

ASSEMBLY BILL NO. 177—ASSEMBLYWOMAN GANSERT

MARCH 8, 2005

Referred to Committee on Health and Human Services

SUMMARY—Creates Steering Committee for Systems Integration Pilot Project for Seriously Mentally Ill Persons. (BDR S-492)

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 the Steering Committee for the Systems Integration Pilot Project for Seriously Mentally Ill Persons; requiring the Steering Committee to develop and implement an action plan for integrating and coordinating the resources and services available to assist mentally ill persons in this State; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

1 In 2003, the Nevada Legislature created the Nevada Mental Health Plan
2 Implementation Commission to develop an action plan for implementing federal
3 recommendations to enable persons with severe mental illnesses or severe
4 emotional disturbances to live, work, learn and participate fully in their
5 communities. (Chapter 445, Statutes of Nevada 2003, at page 2680) This law
6 expired on January 1, 2005.

7 This bill creates the Steering Committee for the Systems Integration Pilot
8 Project for Seriously Mentally Ill Persons to expand upon the work of the
9 Commission. This bill provides for the membership of the Steering Committee,
10 which consists of various persons who are involved with persons who have mental
11 illnesses. The Steering Committee is required to develop and implement a
12 comprehensive state mental health plan to integrate and coordinate the resources
13 and services available to assist mentally ill persons in Nevada. In developing the
14 plan, the Steering Committee is required to establish a work group consisting of
15 members of the Steering Committee to address certain issues necessary for the
16 development of the plan. Upon adoption of the plan, the Steering Committee is
17 required to present the plan to entities that are identified as responsible for
18 providing mental health resources and services in this State and encourage the
19 entities to work toward implementing the plan. The work of the Steering



20 Committee must be completed over the next biennium, as the provisions of the bill
21 become effective on July 1, 2005, and expire on January 1, 2007.

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

1 **Section 1.** As used in sections 1 to 12, inclusive, of this act,
2 unless the context otherwise requires, the words and terms defined
3 in sections 2 to 5, inclusive, of this act have the meanings ascribed
4 to them in those sections.

5 **Sec. 2.** “Plan” means the comprehensive state mental health
6 plan for the integration and coordination of all mental health
7 resources and services available to assist mentally ill persons in this
8 State developed pursuant to section 9 of this act.

9 **Sec. 3.** “Private sector” includes, without limitation, private
10 entities which provide affordable housing, private entities which
11 provide productive employment services and private community
12 support programs which advocate for mentally ill persons.

13 **Sec. 4.** “Steering Committee” means the Steering Committee
14 for the Systems Integration Pilot Project for Seriously Mentally Ill
15 Persons created by section 6 of this act.

16 **Sec. 5.** “Work group” means the work group established by
17 the Steering Committee pursuant to section 9 of this act.

18 **Sec. 6.** 1. The Steering Committee for the Systems
19 Integration Pilot Project for Seriously Mentally Ill Persons is hereby
20 created.

21 2. The Steering Committee consists of:

22 (a) The Director of the Department of Human Resources;

23 (b) The Director of the Department of Corrections;

24 (c) The Chief Parole and Probation Officer;

25 (d) The Chief of the Housing Division of the Department of
26 Business and Industry;

27 (e) A psychiatrist employed by the University of Nevada School
28 of Medicine, appointed by the Chairman of the Department of
29 Psychiatry and Behavioral Sciences of the University of Nevada
30 School of Medicine;

31 (f) The Director of the School of Social Work of the University
32 of Nevada, Reno, or the University of Nevada, Las Vegas,
33 appointed by the Board of Regents of the University of Nevada;

34 (g) The Sheriff of Washoe County;

35 (h) The Sheriff of Clark County;

36 (i) The Chief of Police of Reno;

37 (j) The Chief of Police of Las Vegas;



1 (k) One judge from each judicial district that has established a
2 program for the treatment of mental illness or mental retardation
3 who is involved in the program, appointed by the chief judge of the
4 judicial district;

5 (l) Five persons, each of whom is a family member of a person
6 who has a serious mental illness and has served a sentence of
7 imprisonment, appointed by the Governor as follows:

8 (1) Two persons who reside in Clark County;

9 (2) Two persons who reside in Washoe County; and

10 (3) One person who resides in a rural area of this State;

11 (m) A representative of a community-based nonprofit
12 organization which provides services to persons with co-occurring
13 substance abuse and mental health disorders, appointed by the
14 Governor.

