (c) Coordinate and exchange information with the other policy
35 boards to provide unified and coordinated recommendations to the
36 Department, *the Division , the Division of Child and Family*
37 *Services* and *the Commission* regarding behavioral health services
38 in the behavioral health region.

39 (d) Review the collection and reporting standards of behavioral
40 health data to determine standards for such data collection and
41 reporting processes.

42 (e) To the extent feasible, establish an organized, sustainable
43 and accurate electronic repository of data and information
44 concerning behavioral health and behavioral health services in the
45 behavioral health region that is accessible to members of the public



1 on an Internet website maintained by the policy board. A policy
2 board may collaborate with an existing community-based
3 organization to establish the repository.

4 (f) To the extent feasible, track and compile data concerning
5 persons placed on a mental health crisis hold pursuant to NRS
6 433A.160, persons admitted to mental health facilities and hospitals
7 under an emergency admission pursuant to NRS 433A.162, persons
8 admitted to mental health facilities under an involuntary court-
9 ordered admission pursuant to NRS 433A.200 to 433A.330,
10 inclusive, and persons ordered to receive assisted outpatient
11 treatment pursuant to NRS 433A.335 to 433A.345, inclusive, in the
12 behavioral health region, including, without limitation:

13 (1) The outcomes of treatment provided to such persons; and

14 (2) Measures taken upon and after the release of such
15 persons to address behavioral health issues and prevent future
16 mental health crisis holds and admissions.

17 (g) If a data dashboard is established pursuant to NRS 439.245,
18 use the data dashboard to review access by different groups and
19 populations in this State to behavioral health services provided
20 through telehealth, as defined in NRS 629.515, and evaluate policies
21 to make such access more equitable.

22 (h) Identify and coordinate with other entities in the behavioral
23 health region and this State that address issues relating to behavioral
24 health to increase awareness of such issues and avoid duplication of
25 efforts.

26 (i) In coordination with existing entities in this State that address
27 issues relating to behavioral health services, submit an annual report
28 to the Commission, *the Division and the Division of Child and*
29 *Family Services* which includes, without limitation:

30 (1) The specific behavioral health needs of the behavioral
31 health region;

32 (2) A description of the methods used by the policy board to
33 collect and analyze data concerning the behavioral health needs and
34 problems of the behavioral health region and gaps in behavioral
35 health services which are available in the behavioral health region,
36 including, without limitation, a list of all sources of such data used
37 by the policy board;

38 (3) A description of the manner in which the policy board
39 has carried out the requirements of paragraphs (c) and (h) and the
40 results of those activities; and

41 (4) The data compiled pursuant to paragraph (f) and any
42 conclusions that the policy board has derived from such data.

43 2. A report described in paragraph (i) of subsection 1 may be
44 submitted more often than annually if the policy board determines



1 that a specific behavioral health issue requires an additional report .
2 ~~[to the Commission.]~~

3 3. *As used in this section, “Division of Child and Family*
4 *Services” means the Division of Child and Family Services of the*
5 *Department.*

6 **Sec. 9.** Chapter 433B of NRS is hereby amended by adding
7 thereto a new section to read as follows:

8 **1. The Division:**

9 (a) *Shall formulate and operate a comprehensive state plan to*
10 *provide behavioral health services for children which must*
11 *include, without limitation:*

12 (1) *A survey of the need for behavioral health services for*
13 *children, including, without limitation, a survey of the providers*
14 *needed to provide services and a plan for the development and*
15 *distribution of services and programs throughout this State.*

16 (2) *A plan for programs to educate the public on issues*
17 *relating to behavioral health disorders and behavioral health*
18 *services for children.*

19 (3) *A survey of the need for persons who have professional*
20 *training in fields of behavioral health and other persons involved*
21 *in the provision of behavioral health services for children, and a*
22 *plan to provide the necessary services.*

23 *↳ In developing and revising the state plan, the Division shall*
24 *consider, without limitation, the amount of money available from*
25 *the Federal Government for behavioral health services for*
26 *children and the conditions attached to the acceptance of that*
27 *money, and the limitations of legislative appropriations for*
28 *behavioral health services for children.*

29 (b) *Shall coordinate the efforts to carry out the state plan and*
30 *coordinate all state and federal financial support of behavioral*
31 *health services for children in this State.*

