

Assembly Bill No. 6—Committee on
Health and Human Services

CHAPTER.....

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:

Section 1. NRS 433B.335 is hereby amended to read as follows:

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

2. In preparing the recommended plan, 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 emotionally disturbed children 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 emotionally disturbed children, 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 an emotionally disturbed child should be eligible to receive mental health services from the system.

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

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

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

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

(c) Criteria for eligibility for those services;

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

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

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

(g) Documentation of the number of emotionally disturbed children 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;

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

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

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

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

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

2. In preparing the recommended plan, 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 emotionally disturbed children 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 emotionally disturbed children, 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 an emotionally disturbed child should be eligible to receive mental health services from the system.

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

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

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

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

(c) Criteria for eligibility for those services;

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

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

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

(g) Documentation of the number of emotionally disturbed children 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;

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

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

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

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

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