15 3. Each member of the Steering Committee described in
16 paragraphs (a) to (j), inclusive, of subsection 2 may designate a
17 representative to replace him at a meeting of the Steering
18 Committee.

19 4. At its first meeting, the Steering Committee shall elect a
20 Chairman from among its members.

21 **Sec. 7.** 1. A vacancy occurring in the membership of the
22 Steering Committee must be filled in the same manner as the
23 original appointment.

24 2. The Steering Committee shall meet at the times and places
25 specified by a call of the Chairman of the Steering Committee.

26 3. A majority of the members of the Steering Committee
27 constitutes a quorum for the transaction of business, and a majority
28 of the voting members of a quorum present at any meeting is
29 sufficient for any official action taken by the Steering Committee.

30 **Sec. 8.** 1. Each member of the Steering Committee serves
31 without compensation, except that a member of the Steering
32 Committee is entitled, while engaged in the business of the Steering
33 Committee, to receive the per diem allowance and travel expenses
34 provided for state officers and employees generally.

35 2. Each member of the Steering Committee who is an officer or
36 employee of the State of Nevada or a local government must be
37 relieved from his duties without loss of his regular compensation so
38 that he may prepare for and attend meetings of the Steering
39 Committee and perform any work necessary to carry out the duties
40 of the Steering Committee in the most timely manner practicable. A
41 state agency or local governmental entity shall not require an officer
42 or employee who is a member of the Steering Committee to make
43 up the time that he is absent from work to carry out his duties as a



1 member of the Steering Committee or to use annual vacation or
2 compensatory time for the absence.

3 **Sec. 9.** 1. The Steering Committee shall, with the assistance
4 of the work group established by the Steering Committee pursuant
5 to subsection 2, develop and implement a comprehensive state
6 mental health plan to integrate and coordinate the resources and
7 services available to assist mentally ill persons in this State. In
8 developing and implementing the plan, the Steering Committee and
9 the work group shall ensure that all resources and services are
10 considered, including, without limitation, resources and services
11 relating to funding, technology, health care, housing, employment,
12 education, welfare, and criminal and juvenile justice for all
13 geographic, racial, age, gender and ethnic groups affected by mental
14 illness.

15 2. The Steering Committee shall:

16 (a) Establish a work group;

17 (b) Elect members to serve on the work group from among the
18 members of the Steering Committee;

19 (c) Elect a Chairman of the work group from among the
20 members of the Steering Committee elected to serve on the work
21 group;

22 (d) Determine the times and places at which the work group
23 shall meet;

24 (e) Determine the issues to be addressed by the work group; and

25 (f) Determine the manner in which the work group shall report
26 any findings, reports and recommendations of the work group to the
27 Steering Committee, including, without limitation, the specific
28 information and plans that the work group must present to the
29 Steering Committee.

30 **Sec. 10.** 1. The work group shall:

31 (a) Develop a comprehensive state mental health plan for the
32 integration and coordination of all mental health resources and
33 services available to assist mentally ill persons in this State by:

34 (1) Focusing on integrating mental health resources and
35 services provided by different entities;

36 (2) Using information obtained from the providers of mental
37 health resources and services;

38 (3) Identifying gaps in mental health resources and services;
39 and

40 (4) Identifying barriers to persons using mental health
41 resources and services.

42 (b) Adopt a clear and simple vision statement of what an
43 integrated system of mental health resources and services would
44 accomplish when implemented in this State.



1 (c) Serve as a clearinghouse for information, concepts and
2 recommendations relating to the integration and coordination of
3 resources and services available to assist mentally ill persons in this
4 State.

