

Assembly Bill No. 201–Committee on
Health and Human Services

CHAPTER.....

AN ACT relating to behavioral health; requiring the Department of Health and Human Services to provide certain oversight and make certain recommendations concerning the children’s behavioral health system of care; adding certain members to the subcommittee on the mental health of children of the Commission on Behavioral Health; prescribing certain duties of a regional behavioral health policy board; requiring a mental health consortium to submit certain documents to the Administrator of the Division of Child and Family Services of the Department; clarifying the authority of the State Board of Health to require the licensing of certain facilities; requiring the Legislative Committee on Senior Citizens, Veterans and Adults With Special Needs to conduct a study of the feasibility of formulating and operating a comprehensive state plan to provide behavioral health services; and providing other matters properly relating thereto.

Legislative Counsel’s Digest:

Existing law requires: (1) the Division of Public and Behavioral Health of the Department of Health and Human Services to perform certain duties relating to the provision of behavioral health services in this State; and (2) the Division of Child and Family Services of the Department to administer provisions governing mental health services for children. (NRS 433.331-433.374, chapter 433B of NRS)

Section 2 of this bill requires the Department to: (1) track the spending of federal and state money on the children’s behavioral health system of care, which consists of certain behavioral health services for children and their families; (2) quantify and track the costs avoided through such expenditures; and (3) perform certain duties to provide oversight for and make recommendations concerning the reinvestment of the money saved through such avoided costs in the children’s behavioral health system of care.

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



Existing law establishes a mental health consortium for each county whose population is 100,000 or more (currently Clark and Washoe Counties) and another behavioral health consortium for the jurisdiction consisting of all other counties in this State. (NRS 433B.333)

Existing law requires each mental health consortium to: (1) prepare and submit to the Director of the Department a long-term strategic plan for the provision of mental health services to children with emotional disturbance in the jurisdiction of the consortium; and (2) annually submit to the Director of the Department and the Commission certain reports relating to the long-term strategic plan. (NRS 433B.335) **Section 11** of this bill requires each mental health consortium to submit the long-term strategic plan and the annual reports to the Administrator of the Division of Child and Family Services.

Existing law requires the Commission to appoint a subcommittee on the mental health of children to review each long-term strategic plan submitted by a mental health consortium that represents a particular region. (NRS 433.317) **Section 6** of this bill requires that subcommittee to include two members recommended by and upon agreement of the mental health consortia.

Existing law: (1) requires a medical facility or facility for the dependent to obtain a license from the Division of Public and Behavioral Health; and (2) authorizes the State Board of Health to adopt regulations requiring the licensing of other types of facilities that provide any type of medical care or treatment. (NRS 449.030, 449.0303) **Section 12.8** of this bill clarifies that the authority of the State Board to require such licensing includes the authority to require the licensing of facilities that provide behavioral health care or treatment.

Existing law requires the Division of Public and Behavioral Health to formulate and operate a comprehensive state plan for programs for alcohol or other substance use disorders. (NRS 458.025) **Section 13.5** of this bill requires the Legislative Committee on Senior Citizens, Veterans and Adults With Special Needs to study, during the 2023-2024 interim, the feasibility of formulating and operating a similar comprehensive state plan for the provision of behavioral health services in this State.

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

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

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

Sec. 2. 1. *The Department shall:*

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

(b) Quantify and track the costs avoided through the expenditures described in paragraph (a) over time;

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

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



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

(d) *On or before June 30 of every even-numbered year, present at a meeting of the Joint Interim Standing Committee on Health and Human Services concerning:*

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

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

(e) *On or before December 31 of every even-numbered year, submit a report of the information described in paragraph (d) to the Governor and the Director of the Legislative Counsel Bureau for transmittal to the Senate Standing Committee on Finance and the Assembly Standing Committee on Ways and Means at the beginning of the next regular session of the Legislature.*

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

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

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

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

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

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

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

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

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

3. *As used in this section:*

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



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

Secs. 3-5. (Deleted by amendment.)

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

433.317 1. The Commission shall appoint a subcommittee on the mental health of children to review the findings and recommendations of each mental health consortium submitted pursuant to NRS 433B.335 and to create a statewide plan for the provision of mental health services to children. *The members of the subcommittee must include, without limitation, two members recommended by and upon agreement of the mental health consortia established pursuant to NRS 433B.333.*

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

Sec. 7. (Deleted by amendment.)

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

433.4295 1. Each policy board shall:

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

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

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

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

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

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



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

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

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

(e) To the extent feasible, establish an organized, sustainable and accurate electronic repository of data and information concerning behavioral health and behavioral health services in the behavioral health region that is accessible to members of the public on an Internet website maintained by the policy board. A policy board may collaborate with an existing community-based organization to establish the repository.

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

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

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

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

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

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



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

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

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

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

2. A report described in paragraph (i) of subsection 1 may be submitted more often than annually if the policy board determines that a specific behavioral health issue requires an additional report . ~~[to the Commission.]~~

3. As used in this section, "Division of Child and Family Services" means the Division of Child and Family Services of the Department.

Secs. 9, 10 and 10.5. (Deleted by amendment.)

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

(d) Criteria for eligibility for those services;

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

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

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

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

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



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

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

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

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

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

5. In preparing the biennial budget request for the Department, the Director of the Department shall consider the list of priorities and any request for an allocation submitted pursuant to subsection 4 by each mental health consortium. On or before September 30 of each even-numbered year, the Director of the Department shall submit to each mental health consortium a report which includes a description of:

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

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

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

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

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

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

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

Secs. 11.3, 11.6, 12, 12.3 and 12.5. (Deleted by amendment.)



Sec. 12.8. NRS 449.0303 is hereby amended to read as follows:

449.0303 The Board may adopt regulations requiring the licensing of a facility other than those required to be licensed pursuant to NRS 449.029 to 449.2428, inclusive, if the:

1. Facility provides any type of medical care or treatment ~~H~~, *including, without limitation, behavioral health care or treatment*; and
2. Regulation is necessary to protect the health of the general public.

Sec. 13. (Deleted by amendment.)

Sec. 13.5. 1. During the 2023-2024 interim, the Legislative Committee on Senior Citizens, Veterans and Adults With Special Needs created by NRS 218E.750 shall study the feasibility of formulating and operating a comprehensive plan to provide behavioral health services in this State. In conducting the study, the Committee may collaborate with:

- (a) The Commission on Behavioral Health;
- (b) Personnel of the Department of Health and Human Services or any division thereof;
- (c) Any regional behavioral health policy board created by NRS 433.429; and
- (d) Any other state or local governmental entity that provides or performs duties relating to behavioral health services in this State.

2. On or before September 1, 2024, the Legislative Committee on Senior Citizens, Veterans and Adults With Special Needs shall submit a report of the results of the study conducted pursuant to subsection 1 and recommendations for legislation resulting from the study to:

- (a) The Governor; and
- (b) The Director of the Legislative Counsel Bureau for transmittal to the 83rd Session of the Nevada Legislature.

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

Sec. 15. (Deleted by amendment.)

Sec. 16. This act becomes effective on July 1, 2023.