32 (c) *Must be consulted in the planning of projects and advised*
33 *of all applications for grants from within this State which are*
34 *concerned with behavioral health services for children, and shall*
35 *review the applications and advise the applicants concerning the*
36 *applications.*

37 (d) *Shall certify or deny certification of providers of behavioral*
38 *health services for children on the basis of the standards*
39 *established by the Division pursuant to subsection 2 and publish a*
40 *list of certified providers. Any providers of behavioral health*
41 *services for children which are not certified are ineligible to*
42 *receive state or federal money to provide such services.*

43 (e) *Upon request from a provider of behavioral health services*
44 *for children which is self-supported, may certify the provider and*
45 *add them to the list described in paragraph (d).*



1 2. *The Division shall adopt regulations to carry out the*
2 *provisions of this section. The regulations:*

3 (a) *Must prescribe clinical standards of care for the provision*
4 *of behavioral health services for children; and*

5 (b) *May prescribe the fees for the certification of providers of*
6 *behavioral health services for children. A fee prescribed pursuant*
7 *to this paragraph must be calculated to produce the revenue*
8 *estimated to cover the costs related to the certifications, but in no*
9 *case may a fee for a certificate exceed the actual cost to the*
10 *Division of issuing the certificate.*

11 3. *As used in this section:*

12 (a) *“Behavioral health services for children” means any*
13 *services for children with mental illnesses, emotional*
14 *disturbances, intellectual disabilities, developmental disabilities or*
15 *similar conditions. The term does not include services for children*
16 *with alcohol or other substance use disorders, except to the extent*
17 *that an alcohol or other substance use disorder is co-occurring*
18 *with a condition described in this section.*

19 (b) *“Provider of behavioral health services for children”*
20 *means any person or entity that provides behavioral health*
21 *services for children, including, without limitation, a facility, a*
22 *provider of health care or other services or a community-based*
23 *service or program.*

24 **Sec. 10.** NRS 433B.130 is hereby amended to read as follows:

25 433B.130 1. The Administrator shall:

26 (a) Administer, in accordance with the ~~[policies established by~~
27 ~~the Commission.]~~ *state plan to provide behavioral health services*
28 *for children formulated pursuant to section 9 of this act,* the
29 programs of the Division for the mental health of children.

30 (b) Establish appropriate policies to ensure that children in
31 division facilities have timely access to clinically appropriate
32 psychotropic medication that are consistent with the provisions of
33 NRS 432B.197 and NRS 432B.4681 to 432B.469, inclusive, and the
34 policies adopted pursuant thereto.

35 (c) Upon an order of a juvenile court pursuant to NRS 62D.180
36 or 62D.185, accept and provide services to a child who has been
37 determined to be incompetent by the juvenile court.

38 2. The Administrator may:

39 (a) Appoint the administrative personnel necessary to operate
40 the programs of the Division for the mental health of children.

41 (b) Delegate to the administrative officers the power to appoint
42 medical, technical, clerical and operational staff necessary for the
43 operation of any division facilities.

44 3. If the Administrator finds that it is necessary or desirable
45 that any employee reside at a facility operated by the Division or



1 receive meals at such a facility, perquisites granted or charges for
2 services rendered to that person are at the discretion of the Director
3 of the Department.

4 4. The Administrator may enter into agreements with the
5 Administrator of the Division of Public and Behavioral Health of
6 the Department or with the Administrator of the Aging and
7 Disability Services Division of the Department for the care and
8 treatment of consumers of the Division of Child and Family
9 Services at any facility operated by the Division of Public and
10 Behavioral Health or the Aging and Disability Services Division, as
11 applicable.

12 **Sec. 11.** NRS 433B.335 is hereby amended to read as follows:

13 433B.335 1. Each mental health consortium established
14 pursuant to NRS 433B.333 shall prepare and submit to the Director
15 of the Department *and the Administrator* a long-term strategic plan
16 for the provision of mental health services to children with
17 emotional disturbance in the jurisdiction of the consortium. A plan
18 submitted pursuant to this section is valid for 10 years after the date
19 of submission, and each consortium shall submit a new plan upon its
20 expiration.