5 (d) Provide a forum for providers of mental health resources and
6 services and other entities to meet and discuss issues relating to the
7 treatment of specific clients, the use of expensive or restrictive
8 services, alternatives to such services and the coordination of case
9 plans for certain clients among various providers.

10 (e) Present the plan and any findings, reports and
11 recommendations to the Steering Committee for its consideration,
12 modification and adoption.

13 2. In developing the plan, the work group shall:

14 (a) Focus on improving the methods of integrating and
15 coordinating mental health resources and services through the use of
16 long-term strategic planning and consider the recommendations of
17 providers of mental health resources and services for improving
18 such methods.

19 (b) Identify all of the providers of resources and services
20 available to assist mentally ill persons in this State.

21 (c) Work with the private sector to obtain resources and
22 suggestions for integrating and coordinating mental health resources
23 and services.

24 (d) Address issues presented by the sharing of resources,
25 information and clients. These issues include, without limitation:

26 (1) Philosophical and language barriers;

27 (2) Anxiety among managers and administrators caused by
28 sharing clients and resources; and

29 (3) Difficulties encountered by policymakers and program
30 managers in blending resources in an environment that has
31 traditionally categorized resources in a manner that discourages
32 blending and sharing of resources.

33 (e) Analyze the issues that providers of mental health resources
34 and services need to address to promote the integration and
35 coordination of resources and services through examining the
36 strengths of, weaknesses of, opportunities of and perceived threats
37 to each provider. Such issues include, without limitation, economic
38 issues, demographic issues, political and cultural issues, historical
39 issues, fiscal issues, and issues related to the attitude and perception
40 of the public toward mental illness, substance abuse and persons
41 with co-occurring substance abuse and mental health disorders.

42 (f) Develop measures to evaluate the progress in implementing
43 the plan, including, without limitation, whether:

44 (1) Integrated programming is being established;



(2) Changes that promote integration are being made to the management of entities which provide mental health services;

(3) Resources are being blended across systems;

(4) Treatment outcomes such as fewer episodes of incarceration and hospitalization of mentally ill persons and the reduced use of more expensive and restrictive settings for treating mentally ill persons are occurring as a result of integration efforts; and

(5) Programs and services are being adequately funded.

(g) Develop measures to evaluate:

(1) The interaction between providers of mental health services;

(2) The perceptions of the effectiveness of the plan from providers of mental health services, including, without limitation, whether the providers believe that a system of integrated care is easy and cost-effective to implement; and

(3) The perceptions of clients of mental health services and the family members of such clients concerning the effectiveness of the integration of services.

3. The work group may establish subgroups to address specific issues, including, without limitation:

(a) The provision of crisis services in an effective manner;

(b) The identification of best treatment practices for persons with co-occurring substance abuse and mental health disorders;

(c) The identification of strategies for increasing the access of providers of mental health services to persons involved in the correctional system; and

(d) The development of methods for blending resources from various providers of mental health services to enhance services provided to persons with multiple mental health problems.

Sec. 11. The plan must:

1. Identify the existing mental health resources and services available to assist mentally ill persons in this State and the providers of those resources and services, including, without limitation:

(a) Resources to assist clients of mental health services with obtaining affordable housing, such as resources for obtaining access to temporary and permanent housing; and

(b) Nonmonetary resources, such as services available in shelters, housing and crisis response services.

2. Identify the existing financial resources in this State for funding mental health services to determine the areas in which financial resources can be better allocated, shared or distributed in a more integrated manner.



1 3. Identify the best treatment practices and proposals for
2 integrating services for persons with co-occurring substance abuse
3 and mental health disorders and any other related disorders.

4 4. Identify:

5 (a) Ineffective practices or services which do not satisfy the best
6 standards in the mental health industry; and

7 (b) Any specific providers of mental health resources and
8 services which facilitate or hinder efforts to integrate and coordinate
9 resources.

