

ASSEMBLY BILL NO. 6—COMMITTEE ON
HEALTH AND HUMAN SERVICES

(ON BEHALF OF LEGISLATIVE COMMITTEE ON CHILDREN,
YOUTH AND FAMILIES (NRS 218.53723))

PREFILED JANUARY 27, 2003

Referred to Committee on Health and Human Services

SUMMARY—Changes dates by which mental health consortia are required to prepare recommended plans and submit plans to Department of Human Resources and to Legislative Committee on Children, Youth and Families. (BDR 39-693)

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

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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 children; changing the dates by which each mental health consortium is required to prepare a recommended plan for the provision of mental health services to certain children and submit the plan to the Department of Human Resources and to the Legislative Committee on Children, Youth and Families; and providing other matters properly relating thereto.

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

1 **Section 1.** NRS 433B.335 is hereby amended to read as
2 follows:
3 433B.335 1. On or before ~~January~~ *July* 1 of each year, each
4 mental health consortium established pursuant to NRS 433B.333
5 shall prepare a recommended plan for the provision of mental health
6 services to emotionally disturbed children in the jurisdiction of the
7 consortium.



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1 2. In preparing the recommended plan, each mental health
2 consortium must be guided by the following principles:

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

7 (b) The families of emotionally disturbed children, including,
8 without limitation, foster parents, should be active participants in all
9 aspects of planning, selecting and delivering mental health services
10 at the local level.

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

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

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

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

23 (g) The family of an emotionally disturbed child should be
24 eligible to receive mental health services from the system.

25 (h) Mental health services should be provided to emotionally
26 disturbed children in a sensitive manner that is responsive to cultural
27 and gender-based differences and the special needs of the children.

28 3. The plan prepared pursuant to this section must include:

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

31 (b) A description of the types of services to be offered to
32 emotionally disturbed children based on the amount of money
33 available to pay the costs of such mental health services within the
34 jurisdiction of the consortium;

35 (c) Criteria for eligibility for those services;

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

38 (e) The manner in which the costs for those services will be
39 allocated;

40 (f) The mechanisms to manage the money provided for those
41 services;

42 (g) Documentation of the number of emotionally disturbed
43 children who are not currently being provided services, the costs to
44 provide services to those children, the obstacles to providing



1 services to those children and recommendations for removing those
2 obstacles;

3 (h) Methods for obtaining additional money and services for
4 emotionally disturbed children from private and public entities; and

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

7 4. On or before ~~January~~ *July* 15 of each year, each mental
8 health consortium shall submit the recommended plan prepared
9 pursuant to this section to the Department. If the Department
10 disapproves the plan, the Department shall submit the plan to the
11 consortium for revision and resubmission to the Department.

12 5. On or before ~~January~~ *August* 15 of each year, each mental
13 health consortium shall submit the recommended plan prepared
14 pursuant to this section *and, if applicable, the revised plan*
15 *prepared pursuant to subsection 4*, to the Legislative Committee on
16 Children, Youth and Families established pursuant to NRS
17 218.53723 and shall submit progress reports to the Legislative
18 Committee on Children, Youth and Families at the end of each
19 calendar quarter.

20 **Sec. 2.** NRS 433B.335 is hereby amended to read as follows:

21 433B.335 1. On or before ~~January~~ *July* 1 of each year, each
22 mental health consortium established pursuant to NRS 433B.333
23 shall prepare a recommended plan for the provision of mental health
24 services to emotionally disturbed children in the jurisdiction of the
25 consortium.

26 2. In preparing the recommended plan, each mental health
27 consortium must be guided by the following principles:

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

32 (b) The families of emotionally disturbed children, including,
33 without limitation, foster parents, should be active participants in all
34 aspects of planning, selecting and delivering mental health services
35 at the local level.

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

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

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



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

4 (g) The family of an emotionally disturbed child should be
5 eligible to receive mental health services from the system.

6 (h) Mental health services should be provided to emotionally
7 disturbed children in a sensitive manner that is responsive to cultural
8 and gender-based differences and the special needs of the children.

9 3. The plan prepared pursuant to this section must include:

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

12 (b) A description of the types of services to be offered to
13 emotionally disturbed children based on the amount of money
14 available to pay the costs of such mental health services within the
15 jurisdiction of the consortium;

16 (c) Criteria for eligibility for those services;

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

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

21 (f) The mechanisms to manage the money provided for those
22 services;

23 (g) Documentation of the number of emotionally disturbed
24 children who are not currently being provided services, the costs to
25 provide services to those children, the obstacles to providing
26 services to those children and recommendations for removing those
27 obstacles;

28 (h) Methods for obtaining additional money and services for
29 emotionally disturbed children from private and public entities; and

30 (i) 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~~ **July** 15 of each year, each mental
33 health consortium shall submit the recommended plan prepared
34 pursuant to this section to the Department. If the Department
35 disapproves the plan, the Department shall submit the plan to the
36 consortium for revision and resubmission to the Department.

37 **Sec. 3.** 1. This section and section 1 of this act become
38 effective on October 1, 2003.

39 2. Section 1 of this act expires by limitation on June 30, 2005.

40 3. Section 2 of this act becomes effective at 12:01 a.m. on
41 July 1, 2005.