21 2. In preparing the long-term strategic plan pursuant to
22 subsection 1, each mental health consortium must be guided by the
23 following principles:

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

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

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

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

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

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

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



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

5 3. The long-term strategic plan prepared pursuant to subsection
6 1 must include:

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

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

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

15 (d) Criteria for eligibility for those services;

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

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

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

22 (h) Documentation of the number of children with emotional
23 disturbance who are not currently being provided services, the costs
24 to provide services to those children, the obstacles to providing
25 services to those children and recommendations for removing those
26 obstacles;

27 (i) Methods for obtaining additional money and services for
28 children with emotional disturbance from private and public entities;
29 and

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

32 4. On or before January 31 of each even-numbered year, each
33 mental health consortium shall submit to the Director of the
34 Department, *the Administrator* and the Commission:

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

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

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

43 5. In preparing the biennial budget request for the Department,
44 the Director of the Department shall consider the list of priorities
45 and any request for an allocation submitted pursuant to subsection 4



1 by each mental health consortium. On or before September 30 of
2 each even-numbered year, the Director of the Department shall
3 submit to each mental health consortium a report which includes a
4 description of:

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

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

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

13 6. On or before January 31 of each odd-numbered year, each
14 consortium shall submit to the Director of the Department , *the*
15 *Administrator* and the Commission:

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

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

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

24 **Sec. 12.** NRS 435.490 is hereby amended to read as follows:

25 435.490 1. Upon approval of the Director of the Department,
26 the Administrator may accept:

27 (a) Donations of money and gifts of real or personal property;
28 and

29 (b) Grants of money from the Federal Government,
30 ↪ for use in public or private programs that provide services to
31 persons in this State with intellectual disabilities or persons with
32 developmental disabilities.

33 2. The Administrator shall disburse any donations, gifts and
34 grants received pursuant to this section to programs that provide
35 services to persons with intellectual disabilities or persons with
36 developmental disabilities in a manner that supports the *state* plan to
37 ~~[e]oordinate~~ *provide behavioral health services for adults* created
38 by the ~~[Commission on]~~ *Division of Public and Behavioral Health*
39 *of the Department* pursuant to ~~[subsection 7 of NRS 433.316. In the~~
40 ~~absence of a plan to coordinate services, the Administrator shall~~
41 ~~make disbursements to programs that will maximize the benefit~~
42 ~~provided to persons with intellectual disabilities or persons with~~
43 ~~developmental disabilities in consideration of the nature and value~~
44 ~~of the donation, gift or grant.]~~ *section 3 of this act and the state*
45 *plan to provide behavioral health services for children created by*



1 *the Division of Child and Family Services of the Department*
2 *pursuant to section 9 of this act.*

3 3. Within limits of legislative appropriations or other available
4 money, the Administrator may enter into a contract for services
5 related to the evaluation and recommendation of recipients for the
6 disbursements required by this section.

7 **Sec. 13.** 1. Notwithstanding the provisions of sections 3 and
8 9 of this act, a provider of behavioral health services for adults or a
9 provider of behavioral health services for children who receives
10 federal or state money to provide behavioral health services for
11 adults or behavioral health services for children and is not certified
12 pursuant to section 3 or 9, as applicable, of this act may continue to
13 receive federal or state money to provide such services without such
14 certification until July 1, 2024.

15 2. As used in this section:

16 (a) "Behavioral health services for adults" has the meaning
17 ascribed to it in section 3 of this act.

18 (b) "Behavioral health services for children" has the meaning
19 ascribed to it in section 9 of this act.

20 (c) "Provider of behavioral health services for adults" has the
21 meaning ascribed to it in section 3 of this act.

22 (d) "Provider of behavioral health services for children" has the
23 meaning ascribed to it in section 9 of this act.

24 **Sec. 14.** The provisions of subsection 1 of NRS 218D.380 do
25 not apply to any provision of this act which adds or revises a
26 requirement to submit a report to the Legislature.

27 **Sec. 15.** The provisions of NRS 354.599 do not apply to any
28 additional expenses of a local government that are related to the
29 provisions of this act.

30 **Sec. 16.** 1. This section becomes effective upon passage and
31 approval.

32 2. Sections 1, 2 and 14 of this act become effective on July 1,
33 2023.

34 3. Sections 3 to 13, inclusive, and 15 of this act become
35 effective:

36 (a) Upon passage and approval for the purpose of adopting
37 regulations and performing any other preparatory administrative
38 tasks that are necessary to carry out the provisions of this act; and

39 (b) On January 1, 2024, for all other purposes.