10 5. Set forth guidelines for:

11 (a) Sharing information and technology among providers of
12 mental health services to ensure that all providers have access to
13 information concerning particular clients in need of services from
14 different providers;

15 (b) Training providers of mental health services to ensure that
16 they provide appropriate education and training to their staff to
17 enable them to assist their clients;

18 (c) Providers who provide services to mentally ill persons who
19 use a large amount of or very expensive resources and services to
20 consult and to coordinate the services being provided to such
21 persons; and

22 (d) Providers who provide services to persons with co-occurring
23 substance abuse and mental health disorders to consult and discuss
24 successful ways of treating such persons.

25 6. Include strategies for:

26 (a) Increasing access to mental health services to persons in jail
27 or prison, including, without limitation, a method for effectively
28 sharing information between the correctional system and the mental
29 health system; and

30 (b) Addressing the needs of homeless persons with mental
31 illnesses.

32 7. Include strategies for integrating resources available from
33 private entities, including, without limitation, strategies to increase
34 the access of mentally ill persons to affordable housing, productive
35 employment, community support and organizations which advocate
36 for mentally ill persons.

37 8. Include an analysis of the issues affecting the integration of
38 mental health services, including, without limitation, economic
39 issues, demographic considerations, political and cultural factors,
40 fiscal concerns and attitudes and community perspectives
41 concerning mental illness.

42 9. Include solutions to problems which exist in the provision of
43 mental health resources and services. Such problems may include,
44 without limitation:



1 (a) Duplication of services offered by different providers of
2 mental health services;

3 (b) Fragmentation of services which could be integrated to
4 provide better treatment for persons with mental illnesses; and

5 (c) Barriers to the availability or effectiveness of mental health
6 resources or services, such as:

7 (1) Philosophical and language differences among providers
8 of mental health services; and

9 (2) The reluctance of a provider of mental health services to
10 share information concerning a client in need of services not offered
11 by the provider with other providers of mental health services,
12 providers of services for substance-related disorders, programs
13 which provide subsidized or supported housing, programs which
14 provide public assistance and welfare services, providers which
15 provide services through the correctional system and providers
16 which provide judicially ordered services.

17 10. Include a detailed process for implementing the plan,
18 including, without limitation, goals, objectives, strategies, timelines
19 and expected outcomes.

20 11. Include a method for measuring progress toward the long-
21 term and short-term implementation of the plan.

22 12. Include standards for evaluating the progress and
23 effectiveness of the plan and maintaining the activities related to
24 integration after the Steering Committee dissolves.

25 **Sec. 12.** 1. The Steering Committee shall:

26 (a) Consider, modify and adopt the plan as the Steering
27 Committee deems appropriate to integrate and coordinate fully the
28 mental health resources and services available to assist mentally ill
29 persons in this State; and

30 (b) Present the plan to the entities identified in the plan as being
31 responsible for providing mental health resources and services in
32 this State and encourage the entities to work with the Steering
33 Committee and with each other to implement fully the plan.

34 2. Each entity that is presented the plan pursuant to this section
35 shall designate a person who is responsible for the integration
36 efforts of the entity. The person must understand the policies and
37 procedures governing the provision of mental health resources and
38 services by various entities and have the skills necessary to
39 effectively integrate such resources and services.

40 3. Each entity that is presented the plan pursuant to this section
41 is responsible for ensuring that the mental health resources and
42 services it provides are integrated with other mental health resources
43 and services provided in this State.

44 4. An entity may work toward integration through the use of:

45 (a) Integrated approaches to planning and managing cases;



1 (b) Cross-training its staff so that the staff is knowledgeable
2 about and competent in an environment in which various mental
3 health services are provided;

4 (c) Working agreements with providers of mental health
5 services which promote integrated approaches to caring for clients;
6 and

7 (d) Integration methods which focus on improving outcomes for
8 clients, including, without limitation, identifying appropriate
9 services and reducing the use of unnecessarily expensive and
10 restrictive care.

11 **Sec. 13.** As soon as practicable after July 1, 2005, but not later
12 than October 1, 2005, the appointment of members to the Steering
13 Committee for the Systems Integration Pilot Project for Seriously
14 Mentally Ill Persons must be made pursuant to section 6 of this act.

15 **Sec. 14.** This act becomes effective on July 1, 2005, and
16 expires by limitation on January 1, 2007.



